

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

OFFICE OF METRO COUNCIL CLERK
RECEIVED
DATE 11.8.14 TIME: 11:20a

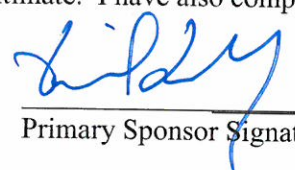
Applicant/Program: Plymouth Community Renewal Center

Executive Summary of Request:
Plymouth Community Renewal Center is a non-profit organization that works to enhance the quality of life individuals, families and youth metro wide through a variety of social, educational, recreation and cultural programs and services. Plymouth is requesting \$15,000 in Neighborhood Development Funds to help cover the cost of 4HP all in one computers, stipends for the junior counselors, food for the pantry, bagging and cleaning supplies and to cover the cost of utilities.

Is this program/project a fundraiser? Yes No
 Is this applicant a faith based organization? Yes No
 Does this application include funding for sub-grantee(s)? Yes No

File ID 0-526-14

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>4</u>		<u>\$5,000</u>	<u>9/29/2014</u>
District #	Primary Sponsor 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.
N/A

Approved by:

 Appropriations Committee Chairman Date

Clerk's Office Only:
 Request Amount: _____ Committee Amended Appropriation: _____
 Original Appropriation: _____ Council Amended Appropriation: _____

OFFICE OF METRO COUNCIL CLERK
RECEIVED
DATE 11.7.14 TIME 12:43pm

Applicant/Program: Plymouth Community Renewal Center

Additional Disclosure and Signatures

Additional Council Office 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.

<u>5</u> District #	<u>Cheri B. Hamilton</u> Council Member Signature	<u>\$3,000⁰⁰</u> Amount	<u>9-29-14</u> Date
<u>6</u> District #	<u>[Signature]</u> Council Member Signature	<u>\$7,000</u> Amount	<u>9-30-14</u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
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<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: Plymouth Community Renewal Center	
Program Name: Academic Enrichment Program, Out of Bounds and Food Pantry Request Amount: \$15,000	Yes/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?	Yes
Request form: Is the funding proposed less than or equal to the request amount?	Yes
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?	Yes
Application Page 1: Has prior Metro funds committed/granted been disclosed?	Yes
Application Page 1: Is the application properly signed and dated by authorized signatory?	Yes
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?	Yes
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?	Yes
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?	Yes
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?	Yes
Faith Based Organizations: Is the signed Faith Based Form signed and included?	Yes
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?	Yes
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?	NA
Good Standing: Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included 	Yes
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?	NA
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)	NA
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?	Yes
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
Operating Budget: Is the organization’s current fiscal year operating budget included?	Yes
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.	Yes
Board Members: Is the entity’s board member list (with term length/term limits) included?	Yes
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?	Yes
Annual Audit: Is the most recent annual audit (if required by organization) included?	NA
Rent Requests: Is a copy of signed lease included?	NO
Articles of Incorporation: Are the Articles of Incorporation of the organization included?	Yes
IRS Form W-9: Is the IRS Form W-9 included?	Yes
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?	Yes
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?	NA
Prepared by: Keidra King	Date: 10/31/14



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		Plymouth Community Renewal Center	
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1626 West Chestnut Street, Louisville, KY 40203			
Website: www.plymouthcommunity.com			
Applicant Contact:	Markham A. French	Title:	Executive Director
Phone:	502-583-7889	Email:	plycommuncenter@yahoo.com
Financial Contact:	Carol Bottoms	Title:	Programs Coordinator
Phone:	502-583-7889	Email:	plycommuncenter@yahoo.com
Organization's Representative who attended NDF Training: Markham French			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	1626 West Chestnut Street, Louisville, KY 40203		
Council District(s):	4	Zip Code(s):	40203
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Academic Enrichment Program, Out of Bounds and Food Pantry			
Total Request: (\$)	\$15,000	Total Metro Award (this program) in previous year: (\$)	0
Purpose of Request (check all that apply): <input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input 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 <input checked="" type="checkbox"/> Articles of Incorporation <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 checked="" 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:	None	Amount: (\$)	N/A
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			

Applicant's Initials MF



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

It is the mission of Plymouth Community Renewal Center (Plymouth) to enhance the quality of life of individuals, families, and youth metro-wide through a variety of social, educational, recreational, and cultural programs and services. Children and youth services include:

Academic Enrichment Program

Our year round Academic Enrichment Program offers one-on-one and small group tutoring and homework help for students K - 12.

Karate Classes

Our Karate Classes provide a great opportunity for youth to learn the fundamentals of self-defense tempered with self-discipline.

Out of Bounds

Out of Bounds provides youth ages 13 - 19 38 to 42 weeks of paid service learning opportunities as Junior Counselors.

Recreational Programs

PCRC provides a variety of year round recreational opportunities for children, teens, and their parents.

Adult Programs include:

Food Pantry

Parenting Classes

Information and Referral Services

Advocacy

Intergenerational Conversation Cafes

Intergenerational Conversation Cafes provide adults and youth a forum to discuss pressing contemporary issues over a hot meal.



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.):

Academic Enrichment Program: Start Date July 1, 2014 End Date June 30, 2015

Plymouth Community Renewal Center's (Plymouth) year round Academic Enrichment Program provides academic enrichment activities in the areas of reading and math, tutoring, and homework help for students K - 12.

Plymouth is a JCPS Learning Site. Tutors utilize the following:

- SuccessMaker - Software that provides elementary and middle school students with adaptive, personalized paths for mastery of essential reading concepts; and
- Study Island - Software designed to help students master the content specified in the Kentucky Core Academic Standards and enables students to improve their performance in all skill areas tested on the K-Prep Test in grades 3 - 8. It also offers math and reading skills for students K - 2.

Plymouth utilizes tutors from the U of L College of Education and Human Development to provide homework help.

The program addresses Louisville Metro Government's objective of ensuring access to quality out of school time programs that emphasize learning opportunities for children and teens.

Plymouth's capacity to implement the program is follows:

- The program is designed to serve 30 to 40 youth.
- Plymouth's facility is equipped with 8 classrooms, a library, computer lab, recreation room, commercial kitchen, and serving area.
- Services are provided by 3 paid tutors and students from the U of L.
- Administrative staff oversees the implementation of the program.

