

**NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form**

Applicant/Program: Canaan Community Development Corporation

Executive Summary of Request:

Appropriation of \$15,000 for Opportunity Corner, a semi covered outdoor Market Place open year round to be used by persons throughout the city. Facility for developing entrepreneurship and promote, and sell their crafts, clothing and/or food.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

<u>3</u>	<u>Marye Madala</u>	<u>6,000⁰⁰</u>	<u>6/15/16</u>
District #	Council Member Signature	Amount	Date

Primary Sponsor Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Approved by:

Appropriations Committee Chairman

Date

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____

Original Appropriation: _____ Council Amended Appropriation: _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST**

Legal Name of Applicant Organization: *CANAAN Community Development Corp*

Program Name and Request Amount:

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input checked="" type="checkbox"/> YES
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input checked="" type="checkbox"/> YES
Is the proposed public purpose of the program viable and well-documented?	<input checked="" type="checkbox"/> YES
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input checked="" type="checkbox"/> YES
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input checked="" type="checkbox"/> YES
Has prior Metro Funds committed/granted been disclosed?	<input checked="" type="checkbox"/> YES
Is the application properly signed and dated by authorized signatory?	<input checked="" type="checkbox"/> YES
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input checked="" type="checkbox"/> YES
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> NA
Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission? 	<input checked="" type="checkbox"/> YES
Is the current Fiscal Year Budget included?	<input checked="" type="checkbox"/> YES
Is the entity's board member list (with term length/term limits) included?	<input checked="" type="checkbox"/> YES
Is recommended funding less than 33% of total agency operating budget?	<input checked="" type="checkbox"/> YES
Does the application budget reflect only the revenue and expenses of the project/program?	<input checked="" type="checkbox"/> YES
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> NA
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> NA
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> NA
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> NA
Are the Articles of Incorporation of the Agency included?	<input checked="" type="checkbox"/> YES
Is the IRS Form W-9 included?	<input checked="" type="checkbox"/> YES
Is the IRS Form 990 included?	<input type="checkbox"/> NA
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> NA
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input checked="" type="checkbox"/> YES
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input checked="" type="checkbox"/> YES
Prepared by: <i>Donna Sanders</i>	Date: <i>5-23-16</i>



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Canaan's Community Development Corporation <small>(as listed on: http://www.sos.ky.gov/business/records)</small>			
Main Office Street & Mailing Address: 2840 Hikes Lane Louisville KY 40218			
Website: www.ccdcky.org			
Applicant Contact:	Terra Leavell	Title:	Executive Director
Phone:	502-776-6369	Email:	tleavell@ccdcky.org
Financial Contact:	Terra Leavell	Title:	Executive Director
Phone:	502-776-6369	Email:	tleavell@ccdcky.org
Organization's Representative who attended NDF Training:			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s): 3010 Wilson Avenue (Lot)			
Council District(s):		Zip Code(s):	
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Opportunity Corner			
Total Request: (\$)		Total Metro Award (this program) in previous year: (\$) 0	
Purpose of Request (check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc) 			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <i>emailed</i> <input checked="" type="checkbox"/> Articles of Incorporation <i>emailed</i> <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	EAF Youth Grant	Amount: (\$)	13,000
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Canaan's Community Development Corporations mission is to foster social and economic empowerment to underserved communities.

It is in the spirit of true servant leadership that CCDC seeks to bring economic empowerment to distressed communities. We take the position that we can no longer remain complacent in response to the changing needs of bringing economic growth and social freedom to create sustainable employment and education, business and entrepreneurial developments and economic opportunities that are not just for the wealthy, but for all who dare to dream.

CCDC offers social programs that deal with youth development, education, workforce, and senior services. CCDC also addresses economic empowerment, along with health, violence through our Destiny initiative.

CCDC is making countless "human investments" that will ultimately produce "human Capital." Human capital will pay future dividends of children growing up in safe and healthy environments.

We are committed to "Lifting others as we Lift ourselves."



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

Opportunity Corner is a unique semi-covered outdoor Market Place open year round to be used by persons who live in and around the West Louisville neighborhoods and Louisville's community at large.

All activities at Opportunity Corner will be centered and aligned with the four focus areas of CCDC's Destiny Initiative.

