

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

**Applicant/Program: 2Not1: Fatherhood & Families, Inc. / the BLUEPRINT Me vs. Me Edition**

**Executive Summary of Request:** The 2Not1: Fatherhood & Families, Inc. is a organizations that promotes the safety and well-being of children to keep families together and encourage father involvement. The BLUEPRINT is a program that helps to focus the inner- city youth on positive alternatives to conflicts and peer pressure.

The Request is for \$4, 000 to cover the cost for 20 youth participants, stipend for the class facilitator, a light dinner, the cost of workshop material books.

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

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

<u>6</u>		\$4,000	<u>6-15-2015</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.

**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  
REVIEWED  
DATE 7/16/15 TIME 11:14

## NDF NON-PROFIT APPLICATION CHECKLIST

<b>Legal Name of Applicant Organization:</b> 2NDT 1: Fatherhood 3 Families, Inc.		
<b>Program Name:</b> The BLUEPRINT ME vs. NE	<b>Request Amount:</b> \$4,000	<b>Yes/No/NA</b>
<b>Request form:</b> Is the NDF request form signed by all Council Member(s) appropriating funding?		yes
<b>Request form:</b> Is the funding proposed less than or equal to the request amount?		yes
<b>Request form:</b> Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		yes
<b>Application Page 1:</b> Has prior Metro funds committed/granted been disclosed?		yes
<b>Application Page 1:</b> Is the application properly signed and dated by authorized signatory?		yes
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		yes
<b>Application Pages 3 – 5:</b> Is the proposed public purpose of the program well-documented?		yes
<b>Application 4:</b> Is there adequate documentation of how the proceeds of the fundraiser will be spent?		yes
<b>Application Budget Page 6:</b> 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
<b>Faith Based Organizations:</b> Is the signed Faith Based Form signed and included?		N/A
<b>Jefferson County Only:</b> Will all funding be spent in Louisville/Jefferson County?		yes
<b>Capital Project(s) request:</b> Is the cost estimate(s) from proposed vendor(s) included?		N/A
<b>Good Standing:</b> Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>• Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>• Internal Revenue Service – most recent Form 990 included</li> </ul>		yes
<b>Separate Taxing Districts:</b> If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		N/A
<b>Small Cities:</b> 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)		N/A
<b>Operating Requests:</b> Is recommended operating funding less than or equal to 33% of total operating budget?		NO
<b>IRS Exempt Proof:</b> Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		yes
<b>Operating Budget:</b> Is the organization’s current fiscal year operating budget included?		yes
<b>Ordinance Required:</b> Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		NO
<b>Board Members:</b> Is the entity’s board member list (with term length/term limits) included?		yes
<b>Staff:</b> Is a list of the highest paid staff included with their expected annual personnel costs?		N/A
<b>Annual Audit:</b> Is the most recent annual audit (if required by organization) included?		N/A
<b>Rent Requests:</b> Is a copy of signed lease included?		N/A
<b>Articles of Incorporation:</b> Are the Articles of Incorporation of the organization included?		yes
<b>IRS Form W-9:</b> Is the IRS Form W-9 included?		yes
<b>Evaluation Forms:</b> Are the evaluation forms (if program participants are given evaluation forms) included?		yes
<b>Affirmative Action:</b> Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		N/A
<b>Prepared by:</b> Allison Oliver		<b>Date:</b> 6/23/2015