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

Academic Enrichment Program

1. Small Equipment (4 HP All In One Computers).

Out of Bounds

1. Stipends for Junior Counselors

Food Pantry

1. Food
2. Bagging and cleaning supplies.

Utilities

1. LG&E



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

N/A

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:

Measurable outcomes for each program are as follows:

Academic Enrichment Program

80% of students will improve their performance skills, particularly in the areas of reading and math. Plymouth will utilize CASCADE, report cards and data collection instruments provided by SuccessMaker and Study Island to determine outcomes.

Out of Bounds

1. 80% will increase their community involvement via community service and service learning projects;
2. 60% will decrease risky behavior i.e., suspensions, violent behaviors, etc. CASCADE, report cards, staff reports and participant surveys will be used to measure outcomes; and
3. 90% will develop job readiness skills and portfolio of accomplishments.

Food Pantry

1. 100% of participants enrolled will receive food through the program;
2. 75% will report a reduction in hunger and/or food anxiety.

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.

Primary partners for each program are as follows:

Academic Enrichment Program

1. The University of Louisville College of Education and Human Development
Tutors from the University of Louisville College of Education and Human Development provide year round one-on-one tutoring and/or homework help.
2. Southeast Christian Acts II Bible Study Class
Southeast Christian Acts II Bible Study Class provides gift cards for back to school clothing and gifts for children during the holiday season.
3. Feed the City
Feed the city provides school supplies, backpacks, and uniforms.
4. Project One
Project One provides youth to assist with the Academic Enrichment Program during the Summer months.

Out of Bounds

1. The University of Louisville College of Education and Human Development
Tutors from the University of Louisville College of Education and Human Development provide year round one-on-one tutoring and/or homework help.
2. Shawn Gardner of 2Not1 Fatherhood and Families facilitates Intergenerational Conversation Cafes.
3. Interfaith Paths to Peace provides a variety of service learning projects.

Food Pantry

4 partners (Kentucky Harvest, Southeast Christian Acts II Bible Study Class, Canaan Christian Church, and Feed the City) provide food, personal care items, and/or household goods.



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		\$74,758	\$74,758
B: Rent/Utilities	\$5,600	\$11,100	\$16,700
C: Office Supplies		\$1,200	\$1,200
D: Telephone		\$3,600	\$3,600
E: In-town Travel		\$3,750	\$3,750
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts		\$7,900	\$7,900
H: Program Materials	\$3,688	\$4,200	\$7,800
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment	\$1,712	\$4,788	\$6,500
K: Capital Equipment			
L: Other Expenses (Attach Detail List)	\$4,000	\$21,000	\$25,000
*TOTAL PROGRAM/PROJECT FUNDS	\$15,000	\$136,296	\$147,208
% of Program Budget	10 %	90 %	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)	\$136,296
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	\$136,296

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

***Must equal or exceed total in column 2.*

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

ATTACHMENT

Program/Project Expenses - Other Expenses

Junior Counselor Stipends

Junior Counselors work 328 hours per fiscal year @ \$250.00 per month.

Plymouth hires a minimum of 10 Junior Counselors per fiscal year @ \$25,000.

Metro Funds \$4,000

Non-Metro Funds \$21,000

Junior Counselors are not considered employees and do not receive a W-2 and the end of the year.



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
Tutors	\$2,149.20	\$17.91 per hour
Gift Cards & Holiday Gifts	\$2,550.00	Receipts
Food, personal care items, etc.	\$75,000.00	Receipts and donor estimation
Conversation Cafe Facilitator	\$161.19	\$17.91 per hour
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$79,840.39	

*** 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: July 1st

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:

Plymouth has retained Griffin Fund Raising and Marketing to:

1. initiate an organizational readiness plan for a major fundraising effort;
2. develop a planning study to assess the ability of Plymouth to raise \$1 million in community support for the renovation and equipping of new space; and
3. secure 3 years of operational funds as Plymouth transitions into its new home.



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

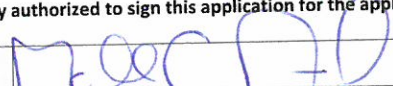
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event 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.

None

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:	9-24-14
Legal Signatory: (please print):	Martham A. French	Title:	Executive Director
Phone: 502-583-7889	Extension: N/A	Email:	plycommuncenter@yahoo.com

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND SUPPLEMENTAL
DISCLOSURE REQUIRED FOR REQUESTS BY CHURCHES, RELIGIOUS
OR FAITH-BASED ORGANIZATIONS**

It is the policy of the Louisville/Jefferson County Metro Council that no appropriation to a Church, to a religious or faith-based organization, or to any organization whose activities support a Church or religious or faith-based organization will be approved unless the prospective grantee clearly demonstrates, in writing, that it is committed to compliance with each of the following conditions and requirements.

Legal Name of Applicant Organization:
Plymouth Community Renewal Center

As in the case of all legislative enactments, the appropriation must be for a public purpose. In other words, the appropriation must have a secular legislative purpose to support a program which benefits the public, and which has been, or could be undertaken by the government.

The appropriation must be totally and demonstrably earmarked for the beneficiary activity or program with no tangible or significantly intangible benefit inuring to the organization. Specifically, the appropriation may not fund equipment used by the organization, nor may it be used for improvements to real or personal property owned by the grantee church or organization.

The beneficiary activity or program must be open to the public as opposed to being restricted to church or organization members or affiliates.

The grantee church or organization may not use public funds in any way that involves worship, religious instruction, or religious practice.

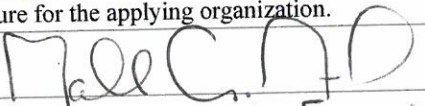
Public funds involved in the grant may not be used to support a school or any program of instruction operated by the grantee church or organization, or in its name.

The grantee organization may not use public funds in any way that involves proselytization or self-promotion of the organization.

The grantee church or organization must establish and maintain a system of recordkeeping which clearly and completely documents its use of the public funds involved in the grant.