Economics

Many people in the community have what we positively call "a hustle" whereby they sell items they have made themselves (crafts/clothing/food), or they have a talent and/or a service they can offer to others. OC will provide a venue and an "opportunity" to give some legitimate entrepreneurship to the neighborhood "hustle". In many cases, all that is needed to turn a dream into reality is the "opportunity". CCDC will partner with resources that offer small business workshops that will assist any person/business who want to use the vendor's space. The workshops will be offered quarterly and upon successful completion, an individual and/or business can then "set up shop" for a pre-determined amount of time at no cost to the business. If an individual or business opts not to participate in the workshop but would still like to use the Market Place, a usage fee will be assessed to that individual/business. Opportunity Corner will provide the West

B: Describe specifically how the funding will be spent including identification of funding to sub grantees(s):

The funds from Metro Council will be used specifically for the physical construction of the Resource Center that will serve as the primary community space for Opportunity Corner. Funding to complete the resources center; furnishings, equipment and other misc items will come from other donors and CCDC.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

Opportunity Corner will provide a plethora of benefits including the following:

*Entrepreneurism (our community business resource center will produce sustainable entrepreneurs with substantial economic impact)

*Employment opportunities (our citizens will have access to living wage jobs and our communities will be economically viable)

*Diverse business, social and cultural programming (Cultural Vitality- Opportunity corner will increase opportunities for cultural experiences, both formal and informal, and broaden community engagement to be more representative of Jefferson County's population)

Opportunity corner market place will restore a sense of community pride, satisfaction and accomplishment as well as providing an intangible benefit as residents will decide to stay in the area because of improvements made. Local residents will have access to opportunities that promote community well-being and an enriched quality of life.

*Public Health- our citizens will be increasingly healthy, demonstrating decreased incidence and prevalence of health risk factors and poor health outcome

*Social Environment- Our community will be characterized by stable families, low crime, and access to opportunity

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

To date our largest partner is the community at large. This project goes across the borders of community organizations, corporate partners, and individuals. It is our mission to involve all who are willing to participate in making opportunities available to all in our community.

Handwritten initials in black ink, appearing to be "JH".



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment			
K: Capital Equipment	15,000	75,000	90,000
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	15,000	75,000	90,000
% of Program Budget	%	%	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify) CCDC/Corporate Donors	60,000
Total Revenue for Columns 2 Expenses **	60,000

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)		

* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK

Agency Fiscal Year Start Date:

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

This fiscal year we will develop Opportunity Corner. Next year there will be no capital funding needed for the project. The budget will only reflect operation and programming for the project.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked.

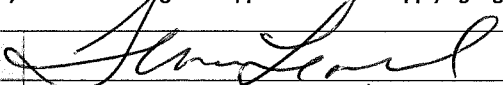
Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 7 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:		Date:	05/04/2016
Legal Signatory: (please print):	Terra Leavell	Title:	Executive Director
Phone:	502-776-6369	Extension:	310
Email:	tleavell@ccdcky.org		

Agency Detail

Canaan's Community Development Corporations mission is to foster social and economic empowerment to underserved communities.

It is in the spirit of true servant leadership that CCDC seeks to bring economic empowerment to distressed communities. We take the position that we can no longer remain complacent in response to the changing needs of bringing economic growth and social freedom to create sustainable employment and education, business and entrepreneurial developments and economic opportunities that are not just for the wealthy, but for all who dare to dream.

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A.

Opportunity Corner is a unique semi-covered outdoor Market Place open year round to be used by persons who live in and around the West Louisville neighborhoods and Louisville's community at large. All activities at Opportunity Corner will be centered and aligned with the four focus areas of CCDC's Destiny Initiative.

Economics

Many people in the community have what we positively call "a hustle" whereby they sell items they have made themselves (crafts/clothing/food), or they have a talent and/or a service they can offer to others. OC will provide a venue and an "opportunity" to give some legitimate entrepreneurship to the neighborhood "hustle". In many cases, all that is needed to turn a dream into reality is the "opportunity". CCDC will partner with resources that offer small business workshops that will assist any person/business who want to use the vendor's space. The workshops will be offered quarterly and upon successful completion, an individual and/or business can then "set up shop" for a pre-determined amount of time at no cost to the business. If an individual or business opts not to participate in the workshop but would still like to use the Market Place, a usage fee will be assessed to that individual/business. Opportunity Corner will provide the West Louisville area a unique place to buy and sell goods and services provided by their own community neighbors.