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

SECTION 1 - APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b>		<b>2NOT1: Fatherhood &amp; Families, Inc.</b>	
<i>(as listed on: <a href="http://www.sos.kv.gov/business/records">http://www.sos.kv.gov/business/records</a>)</i>			
<b>Main Office Street &amp; Mailing Address:</b> 1626 West Chestnut Street, Louisville, KY 40203			
<b>Website:</b> www.2NOT1.org			
<b>Applicant Contact:</b>	Shawn Gardner	<b>Title:</b>	President & Founder
<b>Phone:</b>	(502) 627-0356	<b>Email:</b>	shawn@2not1.org
<b>Financial Contact:</b>	Dr. Georgia Turner	<b>Title:</b>	Board Member
<b>Phone:</b>	(502) 396-9630	<b>Email:</b>	snoony45@twc.com
<b>Organization's Representative who attended NDF Training:</b> Dr. Georgia Turner			
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> 2NOT1: theBLUEPRINT - Me Vs. Me Edition			
<b>Total Request: (\$)</b>	4,000	<b>Total Metro Award (this program) in previous year: (\$)</b>	0.00
<b>Purpose of Request (check all that apply):</b>			
<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)			
<b>The Following are Required Attachments:</b>			
<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 type="checkbox"/> Staff including the 3 highest paid staff	
<b>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.</b>			
<b>Source:</b>	Healthy Start Fatherhood Discussion	<b>Amount: (\$)</b>	2,500.00
<b>Source:</b>	NDF	<b>Amount: (\$)</b>	5,000.00
<b>Source:</b>		<b>Amount: (\$)</b>	
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



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 3 - AGENCY DETAILS**

**Describe Agency's Vision, Mission and Services:**

**Mission:** The purposes of 2NOT1 will be to promote the safety and well-being of children by implementing strategies to keep families together and to encourage the involvement of fathers, with a primary focus on low income communities, through the following:

1. Educate low income individuals and communities on the subject of fatherhood and the barriers that impede the successful interaction of father and child;
2. Enhance and safeguard the interests of children and to protect and improve their relationships with their fathers and other significant males in their lives, within and outside the family;
3. Generate a pool of positive male role models to mentor other youth and fathers that can benefit from the support;
4. Serve as an educational and networking vehicle for men's, father's, and children's organizations with a focus on family through an annual conference on fatherhood;
5. Serve as a repository and clearinghouse for all information relating to fatherhood issues;
6. Engage in other charitable and educational activities consistent with the above purposes.



## 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.):**

the BLUEPRINT: Me Vs. Me Editions will begin the week of July 6, 2015 and will end July 30, 2015. The sessions will be held on two days a week at Parkhill Community Center and two days a week at California Community Center from 5 pm until 7 pm. (The exact days at each location is being established by Metro Parks Director Anthony Williams, his staff, and 2NOT1). The client population will be male and female youth, ages 12 - 17 in the California, Parkhill, and surrounding areas. The number of participants served will be approximately 10 youth at each site.

**PROGRAM NARRATIVE:**

Young males and females in the inner-city live within a cultural that says they must behave, speak, and adhere to the ways of that culture. In many situations, the inner-city behaviors are not positive. theBLUEPRINT is a program that works with youth by focusing on their personal development as it relates to their inter-personal and intra-personal struggles. theBLUEPRINT informs and reminds our youth that there are positive alternative when faced with conflicts and peer pressure.

theBLUEPRINT, Me Vs. Me Editions, looks at various trials and tribulations youth may experience while growing up in the inner-city. The youth will use the book Me Vs. Me, to discuss the various problems youth faces such as violence, drug use, and teen-age pregnancy. The book is the catalyst that will lead to open dialogue and courageous conversation among the participants. The youth will discuss how those issues have manifested in their lives, directly or indirectly. The youth will use theBLUEPRINT workbook to work through the discussion questions. Lastly, the youth will be introduced to computerized journaling by utilizing the California Community Center computers to journal their thoughts, issues, questions, and resolutions to the conflict/issues discussed. The Parkhill participants will use regular journals.

The overall goal is give the participants the tools needed to deal with potential conflicts and negative situations in a positive manner. By the end of the program, the following four core competencies will be introduced and learned: 1. Attitude, 2. Behavior, 3. Confidence, and 4. Discipline.

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

The funds will be used for client assistance. The duration of the program is 4 weeks for a total of 16 sessions.

2NOT1: Fatherhood & Families, Inc. will provide the following services for \$4000.00:

\*The facilitator will receive a stipend of \$125 per session (\$125 X 16 sessions {3 hours for prep time and facilitation}) - \$2000.