SIGNATURE

I agree under the penalty of law to comply with all the items in this disclosure. 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 disclosure for the applying organization.

Signature of Legal Signatory:		Date: 9-24-14
Legal Signatory (please print):	Markham A. French	Title: Executive Director
Phone: 502-583-7889	Extension: N/A	Email: plycommuncenter@yahoo.com

MAF

Internal Revenue Service

Date: August 14, 2006

PLYMOUTH COMM RENEWAL CENTER
1626 W CHESTNUT ST
LOUISVILLE KY 40203-160

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Kaye Keyes 31-07416
Customer Service Specialist

Toll Free Telephone Number:
877-829-5500

Federal Identification Number:

Number:

Dear Sir or Madam:

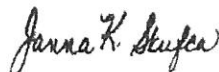
This is in response to your request of August 14, 2006, regarding your organization's tax-exempt status.

Your organization is exempt under section 501(c)(3) of the Code because it is included in a group ruling issued to United Church of Christ, located in Cleveland, Ohio.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services

**Plymouth Community Renewal Center
2014 - 2015
Budget**

Budgeted Revenue	
Program Service Fees	700
Foundations	110,000
Grants	65,000
Fund Raising	900
United Church of Christ Congregations	8,500
Total Budgeted Revenue	185,100
Budgeted Expenditures	
Payroll	122,658
Utilities (LG&E, Telephone, Internet, Fax, Water, and Sprinkler)	14,300
Rent	6,000
Food Pantry Supplies	1,500
Children and Youth Programs Supplies	2,700
Travel	3,750
Memberships	400
Accounting	7,900
Office Supplies	1,200
Building Maintenance	4,500
Copier Maintenance	700
Copier Purchase	600
Postage	75
Misc. Debt	9,500
Equipment	6,500
Total Budgeted Expenditures	182,283
Net Income	2,817

Plymouth Community Renewal Center
Board of Directors

Elected Board Members terms of office shall be 2 years. Elected Board Members may serve 2 consecutive terms. Elected Board Members shall be eligible for election after the lapse of 1 year following completion of second term.

Jacqueline Cooper
Chairperson

Yolanda Alexander

Irene Benford
Treasurer

Kimberly Bottoms

Britney Neal

12:18 PM
 08/12/14
 Accrual Basis

Plymouth Community Renewal Center
Profit & Loss
 June 2014

	<u>Jun 14</u>
Ordinary Income/Expense	
Income	
Contributions	
U C of Christ	500.00
Contributions - Other	1,000.00
Total Contributions	<u>1,500.00</u>
Grants	5,000.00
Program Service Fees	
Day Camp Revenues	30.00
Total Program Service Fees	<u>30.00</u>
Total Income	6,530.00
Expense	
ATM Withdrawal	160.00
Misc Expense	500.00
Office Expense	137.97
Payroll Expenses	
Payroll Taxes	1,914.82
Processing Fees	105.12
Payroll Expenses - Other	5,836.08
Total Payroll Expenses	<u>7,856.02</u>
Program Expense	
Day Camp	
Supplies	200.00
Total Day Camp	<u>200.00</u>
Food Program	508.75
Youth Services	575.00
Program Expense - Other	-217.50
Total Program Expense	<u>1,066.25</u>
Repairs & Maint.	
Building Supplies	550.00
Repairs & Maint. - Other	270.00
Total Repairs & Maint.	<u>820.00</u>
Supplies	165.80
Telephone	314.87
Travel and Meetings	
Travel	227.30
Travel and Meetings - Other	34.25
Total Travel and Meetings	<u>261.55</u>
Utilities	
Water	307.29
Utilities - Other	435.09
Total Utilities	<u>742.38</u>
Total Expense	<u>12,024.84</u>
Net Ordinary Income	-5,494.84
Net Income	<u><u>-5,494.84</u></u>

12:16 PM
 08/12/14
 Accrual Basis

Plymouth Community Renewal Center Balance Sheet As of June 30, 2014

	Jun 30, 14
ASSETS	
Current Assets	
Checking/Savings	
Latest Stock Yard	18,287.52
New Stock Yards	91,177.81
Revitalization Acct PNC Bank	346.48
StockYards Bank	7,629.88
Total Checking/Savings	117,441.69
Other Current Assets	
Employee Loan	504.00
Petty Cash	350.00
Total Other Current Assets	854.00
Total Current Assets	118,295.69
Fixed Assets	
Accum Depreciation - Computers	-4,893.60
Accum Depreciation - Equipment	-853.60
Accum Depreciation - Heating Un	-3,197.07
Accum Depreciation Furnance	-2,318.80
Accum. Depreciation - LH Improv	-62,975.36
Accum. Depreciation Furniture	-902.40
Computers	7,013.00
Equipment	1,423.00
Furnance	3,864.00
Furniture	1,592.00
Heating Unit	7,342.00
Leashold Improvement	425,747.00
Total Fixed Assets	371,840.17
TOTAL ASSETS	490,135.86
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	3,082.44
Accounts Payable	3,082.44
Total Accounts Payable	3,082.44
Credit Cards	
Stock Yards Debit Card	17,481.46
Total Credit Cards	17,481.46
Other Current Liabilities	
Dell Credit	1,969.21
Total Other Current Liabilities	1,969.21
Total Current Liabilities	22,533.11
Long Term Liabilities	
Notes Payable	4,095.89
Total Long Term Liabilities	4,095.89
Total Liabilities	26,629.00
Equity	
Fund Balance General	373,033.00
Opening Balance Equity	66,119.58
Unrestricted Net Assets	73,695.94
Net Income	-49,341.66
Total Equity	463,506.86
TOTAL LIABILITIES & EQUITY	490,135.86

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
PLYMOUTH COMMUNITY RENEWAL CENTER

D Employer identification number

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

1626 WEST CHESTNUT STREET

City or town, state or country, and ZIP + 4

LOUISVILLE, KY 40203

F Name and address of principal officer: **MARKHAM A. FRENCH**

1626 W. CHESTNUT ST., LOUISVILLE, KY 40203

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

J Website: **WWW.PCRC-KY.ORG**

K Form of organization: Corporation Trust Association Other

E Telephone number

502-583-7889

G Gross receipts \$ **226,946**

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No

If "No," attach a list. (see instructions)