Our decorative, functional and urban centered diverse Market Place corner will provide the physical space for those who need it. Additionally, CCDC will provide entrepreneurship mentoring and business development to assist businesses to become successful and to maximum their potential.

Education

Throughout the year, CCDC will host numerous educational opportunities at the Market Place including employment fairs, literacy fairs, networking socials, and specialized workshops offered by schools, businesses and other organizations in the community.

Health

Individual and public health issues are very important to the life line of any community. We will specifically provide health advocacy outlets at Opportunity Corner. We will host health expos, health

screenings, and drug awareness meetings and welcome organizations that specialize in health related issues to host educational/informational sessions.

Violence (Irradiation)

Throughout the year there will be several community building events, diversity and inclusion training, holiday bazaars, as well as food and clothing give-a-ways, Opportunity Corner will be used by community groups for community engagement events throughout the year. This will foster community pride and foster social and economic empowerment throughout West Louisville and the city at large. This will certainly assist in the irradiation of violence in our community.

B.

The funds from Metro Council will be used specifically for the physical construction of the Resource Center that will serve as the primary community space for Opportunity Corner. Funding to complete the resources center; furnishings, equipment and other misc. items will come from other donors and CCDC.

E.

Opportunity Corner will provide a plethora of benefits including the following:

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Opportunity corner market place will restore a sense of community pride, satisfaction and accomplishment as well as providing an intangible benefit as residents will decide to stay in the area because of improvements made. Local residents will have access to opportunities that promote community well-being and an enriched quality of life.

***Public Health-** our citizens will be increasingly healthy, demonstrating decreased incidence and prevalence of health risk factors and poor health outcome

***Social Environment-** Our community will be characterized by stable families, low crime, and access to opportunity

Community assessment and surveys will be used to solicit input from residents and stakeholders about community needs and desired activities that leads to positive change in the community. Community indicator data will be used to inform and guide our progress. While this is an on going sustainable project an assessment report will conclude with a toolkit and series of lessons learned for other communities interested in a similar project.

E.

To date our largest partner is the community at large. This project goes across the borders of community organizations, corporate partners, and individuals. It is our mission to involve all who are willing to participate in making opportunities available to all in our community.

Canaan Community Development Corporation
2840 Hikes Lane, Louisville, KY 40218

**BOARD OF DIRECTORS ROSTER
FOR FISCAL YEAR 2016**

Dr. Walter Malone, Jr., Chairman of the Board

CEO/Founder
[REDACTED]

Prospect, KY 40059
[REDACTED]

Business: (502) 459-5578 ext. 101
erowel@canaanchristian.com

Joan Coates Lewis, Treasurer

Chase Bank 7th & Hill
[REDACTED]

Louisville, KY 40218
[REDACTED]

Business: (502) 566-2201/638-0965
joan.c.lewis@chase.com

Charles A. Bradley, II

Dept of Corrections & Parole
Probation & Parole Officer
[REDACTED]

Louisville, Ky. 40023
[REDACTED]

Office: (502) 969-9001
[REDACTED]

Relia Bailey

Retired Executive
[REDACTED]

Louisville, KY 40220
[REDACTED]

rbaily@ccdcky.org

Rodney Carter

General Manager
Jeff Wyler Automotive
P.O. Box 1123
Prospect, KY 40059
[REDACTED]

Rodney.carter@jeffwyler.com

Stephanie Duncan

Human Resource Director
LG&E
[REDACTED]

Louisville, KY 40245
[REDACTED]

Joann Samuels

Retired Teacher
[REDACTED]

Louisville, KY 40210
[REDACTED]

George S. Griffiths, CPC

Sanford Rose Associates - Louisville
[REDACTED]

Louisville, KY 40223
[REDACTED]

Business: (502) 426-4900
gsgriffiths@sanfordrose.com

Harry Hayes

Director, Kentucky Small Group and Associates Sales
Anthem Blue Cross and Blue Shield
[REDACTED]

Louisville, KY 40245
[REDACTED]

Harry.hayes@anthem.com

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUN 26 1996

CANAAN'S COMMUNITY DEVELOPMENT
CORPORATION
C/O EUGENE MCCORMICK
2203 DIXIE HWY
LOUISVILLE, KY 40210

Employer Identification Number:

DLN:

316102001

Contact Person:

D. A. DOWNING

Contact Telephone Number:

(513) 684-3957

Our Letter Dated:

June 9, 1993

Addendum Applies:

No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

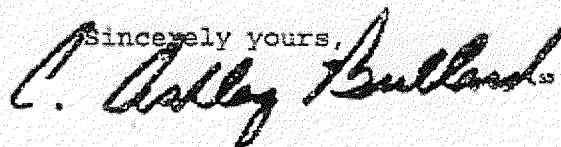
Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,


C. Ashley Bullard
District Director

Letter 1050 (DO/CG)

TONI LEVY and ASSOCIATES, INC.
CERTIFIED PUBLIC ACCOUNTANT'S

1608 West Broadway, Ste 100
Louisville, KY 40203
502-566-3030
502/566-3035 (fax)

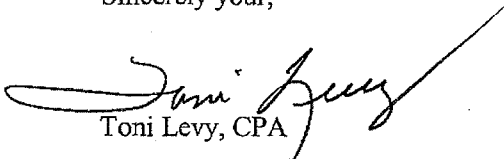
April 20, 2016

This correspondence is written on behalf of Canaan Community Development Corporation. Our company prepares the financial reports for Canaan Community Development Corporation monthly and orally submits the quarterly financial report to the board directors. We are also responsible for the preparation of the annual 990 federal tax return.

The entities financial statements have not been audited due to the fact that the organization's spending levels have been below the federal guidelines for a 501© 3 organization. There have been no regulatory requirements or agreements that required an audit be performed, and the cost of performing an audit would decrease the amount of funds available to operate the non-profit organization.

Should you have any questions, please feel free to contact me.

Sincerely your,


Toni Levy, CPA

Canaan Community Development Corporation

FY2015 Budget

Code	Income- Budget Category	Q1	Q2	Q3	Q4	Total
	CCC Contributions	25,200.00	25,200.00	25,200.00	25,200.00	100,800.00
	Grants	0.00	10,000.00	140,000.00	20,000.00	170,000.00
	Donations	1,000	25,000.00	1,000.00	1,000.00	28,000.00
	Fundraising	5,000	20,000	0.00	0.00	25,000.00
	Total Income	31,200.00	80,200.00	166,200.00	46,200.00	323,800.00

Code	Expenses- Budget Category	Q1	Q2	Q3	Q4	Total
60900	Business Expenses					
60910	Registration Fees	0	250	0	300	550
60930	Business Line of Credit/Install	5,200.00	5,200.00	5,200.00	5,200.00	20,800.00
	Total Business Expenses	5,200.00	5,450.00	5,200.00	5,500.00	21,350.00

61700	Payroll Expenses					
61710	Payroll	27,625.00	27,625.00	27,625.00	27,625.00	110,500.00
	Total Payroll Expenses	27,625.00	27,625.00	27,625.00	27,625.00	110,500.00

62100	Contract Services					
62110		525	525	525	525	2,100.00
62130	Contract Employees	5,000.00	5,000.00	5,000.00	2,500.00	17,500.00
	Total Contract Services	5,525.00	5,525.00	5,525.00	3,025.00	19,600.00

63800	Equip. Rental & Maintenance					
63830	Computer Maintenance	300	300	300	300	1,200.00
63850	Netwok Copier Rental	350	350	350	350	1,400.00
	Total Equip Rental & Main.	650	650	650	650	2,800.00

65000	Operations					
65010	Facility Lease	6700	6700	6700	6700	26,800.00
65030	Postage, Mailing Service	100	100	100	100	400.00
65050	Printing and Copying		2,000	1,000	200	3,200.00
65070	Supplies	500	1000	1000	1000	3,500.00
65090	Telephone, Telecommunication	750	750	750	750	3,000.00

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ARTICLES OF INCORPORATION

OF

CANAAN'S COMMUNITY DEVELOPMENT CORPORATION

STATE OF KENTUCKY
SECRETARY OF STATE
[Signature]

WE, THE UNDERSIGNED, having associated for the purposes of forming a non-profit, not-stock corporation, under and pursuant to the laws of the Commonwealth of Kentucky, and more particularly Kentucky Revised Statutes, Chapter 273, hereby certify as follows:

ARTICLE I

Name

The Corporation shall be named and known as Canaan's Community Development Corporation.

ARTICLE II

Duration

The duration of the Corporation shall be perpetual.