\*The youth will be served a light dinner at a cost of \$90 per session (\$90 X 16 session) - \$1,440.

\*The cost of workshop material: books (Me vs. Me) and theBLUEPRINT workbook - \$560.

Each session (16) will cost approximately \$250, which is \$12.50 per youth participant, (based on the maximum number of 20 youth participants).



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

This request is not for a fundraiser.

**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:**

The youth will have an opportunity to be heard. They will have an opportunity to talk about their concerns, frustrations, and ideas related to growing up in the inner-city, peer pressure, and life conflicts. The youth will gain invaluable tools needed to handle and manage various conflict. The learned tools will help them better deal with conflict and negative situations in their everyday lives, such in school, at home, and their neighborhood. In addition, the youth will learn how to navigate the computer system in an effort to journal their thoughts and ideas.

Again, the overall goal is to give the youth the tools needed to deal with potential conflicts and negative situations in a positive manner. It is 2NOT1's hope that the BLUEPRINT, Me Vs. Me Edition, will be instrumental in reducing inner-city youth arrests, school failure, and abusive relationships.

There will be 16 sessions. At the end of the sessions, participants will be asked to complete an evaluation form. The evaluation form will seek feedback on the usefulness of the BLUEPRINT and the effectiveness of the facilitators. The evaluations will also ask general questions about issues faced, support and services needed, and suggestions for upcoming programs.

The evaluations will be gathered by the facilitator and submitted to a University of Louisville professor who has agreed to review and analyze the data gathered. After which, a report will be generated and email/mailed to the program supporters and sponsors.

**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.**

New Legacy Reentry Corporation is a faith based community organization that is committed to breaking the cycle of chronic recidivism for ex-offenders (men and women) who were previously incarcerated for non violent, nonsexual crimes. The organization will assist with recruitment and conference coordination

Plymouth is a community-based organization located in the Russell neighborhood. Plymouth provides services to address the needs of individuals, families, and youth. Plymouth allows 2NOT1 to hold community meetings and will assist with recruitment efforts.

Louisville Metro Health and Wellness Healthy Start program seeks to reduce infant mortality in targeted areas of west Louisville. Infant mortality rates in these areas range between 1.5 and 2 times higher than those of Metro Louisville as a whole. Healthy Start primarily works with mothers and has recently started working with fathers. Healthy Start will facilitate a workshop, recruit participants, and assist with the coordination of the events.

The Catholic Enrichment Center is a community gathering place where people are able to find the answers to many of their questions concerning enhancing one's life from a holistic perspective.



**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.

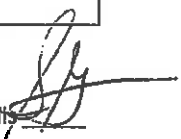
Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>			
<b>B: Rent/Utilities</b>		\$1000	\$1000
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>		\$200	\$200
<b>F: Client Assistance (Attach Detailed List)</b>	\$4000	See Section B	\$4,000
<b>G: Professional Service Contracts</b>		\$1,000	\$1,000
<b>H: Program Materials</b>		\$600	\$600
<b>I: Community Events &amp; Festivals (Attach Detail List)</b>			
<b>J: Small Equipment</b>			
<b>K: Capital Equipment</b>			
<b>L: Other Expenses (Attach Detail List)</b>		\$640	\$640
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	\$4,000	\$3,440	\$7,440
<b>% of Program Budget (approximately)</b>	53.8 %	46.2 %	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)	\$1,800
Fees Collected from Program Participants	
Other (please specify)	\$ 1,640 (in-kind services/space)
<b>Total Revenue for Columns 2 Expenses **</b>	<b>\$3,440</b>

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

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

Applicant's Initials 



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND  
APPLICATION**

**SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY**

**Client Assistance:**

The funds will be used for client assistance. 2NOT1: Fatherhood & Families, Inc., will work directly with 10 youth at California Community Center and 10 youth at Parkhill Community Center for 4 weeks for a total of 16 sessions.