H(c) Group exemption number **1665**

Part I Summary

L Year of formation: **1982** **M** State of legal domicile: **KY**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IT IS THE MISSION OF THE PLYMOUTH COMMUNITY RENEWAL CENTER TO ENHANCE THE QUALITY OF LIFE AND		
	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	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	150
	7 a 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)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	188,310.	225,181.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,085.	1,765.
	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 VII, column (A), line 12)	413.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	215,808.	226,946.
	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)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	130,918.	134,719.
	b Total fundraising expenses (Part IX, column (D), line 25)	15,031.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,691.	0.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	68,886.	107,966.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	214,835.	242,685.
	20 Total assets (Part X, line 16)	873.	-15,739.
	21 Total liabilities (Part X, line 26)	393,485.	372,386.
	22 Net assets or fund balances. Subtract line 21 from line 20	19,479.	14,119.
		374,006.	358,267.

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: **MARKHAM A. FRENCH, EXECUTIVE DIRECTOR** Date: **5.14.12**

Print/Type preparer's name: **SCOTT A. OLINGER** Preparer's signature: *Scott A. Olinger, CPA* Date: **5/8/12** Check self-employed PTIN: **_____**

Firm's name: **HARDING SHYMANSKI & CO., PSC** Firm's EIN: **_____**

Firm's address: **501 S. SECOND STREET, SUITE 200 LOUISVILLE, KY 40202**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No Phone no. **502-584-4142**

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: IT IS THE MISSION OF THE PLYMOUTH COMMUNITY RENEWAL CENTER TO ENHANCE THE QUALITY OF LIFE AND TO RENEW THE SPIRIT OF THE RUSSELL COMMUNITY AND SURROUNDING METROPOLITAN AREA THROUGH A VARIETY OF SOCIAL, EDUCATIONAL, AND CULTURAL PROGRAMS AND SERVICES TO INDIVIDUALS, [X]

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 49,872. Including grants of \$) (Revenue \$) EDUCATION: TUTORING & CRUSADE FOR CHILDREN

4b (Code:) (Expenses \$ 50,066. Including grants of \$) (Revenue \$ 1,765.) YOUTH DEVELOPMENT: OUT OF BOUNDS PROGRAM & SUMMER DAY CAMP

4c (Code:) (Expenses \$ 72,255. Including grants of \$) (Revenue \$) FOOD DISTRIBUTION: DISTRIBUTE FOOD TO THOSE IN NEED

4d Other program services. (Describe in Schedule O.)

(Expenses \$ Including grants of \$) (Revenue \$)

4e Total program service expenses 172,193.

PLYMOUTH COMMUNITY RENEWAL CENTER

Part IV Checklist of Required Schedules

Line	Description	1	2	3	4	5	6	7	8	9	10	11a	11b	11c	11d	11e	11f	12a	12b	13	14a	14b	15	16	17	18	19	20a	20b
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A																												
2	Is the organization required to complete Schedule B, Schedule of Contributors?																												
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																												
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																												
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																												
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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																												
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																												
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III																												
9	Did the organization report an amount in Part X, line 21; 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																												
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V																												
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																												
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																												
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																												
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																												
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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																												
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII																												
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, XII, and XIII is optional																												
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E																												
14a	Did the organization maintain an office, employees, or agents outside of the United States?																												
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV																												
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV																												
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV																												
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																												
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																												
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																												
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H																												
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)																												

PLYMOUTH COMMUNITY RENEWAL CENTER

Part IV Checklist of Required Schedules (continued)



	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25a	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	25b	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	26	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	27	X
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(2) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	36	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	37	X
	38	X

PLYMOUTH COMMUNITY RENEWAL CENTER

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 9, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows 1a-9. Includes questions about voting members, independent officers, family relationships, management control, significant changes, asset diversions, and mailing addresses.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows 10a-16b. Includes questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed. KY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MARKHAM FRENCH - 502-583-7889 1626 W. CHESTNUT ST., LOUISVILLE, KY 40203

PLYMOUTH COMMUNITY RENEWAL CENTER

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

Check if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
DARRELL ANITON MEMBER	2.00	X					0.	0.	0.	
JACQUELINE COOPER CHAIRPERSON	2.00	X		X			0.	0.	0.	
CARRYE JONES SECRETARY	2.00	X		X			0.	0.	0.	
EDD EASTON HOGG TREASURER	2.00	X		X			0.	0.	0.	
MARKHAM FRENCH EXECUTIVE DIRECTOR	50.00			X			37,500.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							37,500.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							37,500.	0.	0.	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization								0	0.	0.

- | | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 3 | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 4 | X |
| Section B. Independent Contractors | 5 | X |

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		
0		

PLYMOUTH COMMUNITY RENEWAL CENTER

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns					
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above	225,181.				
	g Noncash contributions included in lines 1a-1f: \$	22,132.				
	h Total. Add lines 1a-1f	225,181.				
Program Service Revenue	2 a PROG. SERV. REVENUE-RELA					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	1,765.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue						
11 a	Business Code					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.	226,946.	1,765.	0.	0.		