ARTICLE III

Purpose

The Corporation is organized and shall be operated exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1954 (for corresponding provisions of any later Federal tax laws), including for such purposes the making of distribution to organizations and individuals for the purpose of engaging in activity falling within the purposes of the Corporation and permitted for an organization exempt under said section 501(c)(3).

More specifically stated, to promote, on a non-profit educational and charitable basis, the economic and community development of economically deprived communities in Louisville, Kentucky by:

- a. Providing educational and training programs including but not limited to resource, organizational, and management development to promote entrepreneurial initiatives within targeted communities, and as well, provide scholarships and other financial assistance to students; and

- b. Designing and developing economic and community development, employment, and housing initiatives in furtherance of the educational and training goals aforesaid.

ARTICLE IV

Office and Registered Agent

The name and address of the registered agent of the Corporation for service of process, and the address of the registered office of the Corporation in this state, until changed by action of the Board of Directors, shall be:

Gerald A. Neal
1718 West Jefferson Street
Louisville, Kentucky 40203

ARTICLE V

Non-profit Nature

The Corporation shall be irrevocably dedicated and operated exclusively for, non-profit purposes. No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its members, directors, officers, or other private persons except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article IV hereof.

ARTICLE VI

Powers and Limitations

In carrying out the corporate purposes described in Article III, the Corporation shall have all the powers granted by the laws of the State of Kentucky, including in particular those listed in Section 273.171 of the Kentucky Revised Statutes, except as follows and as otherwise stated in these Articles:

- a) No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing of distribution of statements), any political campaign on behalf of any candidate for public office;
- b) Notwithstanding, any other provision of these Articles,

the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 or the corresponding provisions of any later Federal tax laws;

- c) If and so long as the Corporation is a private foundation as defined in Section 409(a) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
- 1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws;
 - 2) The Corporation shall not engage in any act or self dealing as defined in Section 4941(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.
 - 3) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1984, or corresponding provisions of any later Federal tax laws.
 - 4) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code of 1954, or corresponding of any later Federal tax laws;
 - 5) The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, or corresponding provisions of any later Federal tax laws.

ARTICLE VII

Incorporator

The names, addresses and place of business of the incorporators are as follows:

Hosie Bradley
243 South 39th Street
Louisville, Kentucky 40212

ARTICLE VIII

Initial Board of Directors

The initial Board of Directors shall be comprised of seven (7) members. The names, addresses, and place of business of the initial Board of Directors and the Principal Office is as follows:

Eugene McCormick
2203 Dixie Highway
Louisville, Kentucky 40210

Felecia LaVant
2203 Dixie Highway
Louisville, Kentucky 40210

Clifford Turner
2203 Dixie Highway
Louisville, Kentucky 40210

Jancie Cooksie
2203 Dixie Highway
Louisville, Kentucky 40210

John Cuby
2203 Dixie Highway
Louisville, Kentucky 40210

Sandra Calvin
2203 Dixie Highway
Louisville, Kentucky 40210

George Durrett
2201 Dixie Highway
Louisville, Kentucky 40210

They shall serve a three (3) year period from the filing of these Articles of Incorporation or until the Board of Directors under Article X, are elected.

ARTICLE IX

By-Laws

The By-Laws shall be adopted by the initial Board of Directors. Thereafter, the Corporation shall be governed by the By-Laws.

ARTICLE X

Board of Directors

The Corporation shall have no general members and the affairs and the business of the Corporation shall be conducted by a Board of seven (7) Directors. Board members shall serve one (1) year term. The election or appointment of the Directors shall be pursuant to the Bylaws adopted by the initial Directors.

ARTICLE XI

No Personal Liability

The Officers and Directors of the Corporation shall not

be held personally liable for any debt or obligation of the Corporation solely because of their position as Officers and Directors of the Corporation.

ARTICLE XII

DISSOLUTION

In the event of dissolution of the Corporation, the Board of Directors shall, after paying or making provisions for the payment of all liabilities of the Corporation, dispose of all assets of the corporation exclusively for the purposes of the Corporation, in such manner, or to such organizations organized and operated exclusively for charitable or educational purposes as shall at the time qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1954 (or corresponding provisions of any later Federal tax laws), as the Board of Directors shall determine.

The remaining assets, if any shall be disposed of by the Circuit Court of the County in which the principal office for the Corporation is then located, exclusively for such purposes or to such organizations as said Court shall determine are organized and operated exclusively for such purposes.