2NOT1: Fatherhood & Families, Inc. will provide the following assistance to youth clients for \$4000.00:

- Each youth client (20) will participate in the sessions located at either of the designated community centers.
- Each youth client will have access to the facilitator for a question and answer discussions.
- Each youth client will receive a Me vs. Me book.
- Each youth client will receive theBLUEPRINT workbook.
- Each youth client will receive a light dinner at each session.

Each session will cost approximately \$250 (\$250 x 16 sessions = \$4000)

**Client Assistance Breakdown:**

Each youth client will receive client assistance of \$25 per session (total number of 20 participants) (\$25 X 20 clients participants = \$250). There will be 4 sessions per week for 4 weeks. \$250 per session X 4 sessions per week X 4 weeks = \$4000.

*Sharon L. Jordan*  
6/20/16



**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
Spaces and utilities	\$1,000	Statement from Center
2 volunteers X 16 session @ \$20 <input checked="" type="checkbox"/>	\$ 640	invoices
<i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$1,640	Statements and invoices

\* 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: January 1

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:

Applicant's Initials



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 - CERTIFICATIONS & ASSURANCES

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

#### Standard Assurances

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

#### Standard Certifications

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

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

### SECTION 7 - CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	Shawn L. Gardner	Date:	6-25-15
Legal Signatory: (please print)	<i>Shawn L. Gardner</i>	Title:	President and Founder
Phone:	Extension:	Email:	

Date: **SEP 29 2009**

2 NOT 1 FATHERHOOD & FAMILIES INC  
C/O SHAWN GARDNER  
1635 PLYMOUTH CT STE 11  
LOUISVILLE, KY 40203

Employer Identification Number:

17053237339039

Contact Person:

LING YES

ID# 95291

Contact Telephone Number:

(877) 329-5500

Accounting Period Ending:

December 31

Public Charity Status:

~~170 (b) (1) (v)~~

Form 990 Required:

Yes

Effective Date of Exemption:

February 2, 2007

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CE)

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,



Robert Choi  
Director, Exempt Organizations  
~~Rulings and Agreements~~

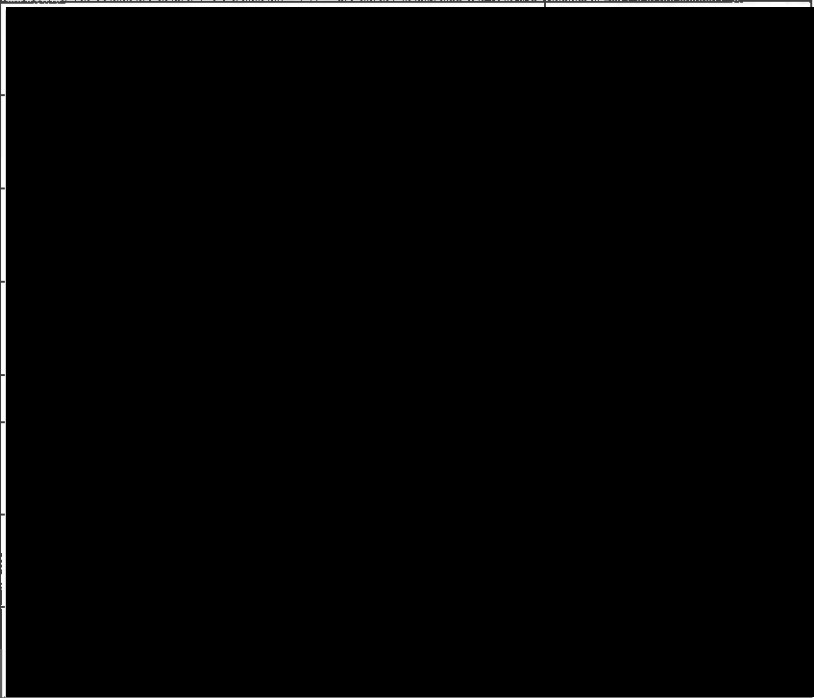
Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