PLYMOUTH COMMUNITY RENEWAL CENTER

Part IX Statement of Functional Expenses



Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	37,500.	28,125.	9,375.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	82,042.	65,144.	16,898.	
8 Pension plan contributions (Include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	15,177.	11,383.	3,794.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	2,500.		2,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	7,249.		7,249.	
14 Information technology				
15 Royalties				
16 Occupancy	20,740.	14,714.	6,026.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,391.		1,391.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,768.	7,661.	5,107.	
23 Insurance	1,725.	1,725.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PROGRAM EXPENSE FOOD PR	24,197.	24,197.		
b TRAVEL EXPENSES	11,380.	10,300.	1,080.	
c TELEPHONE	6,831.	5,123.	1,708.	
d REPAIRS AND MAINTAINENC	5,890.		5,890.	
e OTHER	5,503.		5,503.	
f All other expenses	7,792.	3,821.	2,280.	1,691.
25 Total functional expenses. Add lines 1 through 24f	242,685.	172,193.	68,801.	1,691.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	8,877.	1	546.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	446,981.		
	10b	Less: accumulated depreciation	75,141.		
	10c		384,608.		371,840.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	393,485.	16	372,386.	
Liabilities	17	Accounts payable and accrued expenses		17	
	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	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		23	
	24	Unsecured notes and loans payable to unrelated third parties	10,891.	24	10,396.
	25	Other liabilities. Complete Part X of Schedule D	8,588.	25	3,723.
	26	Total liabilities. Add lines 17 through 25	19,479.	26	14,119.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	374,006.	27	358,267.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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	374,006.	33	358,267.	
34	Total liabilities and net assets/fund balances	393,485.	34	372,386.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	226,94
2	Total expenses (must equal Part IX, column (A), line 25)	2	242,68
3	Revenue less expenses. Subtract line 2 from line 1	3	-15,73
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	374,00
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	358,26

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

PLYMOUTH COMMUNITY RENEWAL CENTER



Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- The organization is a foundation because it is: (For lines 1 through 11, check only one box.)
- Convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 - Not described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
 - A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 - 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
 - 8 A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally Integrated
 - d Type III - Other
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
 - h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 **PLYMOUTH COMMUNITY RENEWAL CENTER**
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	271,264.	273,708.	294,499.	188,310.	225,181.	1,252,962.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	271,264.	273,708.	294,499.	188,310.	225,181.	1,252,962.
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)						518,295.
6 Public support. Subtract line 5 from line 4.						734,667.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	271,264.	273,708.	294,499.	188,310.	225,181.	1,252,962.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						1,252,962.
12 Gross receipts from related activities, etc. (see instructions)					12	40,164.
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 2010 (line 6, column (f) divided by line 11, column (f))	14	58.63	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	66.07	%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 IV 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 - 2009. 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 IV 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"/>		

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

PLYMOUTH COMMUNITY RENEWAL CENTER

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

PLYMOUTH COMMUNITY RENEWAL CENTER

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<p>CRUSADE FOR CHILDREN 982 EASTERN PARKWAY LOUISVILLE, KY 40218</p>	\$ 31,676.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<p>LEE THOMAS FOUNDATION 2600 GRASSLAND DRIVE LOUISVILLE, KY 40299</p>	\$ 120,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<p>OUT OF BOUNDS: LOUISVILLE METRO HOUSING 745 W. MAIN ST. 4TH FLOOR LOUISVILLE, KY 40202</p>	\$ 17,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<p>FOOD PANTRY: LOUISVILLE METRO 745 W. MAIN ST. 4TH FLOOR LOUISVILLE, KY 40202</p>	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<p>KENTUCKY HARVEST 1839 BROWNSBORO RD LOUISVILLE, KY 40206</p>	\$ 19,482.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

PLYMOUTH COMMUNITY RENEWAL CENTER

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organization more than \$1,000 for the year. 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.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
5	FOOD FOR DISTRIBUTION TO THOSE IN NEED.	DISTRIBUTED TO THOSE IN NEED.	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(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	
(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	
(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	

Name of organization

Employer identification number

PLYMOUTH COMMUNITY RENEWAL CENTER



Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	FOOD	\$ 19,482.	VARIOUS

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010 Open to Public Inspection

Name of the organization

PLYMOUTH COMMUNITY RENEWAL CENTER

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals and 5-6 for questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant part of the collection (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 XIV.

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 XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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					
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					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold Improvements	425,747.		62,975.	362,772.
d Equipment	21,234.		12,166.	9,068.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				371,840.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (Including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
(J)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) CHECKS WRITTEN IN EXCESS OF	
(3) DEPOSIT	3,723.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-

201
Open to Public Inspection

Name of the organization

PLYMOUTH COMMUNITY RENEWAL CENTER

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO RENEW THE SPIRIT OF THE RUSSELL COMMUNITY AND SURROUNDING
METROPOLITAN AREA THROUGH A VARIETY OF SOCIAL, EDUCATIONAL, AND
CULTURAL PROGRAMS AND SERVICES TO INDIVIDUALS, FAMILIES, AND YOUTH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FAMILIES, AND YOUTH.

FORM 990, PART VI, SECTION B, LINE 11: I COPY OF THE 990 IS PROVIDED TO
THE GOVERNING BODY.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES DOCUMENTS
AVAILABLE UPON REQUEST.

Commonwealth of Kentucky

OFFICE OF
SECRETARY OF STATE

FRANCES JONES MILLS
Secretary



FRANKFORT,
KENTUCKY

CERTIFICATE OF INCORPORATION OF NON-STOCK, NON-PROFIT CORPORATION

I, **FRANCES JONES MILLS**, *Secretary of State of the Commonwealth of Kentucky* certify that there has been delivered to my office articles of incorporation of **PLYMOUTH COMMUNITY RENEWAL CENTER, INCORPORATED**

The name and address of the registered agent of this corporation is

E. ALEXANDER CAMPBELL

NAME

1626 WEST CHESTNUT ST.,

STREET ADDRESS

LOUISVILLE, KENTUCKY

CITY STATE

NOW, THEREFORE, finding that these articles of incorporation conform to law and that all fees therefore having been paid as prescribed by law, I, **FRANCES JONES MILLS**, *Secretary of State*, issue this Certificate of Incorporation.



Issued this 5TH day of SEPTEMBER, 1982,

at Frankfort, Kentucky.

Frances Jones Mills
SECRETARY OF STATE

SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

ORIGINAL COPY FILED
SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

SEP 07 1982

[Signature]
SECRETARY OF STATE

SECRETARY OF STATE
RECEIVED

SEP 8 1982

COMMONWEALTH OF KENTUCKY

ARTICLES OF INCORPORATION
OF
PLYMOUTH COMMUNITY RENEWAL CENTER, INC.

266782

KNOW ALL MEN BY THESE PRESENTS:

We, the undersigned, do hereby associate ourselves for the purpose of forming a non-profit, charitable, civic and educational organization pursuant to Chapter 273 of the Kentucky Revised Statutes and do hereby adopt the following Articles of Incorporation.