ARTICLE XIII

Amendments

These Articles of Incorporation may be amended from time to time by resolution of the Board of Directors.

IN TESTIMONY WHEREOF, witness my signature this 21 day of May, 1992.

Haris Bradley
INCORPORATOR

STATE OF KENTUCKY)
(SS:
COUNTY OF JEFFERSON)

I, a Notary Public, within the State and County aforesaid, do hereby certify that the foregoing instrument was produced before me by Haris Bradley who acknowledged and

delivered the same to be his true act and deed.

My Commission expires: 1-29-96

Monita Worsham
NOTARY PUBLIC, STATE AT LARGE, KY

This instrument Prepared By:

Gerard A Neal
GERARD A NEAL
ATTORNEY AT LAW
1718 W. Jefferson Street
Louisville, Kentucky 40203
(502) 584-8500

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2.

Return of Organization Exempt From Income Tax

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **CANAAN COMMUNITY DEVELOPMENT CORPORATI**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2840 HIKES LANE _____
 City or town State ZIP code
LOUISVILLE KY 40218
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number _____

E Telephone number **502-776-6369**

F Name and address of principal officer:
DR. WALTER MALONE, JR 2840 HIKES LANE, LOUISVILLE, KY 40218

G Gross receipts \$ **193,720**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **n/a**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1992** **M** State of legal domicile: **KY**

H(c) Group exemption number

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To bring economic growth and social freedom to create sustainable employment, education, business and entrepreneurial economic empowerment to distressed communities.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	247,287	163,004
	9 Program service revenue (Part VIII, line 2g)	0	30,716
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	247,287	193,720
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	121,751	78,915
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	186,914	159,877
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	308,665	238,792	
19 Revenue less expenses. Subtract line 18 from line 12	-61,378	-45,072	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 584,952	End of Year 538,373
	21 Total liabilities (Part X, line 26)	44,951	43,444
	22 Net assets or fund balances. Subtract line 21 from line 20	540,001	494,929

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____
 Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date
TONI LEVY, CPA TONI LEVY, CPA 7/20/2015

Check if self-employed PTIN _____
 Firm's name **TONI LEVY & ASSOCIATES, INC** Firm's EIN _____
 Firm's address **1608 WEST BROADWAY, STE 100, LOUISVILLE, KY 40203** Phone no. **502-566-3030**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR WALTER MALONE CEO/CHAIRMAN	5.00 5.00	X								
(2) JOANN J SAMUELS BOARD MEMBER	0.50 0.50			X						
(3) WILLIAM MITCHELL BOARD MEMBER	0.50 0.50			X						
(4) VICTORIA MCCLURE BOARD MEMBER	0.50 0.50			X						
(5) CHARLES A BRADLEY BOARD MEMBER	0.50 0.50			X						
(6) JOAN LEWIS TREASURER	0.50 0.50			X						
(7) GEROGE S GRIFFITHS BOARD MEMBER	0.50 0.50			X						
(8) ERICA LEE WILLIAMS BOARD MEMBER	0.50 0.50			X						
(9) HARRY HAYES BOARD MEMBER	0.50 0.50			X						
(10) TERA LEVEL EXECUTIVE DIRECTOR	40.00 40.00				X	X	40,000			
(11)										
(12)										
(13)										
(14)										



Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 163,004				
	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f	▶ 163,004				
Program Service Revenue	2a	FUNDRAISING	Business Code 900099	5,386	5,386		
	b	CHILDCARE	Business Code 624410	25,330	25,330		
	c	-----		0			
	d	-----		0			
	e	-----		0			
	f	All other program service revenue		0			
	g	Total. Add lines 2a-2f	▶ 30,716				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶ 0			
4		Income from investment of tax-exempt bond proceeds	▶ 0				
5		Royalties	▶ 0				
6a		Gross rents	(i) Real				
			(ii) Personal				
b		Less: rental expenses					
c		Rental income or (loss)	0	0			
d		Net rental income or (loss)	▶ 0				
7a		Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
b		Less: cost or other basis and sales expenses	0	0			
c		Gain or (loss)	0	0			
d		Net gain or (loss)	▶ 0				
8a		Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a 0				
b		Less: direct expenses	b 0				
c		Net income or (loss) from fundraising events	▶ 0				
9a	Gross income from gaming activities. See Part IV, line 19	a 0					
b	Less: direct expenses	b 0					
c	Net income or (loss) from gaming activities	▶ 0					
10a	Gross sales of inventory, less returns and allowances	a 0					
b	Less: cost of goods sold	b 0					
c	Net income or (loss) from sales of inventory	▶ 0					
Miscellaneous Revenue			Business Code				
11a	-----		0				
b	-----		0				
c	-----		0				
d	All other revenue		0				
e	Total. Add lines 11a-11d	▶ 0					
12	Total revenue. See instructions	▶ 193,720	30,716	0	0		



Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing	8,294	1	3,111
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	40,486	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	65,581
	b	Less: accumulated depreciation		10b	60,319
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	530,000	13	530,000
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)	584,952	16	538,373	
Liabilities	17	Accounts payable and accrued expenses	44,951	17	43,444
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	44,951	26	43,444
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	540,001	27	494,929
	28	Temporarily restricted net assets	0	28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	540,001	33	494,929	
34	Total liabilities and net assets/fund balances	584,952	34	538,373	

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.
Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Name(s) shown on return
CANAAN COMMUNITY DEVELOPMENT CORPORATION

Identifying [Redacted]

1 Enter the gross proceeds from sales or exchanges reported to you for 2014 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) **1**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
							0
							0
							0

3 Gain, if any, from Form 4684, line 39 **3**

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 **4**

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 **5**

6 Gain, if any, from line 32, from other than casualty or theft **6**

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: **7** 0

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years (see instructions) **8**

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) **9** 0

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

							0
							0
							0

11 Loss, if any, from line 7 **11** ()

12 Gain, if any, from line 7 or amount from line 8, if applicable **12**

13 Gain, if any, from line 31 **13**

14 Net gain or (loss) from Form 4684, lines 31 and 38a **14**

15 Ordinary gain from installment sales from Form 6252, line 25 or 36 **15**

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 **16**

17 Combine lines 10 through 16 **17** 0

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions **18a**

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 **18b** 0

Kentucky State Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Attachment
Sequence No. 179

Name(s) shown on return CANAAN COMMUNITY DEVELOPMENT CORP	Business or activity to which this form relates 990	Identifying number XXXXXXXXXX
--------------------------------------------------------------	--------------------------------------------------------	--------------------------------------------------------------------------------------------

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29		
		7
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562.	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	▶ 13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2014	17	910
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L
b 12-year			12 yrs.		S/L
c 40-year			40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	910
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	▶ 23	

For Paperwork Reduction Act Notice, see separate instructions.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	476,338	392,872	492,399	247,287	193,720	1,802,616
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	476,338	392,872	492,399	247,287	193,720	1,802,616
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						1,802,616

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	476,338	392,872	492,399	247,287	193,720	1,802,616
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	988	1,597	388			2,973
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 Total support. Add lines 7 through 10						1,805,589
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	99.84%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	99.81%
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	0
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	0
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0
6	Multiply line 5 by .035	6	0
7	Recoveries of prior-year distributions	7	0
8	Minimum Asset Amount (add line 7 to line 6)	8	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2	Enter 85% of line 1	2	0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4	Enter greater of line 2 or line 3	4	0
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		



Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part IV, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Lined area for supplemental information with horizontal dashed lines.

Name of organization CANAAAN COMMUNITY DEVELOPMENT CORPORATION	Employer identification number XXXXXXXXXX
-------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CANAAAN COMMUNITY DEVELOPMENT CORPORATION	Employer identification number [REDACTED]
-------------------------------------------------------------------	----------------------------------------------

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ 0
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

For. Prov. _____	Country _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

For. Prov. _____	Country _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

For. Prov. _____	Country _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

For. Prov. _____	Country _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Items (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 0 |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | 0 |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0	0			
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0	0	0

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------------------------------------------------------|-----|----|
| (i) unrelated organizations | | |
| (ii) related organizations | | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	13,668	8,406	5,262
d Equipment	0	35,583	35,583	0
e Other	0	16,330	16,330	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,262



Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5) with values (0, 0, 0, 0).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5) with values (0, 0, 0, 0).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Dashed lines for supplemental information input.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2014

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

CANAAN COMMUNITY DEVELOPMENT CORPORATION

Form 990, Part IV, Section 2, Line 2: Organization not required to file schedule B

Area with horizontal dashed lines for supplemental information.