## 2NOT1 Board of Directors Terms

<b>Name</b>	<b>Title</b>	<b>Terms</b>	<b>Term Limit</b>
<b>Shawn Gardner</b>	<b>President/Founder</b>	<b>Continual</b>	<b>Continual</b>
<b>Georgia Turner</b>	<b>Board Chair</b>	<b>2 years</b>	<b>October 31, 2013 – October 31, 2015</b>
<b>Galen Demus</b>	<b>Board Member</b>	<b>2 years</b>	<b>October 31, 2013 – October 31, 2015</b>
<b>Herlon Robinson</b>	<b>Board Member</b>	<b>1 year</b>	<b>October 31, 2013 – October 31, 2014</b>
<b>Kevin Cosby</b>	<b>Board Member</b>	<b>1 year</b>	<b>October 31, 2013 – October 31, 2014</b>
<b>William Samuels</b>	<b>Board Member</b>	<b>2 year</b>	<b>October 31, 2013 – October 31, 2015</b>
<b>Nicole Compton</b>	<b>Board Member</b>	<b>1 year</b>	<b>October 31, 2013 – October 31, 2014</b>
<b>Brandon Lawrence</b>	<b>Board Member</b>	<b>1 year</b>	<b>October 31, 2013 – October 31, 2014</b>

## 2NOT1 Board of Directors 2014

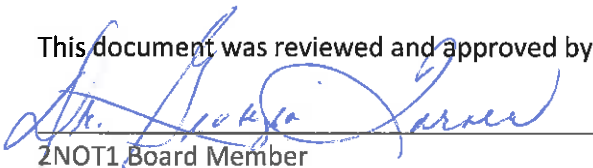
Name	Title	E-Mail	Telephone Number
<b>Shawn Gardner</b>	<b>President/Founder</b>		
<b>Georgia Turner</b>	<b>Board Chair</b>		
<b>Galen Demus</b>	<b>Board Member</b>		
<b>Herlon Robinson</b>	<b>Board Member</b>		
<b>Kevin Cosby</b>	<b>Board Member</b>		
<b>William Samuels</b>	<b>Board Member</b>		
<b>Nicole Compton</b>	<b>Board Member</b>		
<b>Brandon Lawrence</b>	<b>Board Member</b>		

# Financial Statement

## 2NOT1: Fatherhood & Families, Inc.

	Historical 2014	Projected 2015
<b>Asset/Income</b>		
Grants	\$ 7,500	\$ 150,000
Program Ads	\$ 0	\$ 2,800
Exhibitors/Vendors	\$ 0	\$ 5,000
Scholarships/Donations	\$ 3,100	\$ 6,000
<b>Total Assets</b>	<b>\$ 10,600</b>	<b>\$ 163,800</b>
<b>Liabilities</b>		
Staff	\$ 0	\$ 95,000
Publications	\$ 0	\$ 3,600
Telephones	\$ 1,500	\$ 2,400
Transportation	\$ 0	\$ 2,000
Stationery Supplies	\$ 500	\$ 1,000
Board Meetings	\$ 0	\$ 0
Conference	\$ 3,750	\$ 8,500
Mother's Forum	\$ 1,250	\$ 3,500
Father's Day Picnic	\$ 2,000	\$ 4,500
TFU	\$ 3,000	\$ 4,000
Insurance	\$ 1,100	\$ 3,000
<b>Total Liabilities</b>	<b>\$ 13,100</b>	<b>\$ 127,500</b>
Total Assets	\$ 10,600	\$ 163,800
Total Liabilities	\$ 13,100	\$ 127,500
<b>Year End Balance</b>	<b>\$ (2,500)</b>	<b>\$ 36,300</b>

This document was reviewed and approved by the 2NOT1 Board of Directors on January 27, 2015.