ARTICLE I

The name of the organization shall be the Plymouth Community Renewal Center, Incorporated, and its duration shall be perpetual.

ARTICLE II

The Plymouth Community Renewal Center shall be affiliated with the Council for Health and Welfare Services of the United Church of Christ.

ARTICLE III

The purpose of the Corporation shall include but not be limited to the following:

- (a) To conduct public, charitable and human-service oriented activities through the use of assets and income of this Corporation, within the meaning of Section 501 (C)(3) of the Internal Revenue Code of 1954 or its successor;
- (b) To work within the tradition of our Democratic Christian heritage in developing individual potential for christian living.
- (c) To research and identify the needs and problems of the urban community and develop solutions to these problems through programs, activities and service, that may provide a cultural, recreational and educational center where persons of all ages may have an outlet for the development of themselves to the fullest of their capacities;

(d) To enhance the competence of the community, to the educational culture, political, and economic forces through action and quality social services.

(e) To improve human relations.

(f) To strengthen the family.

(g) To develop community responsibility.

(h) In order to effectuate the foregoing purposes and objects, seek to render (1) services to individuals and to groups, (2) participation in, cooperation with, and development of neighborhood and community organizations, and (3) services to students in educational institutions;

(i) Buy, own, hold, sell, rent or otherwise acquire and dispose of real estate (with or without improvements thereon) as well as personal property in furtherance of the objects and powers set forth in subparagraphs (a) through (h) above;

(j) Borrow money in furtherance of the objects and powers set forth in subparagraphs (a) through (h) above, from individuals, associations or corporations in furtherance of the objects and powers set forth in said paragraphs;

(k) Mortgage, pledge, encumber, or otherwise hypothecate any real or personal property owned by it in order to secure the repayment of any sums loaned to it;

(l) Accept and receive donations and contributions of money and property given in furtherance of the objects and powers set forth in subparagraphs (a) through (h) above;

(m) Make nominal charges for its services as may be determined by the Board of Directors in keeping with Metro United Way Financial policies; and

n) Generally, to do any and all things necessary, suitable, or desirable to the accomplishment of any of the foregoing objects and purposes.

ARTICLE IV

The Corporation is empowered to do and perform all acts reasonable necessary to accomplish the purposes of the Corporation; such powers to include all of the powers conferred upon all non-profit corporations pursuant to Chapter 273 of the Kentucky Revised Statutes; and all such powers conferred by all other relevant laws of the Commonwealth of Kentucky, provided that the power herein above conferred will be exercised to the furtherance of the purposes of the Corporation.

ARTICLE V

This Corporation is organized and operated exclusively for charitable and educational purposes as a non-profit corporation. The Corporation shall have no capital stock and no power to issue certificates of stock nor to declare dividends; no part of the net earning shall benefit any private individuals or member; and the Corporation shall not engage in any activities that will jeopardize its status as (1) a Corporation exempt from Federal Income Tax under Section 501 (C)(3) of the Internal Revenue Code of 1954 or its successor or (2) a Corporation contributions to which are deductible under Section 170 (C)(2) of the Internal Revenue of 1954 or its successor.

ARTICLE VI

(a) The affairs of the Corporation shall be conducted and managed by a self-perpetuating Board of Directors of uneven number, consisting of not less than Eleven (11) persons not more than Seventeen (17), who shall serve for a period of three (3) years, except that the first board shall provide for one-third of its members to serve a term of one (1) year, one-third for a term of two (2) years, and one-third for a term of three (3) years. No member of the board may succeed himself, though any former member may be elected again after the expiration of one or more years following termination of his service on the board, except the Pastor of the Plymouth Congregational United Church of Christ as hereinafter provided.

(b) No less than forty (40) percent nor more than fifty (50) percent of the members of the Board shall be elected from members of the Plymouth Congregational United Church of Christ, and the Pastor of said church shall be a continuing and permanent member of the board with full voting power, and shall be counted among the members of the Plymouth Congregational United Church of Christ in determining the percentage on the as herein provided.

(c) The initial Board of Directors of the Corporation shall serve as Directors until the election of their successors and shall number as in the By-Laws.

(d) The number and the method of nominating and electing the Board of Directors of the Corporation shall be fixed by the By-Laws in such manner as will not conflict with any provisions of the Articles of Incorporation.

ARTICLE VII

The Directors shall elect the Chairman, Vice-Chairman, Secretary and Treasurer and shall create such offices as they shall deem necessary for the proper administration of the Corporation's business. The officers shall be elected by the Board of Directors for such terms and in such manner as is provided by the By-Laws.

ARTICLE VIII

In the event of dissolution of this corporation, as a corporation, corporate assets shall go to the Plymouth Congregational United Church of Christ.

ARTICLE IX

The registered agent for the corporation shall be E. Alexander Campbell whose address is 1626 West Chestnut Street, Louisville, Kentucky - 40203, subject, however, to the right and power of the directors to change said registered agent from time to time by selecting any other member of the board of directors to act as such. The address mentioned in this Article IX is the address of the registered office of this Corporation.

ARTICLE X

The Board of Directors shall have power and authority to draft and adopt By-Laws for the corporation which shall not be in conflict with this charter or with the law. Such By-Laws may be adopted and/or amended by a simple majority of members present at a duly called meeting of the board for such purpose.

ARTICLE XI

These Articles of Incorporation may be amended by a majority vote of all of the directors in office at any regular or special meeting thereof called for that purpose, but no such amendment may:

- (a) Permit any person or individual to derive any personal profit from the corporation other than for services rendered; or
- (b) Authorize the corporation to exercise any power or engage in any activity which would result in denying it the benefits conferred upon an institution under Section 501 (C)(3) of the Internal Revenue Code, aforesaid, or any statute supplementary there to or amendatory thereof.