(Sch O (990/990EZ)) - Supplemental Information

	Form	Part	Section	Line	Explanation
1	Form 990	Part IV	2	2	Organization not required fo file schedule B
2	Form 990	Part VI	A	11B	ORGANIZATION MAKS 990 RETURN AVAILABLE UPON REQUEST

CANAAN'S COMMUNITY DEVELOPMENT CORPORATION

General Information

Organization Number	0300821
Name	CANAAN'S COMMUNITY DEVELOPMENT CORPORATION
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	5/22/1992
Organization Date	5/22/1992
Last Annual Report	3/30/2016
Principal Office	2840 HIKES LANE LOUISVILLE, KY 40218
Registered Agent	GERALD A. NEAL 1718 W. JEFFERSON ST. LOUISVILLE, KY 40203

Current Officers

Chairman	<u>WALTER MALONE JR</u>
CEO	<u>Walter Malone Jr.</u>
Treasurer	<u>Joan Coates Lewis</u>
Director	<u>Charles A Bradley II</u>
Director	<u>George S. Griffiths</u>
Director	<u>Joan Coates Lewis</u>
Director	<u>Harry Hayes</u>
Director	<u>Joann Samuels</u>
Director	<u>Stephanie Duncan</u>
Director	<u>Relia Bailey</u>
Director	<u>Rodney Carter</u>

Individuals / Entities listed at time of formation

Director	<u>EUGENE MCCORMICK</u>
Director	<u>CLIFFORD TURNER</u>
Director	<u>JOHN CUBY</u>
Director	<u>IANCIE COOKSIE</u>
Director	<u>SANDRA CALVIN</u>
Incorporator	<u>HOSIE BRADLEY</u>

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Annual Report	3/30/2016	1 page	PDF	
Annual Report	4/27/2015	1 page	PDF	
Annual Report	3/31/2014	1 page	PDF	
Annual Report	4/11/2013	1 page	PDF	
Annual Report	3/5/2012	1 page	PDF	
Annual Report	4/6/2011	2 pages	tiff	PDF
Annual Report	3/4/2010	1 page	PDF	
Annual Report	5/4/2009	1 page	PDF	
Annual Report	5/15/2008	1 page	PDF	
Annual Report	3/9/2007	1 page	PDF	
Annual Report	3/31/2006	1 page	PDF	
Annual Report	5/27/2005	1 page	tiff	PDF
Annual Report	4/2/2003	1 page	tiff	PDF
Annual Report	3/5/2002	1 page	tiff	PDF
Reinstatement	11/20/2001	2 pages	tiff	PDF
Administrative Dissolution	11/1/2001	1 page	tiff	PDF
Annual Report	7/1/2001	1 page	tiff	PDF
Annual Report	10/3/2000	1 page	tiff	PDF
Annual Report	7/19/1999	1 page	tiff	PDF
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Annual Report	7/1/1994	1 page	tiff	PDF
Annual Report	7/1/1993	1 page	tiff	PDF
Articles of Incorporation	5/22/1992	6 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	3/30/2016 12:08:33 PM	3/30/2016 12:08:33 PM	
Annual report	4/27/2015 12:17:36 PM	4/27/2015 12:17:36 PM	
Annual report	3/31/2014 9:58:30 AM	3/31/2014 9:58:30 AM	
Annual report	4/11/2013 11:59:01 AM	4/11/2013 11:59:01 AM	
Annual report	3/5/2012 12:04:53 PM	3/5/2012 12:04:53 PM	
Annual report	4/6/2011 12:20:55 PM	4/6/2011 12:20:55 PM	
Annual report	3/4/2010 5:33:15 PM	3/4/2010 5:33:15 PM	
Annual report	5/4/2009 3:48:30 PM	5/4/2009 3:48:30 PM	
	5/15/2008	5/15/2008	

Annual report	9:40:28 AM	9:40:28 AM
Annual report	3/9/2007 5:02:25 PM	3/9/2007 5:02:25 PM
Annual report	3/31/2006 11:39:43 AM	3/31/2006 11:39:43 AM
Reinstatement	11/20/2001 2:06:13 PM	11/20/2001
Admin Dis. A. report not in	11/1/2001	11/1/2001

Microfilmed Images

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Annual Report	5/26/2005	1 page
Annual Report	7/29/2004	1 page
Annual Report	4/2/2003	1 page
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Reinstatement	11/20/2001	2 pages
Administrative Dissolution	11/1/2001	1 page
Annual Report	7/1/2001	1 page
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