  
 \_\_\_\_\_  
 2NOT1 Board Member

1-27-15  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Shawn Gardner, President and Founder

1.22.15  
 \_\_\_\_\_  
 Date



**Turner, Georgia A**

---

**From:** epostcard@urban.org  
**Sent:** Wednesday, July 16, 2014 12:35 PM  
**To:** Snoony45@twc.com  
**Subject:** Form 990-N E-filing Receipt - IRS Status: Accepted

Organization: 2NOT1 FATHERHOOD & FAMILIES

EIN [REDACTED]

Submission Type: Form 990-N

Year: 2013

Submission ID: 7800582014197cf16033

e-File Postmark: 7/16/2014 12:29:15 PM

Accepted Date: 7/16/2014

The IRS has accepted the e-Postcard described above. Please save this receipt for your records.

Thank you for filing.

e-Postcard technical support

Phone: 866-255-0654 (toll free)

email: ePostcard@urban.org

2NOT1 FATHERHOOD & FAMILIES

1626 W Chestnut Street

Louisville, KY 40203

No virus found in this message.

Checked by AVG - [www.avg.com](http://www.avg.com)

Version: 2014.0.4716 / Virus Database: 3986/7857 - Release Date: 07/15/14

0656609.09

Dornish  
NARI

Trey Grayson  
Secretary of State  
Received and Filed  
02/07/2008 2:53:55 PM  
Fee Receipt: \$16.00

AMENDED AND RESTATED ARTICLES OF INCORPORATION  
OF

2 NOT 1: FATHERHOOD & FAMILIES, INC.

THE UNDERSIGNED, duly elected President of 2 NOT 1: Fatherhood & Families, Inc. hereby certifies that said corporation is a non-profit, non-stock corporation incorporated on February 2, 2007, under the laws of the Commonwealth of Kentucky, and more particularly Chapter 273, Kentucky Revised Statutes (KRS).

I further certify that Articles II through XI incorporate amendments to the Articles of Incorporation and that, except for these amendments, the Amended and Restated Articles of Incorporation currently set forth, without change, the corresponding provisions of the Articles of Incorporation as theretofore amended and that these Amended and Restated Articles of Incorporation together with the designated amendments supersede the original Articles of Incorporation and all amendments thereto.

I further certify that there were no members entitled to vote thereon, that the Board of Directors adopted the following Amended and Restated Articles of Incorporation at a meeting held on July 21, 2007 and that said Amended and Restated Articles of Incorporation received the vote of a majority of the directors in office.

ARTICLE I

The name of the Corporation shall be:

2 NOT 1: FATHERHOOD & FAMILIES, INC.

ARTICLE II

The duration of the Corporation shall be perpetual.

ARTICLE III

The principal office of the Corporation is located at:

1635 Plymouth Court, Apt.11, Louisville, Kentucky 40203

Other places of business in said city or elsewhere may be designated by resolution of the Board of Directors.

#### ARTICLE IV

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

The purposes of the Corporation shall be more specifically stated as follows:

To promote the safety and wellbeing of children by implementing strategies to keep families together and to encourage the involvement of fathers, with a primary focus on low income communities, through the following:

1. Educate low income individuals and communities on the subject of fatherhood and the barriers that impede the successful interaction of father and child;
2. Enhance and safeguard the interests of children and to protect and improve their relationships with their fathers and other significant males in their lives, within and outside the family;
3. Generate a pool of positive male role models to mentor other youth and fathers that can benefit from the support;
4. Serve as an educational and networking vehicle for men's, father's, and children's organizations with a focus on family through an annual conference on fatherhood;
5. Serve as a repository and clearinghouse for all information relating to fatherhood issues;
6. Engage in other charitable and educational activities consistent with the above purposes.

#### ARTICLE V

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

#### ARTICLE VI

In carrying out the corporate purposes described in Article IV, the Corporation shall have all powers granted by the laws of the Commonwealth of Kentucky, including in particular those listed in KRS 273.171 (or corresponding provision of any later State statute), except as follows and as otherwise stated in these Articles:

a) No substantial part of the activities of the Corporation shall be the carrying on of propoganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office.

b) Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on:

1) by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code, or the corresponding provisions of any subsequent Federal tax laws.

2) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

c) If and so long as the Corporation is a private foundation as defined in Section 509(a) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws:

1) The Corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

2) The Corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

3) The Corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

4) The Corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Internal Revenue Code, or corresponding provisions of any later Federal tax laws.