ARTICLE XII

The names and addresses of the initial Directors are as follows:

- Ms. Alyce K. Holden - 739 South 43rd Street, Louisville, KY 40211
- Mr. Evan T. Guess - 4202 Virginia Avenue, Louisville, KY 40211
- Dr. E. Alexander Campbell - 3025 Colonial Hill Rd., Louisville, KY 40205
- Mr. Robert W. Calbert, Sr. - 4405 Winnrose Way, Louisville, KY 40211
- Mr. P.O. Sweeney, Jr. - 4413 Landside Drive, Louisville, KY 40220

ARTICLE XIII

The name and addresses of the incorporators are:

- Dr. E. Alexander Campbell - 3025 Colonial Hill Rd., Louisville, KY 40205
- Ms. Alyce K. Holden - 739 South 43rd Street, Louisville, KY 40211

Witness our hand this 1st day of ^{September}~~August~~, 1982.

E. Alexander Campbell
E. Alexander Campbell

Alyce K. Holden
Alyce K. Holden

STATE OF KENTUCKY)
COUNTY OF JEFFERSON) SS

I, a Notary Public in and for the State and County aforesaid, certify that the foregoing Articles of Incorporation were produced to me by E. Alexander Campbell and Alyce K. Holden and signed and acknowledged by them to be their true act and deed.

Notary Public, State at Large, Ky.
My Commission expires Nov 26, 1982

My Commission expires: _____

Barbara Baird
NOTARY PUBLIC, STATE AT LARGE, KENTUCKY

This instrument was prepared by

E. Alexander Campbell
E. Alexander Campbell

An Incorporator
1626 West Chestnut Street
Louisville, KY 40203

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Plymouth Community Renewal Center	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	<input checked="" type="checkbox"/> Other (see instructions) ▶ Non profit corporation	
Address (number, street, and apt. or suite no.) 1626 West Chestnut Street		Requester's name and address (optional)
City, state, and ZIP code Louisville, KY 40203		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	Employer identification number																				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>											<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>										

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 8.11.14
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

**PLYMOUTH COMMUNITY RENEWAL CENTER
AFTER SCHOOL PROGRAM PARENT SATISFACTION SURVEY**

Student Name: _____

School Name: _____

1. How long has your child been participating in Plymouth's After School Program?

- 0 to 3 months 13 to 18 months more than 2 years
 4 to 12 months 19 to 24 months more than 3 years

2. Please rate your overall satisfaction with the quality of the after school program:

- Highly Dissatisfied Dissatisfied Neutral Satisfied Highly Satisfied

3. How much has your child benefited from participation in the after school program (check the box)?

Please rate your child's progress in each category below:	Declined	No Change	Improved
Turning in homework on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completing homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being attentive in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaving in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting along with other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What would you say is your child's favorite part of the program?

- Tutoring Computer Room Parties/Special Events
 Karate Classes Recreation Room Community Service/Learning Activities
 Peer Interaction Kids Café Parent/Family Activities
 Other _____

5. How have you been involved in the program? (check all that apply)

- Attended Parent/Family Programs Served as Volunteer Observed Program
 Other _____

6. How can the program be improved to better meet your child's needs?

7. What other comments or suggestions would you like to make about the program?

**PLYMOUTH COMMUNITY RENEWAL CENTER
SUMMER ACADEMIC ENRICHMENT PROGRAM PARENT SATISFACTION SURVEY**

Child Name: _____ **Zip Code:** _____ **School Name:** _____

1. How long has your child been participating in programs provided by Plymouth?
 0 to 3 months 13 to 18 months more than 2 years
 4 to 12 months 19 to 24 months more than 3 years

2. Please rate your overall satisfaction with the quality of the Summer Academic Enrichment program:
 Highly Satisfied Satisfied Neutral Dissatisfied Highly Dissatisfied

3. How much has your child benefited from participation in the Summer Academic Program (check the box)?

Please rate your child's progress in each category below:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I would like my child to attend the Summer Academic Enrichment Program again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the Summer Academic Enrichment Program to other parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has improved his/her ability to get along with other children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child enjoyed participating in the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child made new friends through the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am pleased with how the staff worked with my child during the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has benefited from the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child's tutors seemed to make learning exciting and fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff at the program truly cared about my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child was safe at the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Staff takes prompt action when problems occur.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff is willing to talk to me if I have any concerns/suggestions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have participated in some activities with my child during the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the Summer Academic Enrichment program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child received individual and small group reading tutoring at the summer program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child made improvements in reading skills during the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child received individual and small group math tutoring at the summer program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child made improvements in math skills during the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please indicate how much academic progress you feel your child has made (check the box).

Much less than the regular school year

Less than the regular school year

The same as the regular school year

More than the regular school year

Much more than the regular school year

Unsure

5. How have you been involved in the program? (check all that apply)

Attended Parent Orientation Served as Volunteer Observed Program

Other _____

6. How can the program be improved to better meet your child's needs?

7. What other comments or suggestions would you like to make about the program?

PLYMOUTH COMMUNITY RENEWAL CENTER OUT OF BOUNDS PROGRAM PARTICIPANT SATISFACTION SURVEY

Name: _____ Age: _____ Grade: _____

1. How long have you been participating in programs at Plymouth Community Renewal Center?
 0 to 3 months 13 to 18 months more than 2 years
 4 to 12 months 19 to 24 months more than 3 years
2. Please rate your overall satisfaction with the quality of the program:
 Highly Dissatisfied Dissatisfied Neutral Satisfied Highly Satisfied

3. How much have you benefited from participation in the program (check the box)?

Please rate your child's progress in each category below:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The service learning activities help me understand the needs in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am doing service learning activities that I usually don't get to do anywhere else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I help to choose service learning activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service learning activities help me to understand the role I can play in improving my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this program I really trust other participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this program I really get to know other participants really well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this program I get along with other participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The program helps me avoid getting in trouble at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The program helps me get better grades in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The program helps me feel more confident about my schoolwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The program helps me attend school more regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff treats me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like I can talk to staff about things that are bothering me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff really cares about me,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff cares what I think.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff helps me to try new things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What do you like most about the program?

5. What do you like least about the program?

PERSONNEL

MARKHAM FRENCH
EXECUTIVE DIRECTOR

CAROL BOTTOMS
PROGRAMS COORDINATOR

ROCHELLE WILSON
DIRECTOR OF YOUTH SERVICES

GUSTAVIA JENKINS
SOCIAL SERVICES COORDINATOR

JOE BOYD
VAN DRIVER

REGINALD JENKINS
JUNIOR COUNSELOR SUPERVISOR

HOKE WILSON
VAN AIDE

TUTORS

King, Keidra

From: Markham French <frenchmarkham@hotmail.com>
Sent: Friday, October 31, 2014 10:41 AM
To: King, Keidra
Subject: RE: follow-up

Good Morning Keidra:

Markham French Executive Director: 37,500
Carol Bottoms Programs Coordinator: 15,600
Food Pantry Coordinator: 10,400

We currently are on a month to month arrangement with the Church and do not have a lease.

Thanks,

Markham

From: Keidra.King@louisvilleky.gov
To: frenchmarkham@hotmail.com
Subject: follow-up
Date: Thu, 30 Oct 2014 23:11:57 +0000

Hello Markham,
I just wanted to touch base with you to let you know we are currently at 10,000. I'm going to turn in the NDF now; however, I'm missing the salary of your 3 highest paid employees and a copy of the signed lease. Can you email them to me. Thanks in advance.

Yours in Service,

Keidra D.C. King
Metro Council District Four
Councilman David Tandy
601 West Jefferson Street
Louisville, Kentucky 40202
Office: 502.574.1104



**All meeting and public appearance request should be sent to District4@louisvilleky.gov **

PLYMOUTH COMMUNITY RENEWAL CENTER, INCORPORATED

General Information

Organization Number	0170170
Name	PLYMOUTH COMMUNITY RENEWAL CENTER, INCORPORATED
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	9/8/1982
Organization Date	9/8/1982
Last Annual Report	6/11/2014
Principal Office	1626 W. CHESTNUT ST. LOUISVILLE, KY 40203
Registered Agent	MARKHAM FRENCH 1626 W. CHESTNUT ST. LOUISVILLE, KY 40203

Current Officers

Chairman	Jacqueline M Cooper
Treasurer	Irene Benford
Director	Darrell D. Aniton
Director	Carrye B Jones
Director	Jacqueline M. Cooper
Director	Irene Benford
Director	Kimberly D Bottoms
Director	Reginald R Jenkins
Director	Yolanda Anderson

Individuals / Entities listed at time of formation

Director	MS. ALYCE K. HOLDEN
Director	MR. EVAN T. GUESS
Director	DR. E. ALEXANDER CAMPBEL
Director	MR. ROBERT W. CALBERT, S
Director	MR. P. O. SWEENEY, JR.
Incorporator	DR. E. ALEXANDER CAMPBEL
Incorporator	ALYCE K. HOLDEN

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.

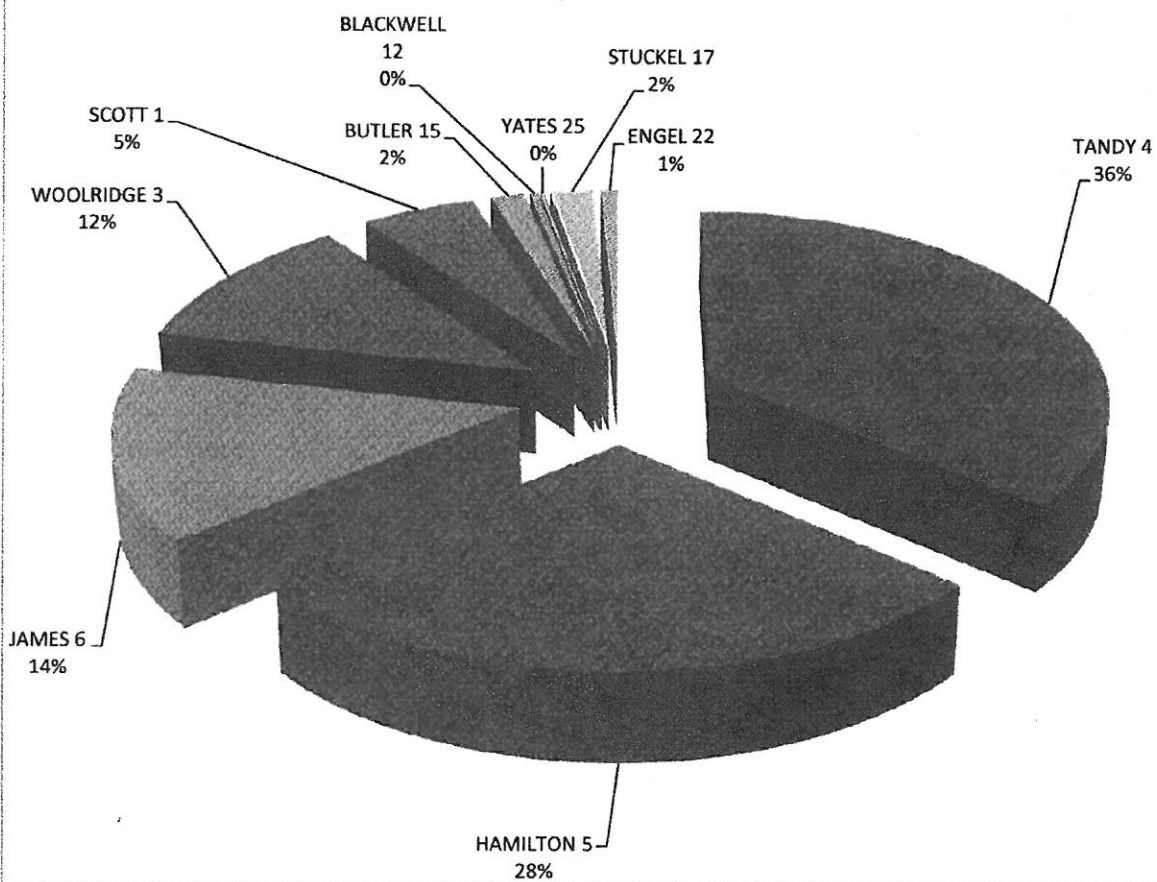
[Annual Report](#)

6/11/2014

1 page

[PDF](#)

Food Pantry 392 Enrolled



Children and Youth Services 125 Served