5) The Corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue

Code, or corresponding provisions of any later Federal tax laws.

#### ARTICLE VII

The Corporation shall be governed by the By-Laws.

Any director may be removed for cause pursuant to By-Laws provisions regarding grounds and procedures for such removal.

#### ARTICLE VIII

a) The directors, officers, employees and members of this Corporation shall not be held personally liable for any debt or obligation of the Corporation solely because of their position in the Corporation.

b) Any person serving on the Board of Directors of this Corporation shall not be held personally liable for monetary damages resulting from the breach of his or her duties as a director unless such act, omission or breach:

1) concerned or concerns a transaction in which the director's personal financial interest was or is in conflict with the financial interests of the Corporation;

2) was not in good faith or involved or involves intentional misconduct on the part of the director;

3) was known by the director to be a violation of law; or

4) resulted in an improper personal benefit to the director.

#### ARTICLE IX

Any director or officer or former director or officer of the Corporation may be indemnified by the Corporation against any expenses actually and reasonably incurred by him or her in connection with the defense of any action, suit or proceeding, civil or criminal, in which she or he is made a party by reason of being or having been such director or officer, except in relation to matters as to which she or he shall be adjudged in such action, suit or proceeding to be liable for negligence or misconduct in the performance of duty to the Corporation. The Corporation may make any other indemnification permitted by law and authorized by its Articles of Incorporation, or its By-laws or a resolution adopted after notice to members entitled to vote.

#### ARTICLE X

In the event of dissolution of the Corporation, the Board of

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

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

ARTICLE XI

Amendments to these Articles shall be made pursuant to the provisions of KRS 273.263(2) (or corresponding provisions of any later State statute).

IN TESTIMONY WHEREOF, witness the signature of the President of the Board of Directors of this Corporation, this 5<sup>th</sup> day of February, 2008.



\_\_\_\_\_  
ANTHONY SMITH  
PRESIDENT

STATE OF KENTUCKY    )  
                                  )  
COUNTY OF JEFFERSON )

The foregoing Amended and Restated Articles of Incorporation were acknowledged before me this 5<sup>th</sup> day of February, 2008, by Anthony Smith, President of 2 NOT 1: Fatherhood & Families, Inc. Witness my signature and seal of office.

My Commission Expires: January 8, 2009

*Diana McBeth*  
\_\_\_\_\_  
NOTARY PUBLIC  
STATE AT LARGE, KENTUCKY

This Document Prepared By:

*Lisa Kil Kelly*  
\_\_\_\_\_  
LISA KILKELLY  
Attorney at Law  
LEGAL AID SOCIETY, INC.  
416 West Muhammad Ali Blvd. Suite 300  
Louisville, Kentucky 40202  
(502) 584-1254

# Request for Taxpayer Identification Number and Certification

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

See Specific Instructions on page 2.

Name (as shown on your income tax return) <b>2NOT1: Fatherhood &amp; Families, Inc.</b>	
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) ▶ <input checked="" type="checkbox"/> Other (see instructions) ▶ <span style="float: right;"><b>Non-Profit</b></span>	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) <b>3237 Schneiter Avenue</b>	Requester's name and address (optional)
City, state, and ZIP code <b>Louisville, KY 40215</b>	
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.

<b>Social security number</b>																
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					-	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					-	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<b>Employer identification number</b>																

## 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).

**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 4.

<b>Signature here</b>	Signature of U.S. person ▶ <i>Shaun Gandy</i>	Date ▶	<i>5-8-15</i>
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## General Instructions

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

### 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, 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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.

**Note.** If 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).

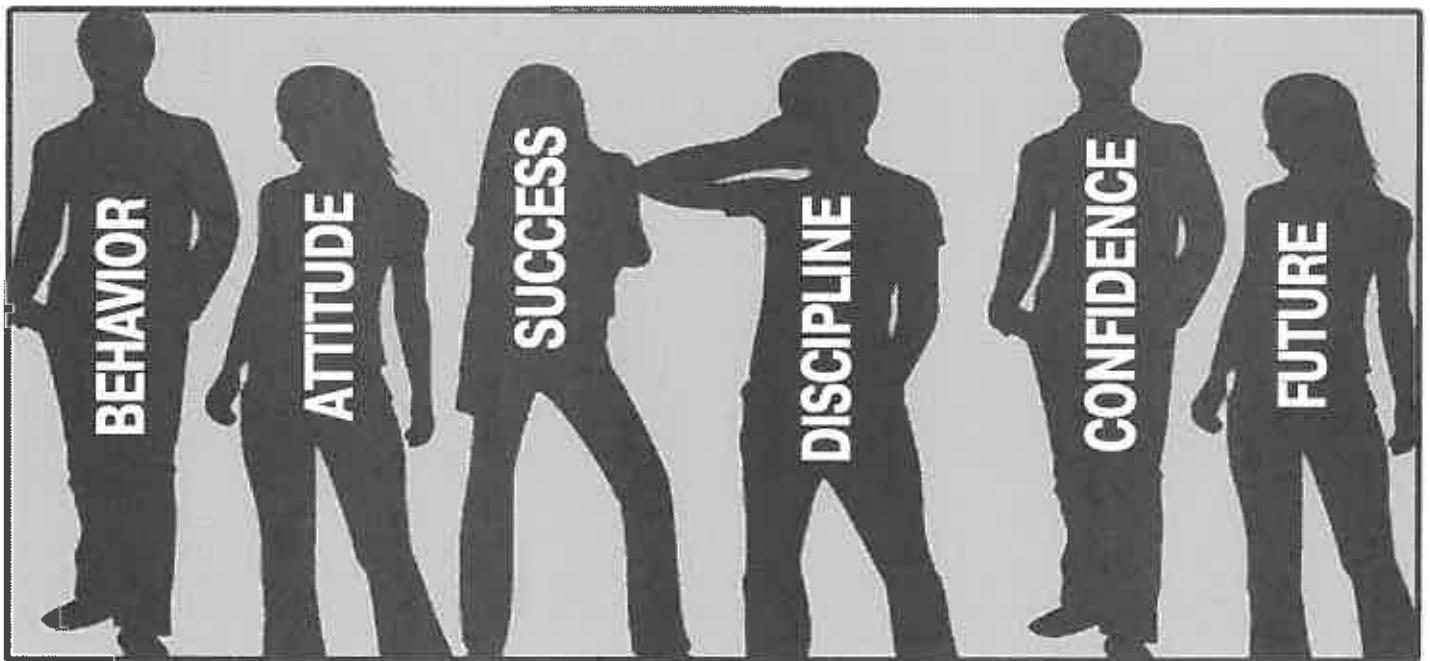
**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.



# theBLUEPRINT

Youth Development

When youth understand who they are...



...they control their destiny!

Utilizing role-play, empowering workshops, everyday experiences and conflict management to develop theBLUEPRINT of life!



To learn more about thBLUEPRINT, please call  
Karly 502.276.4983 or email  
2NOT1info@2NOT1.org



# theBLUEPRINT

Please answer each question.

	strongly disagree	somewhat disagree	neither agree nor disagree	somewhat agree	strongly agree	don't Know
Situations you face:						
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PERSONAL INFORMATION

	yes	no
A	<input type="radio"/>	<input type="radio"/>
B	<input type="radio"/>	<input type="radio"/>
C	<input type="radio"/>	<input type="radio"/>
D	<input type="radio"/>	<input type="radio"/>
E	<input type="radio"/>	<input type="radio"/>
F	<input type="radio"/>	<input type="radio"/>
G	<input type="radio"/>	<input type="radio"/>
H	<input type="radio"/>	<input type="radio"/>
I	<input type="radio"/>	<input type="radio"/>
J	<input type="radio"/>	<input type="radio"/>
K	<input type="radio"/>	<input type="radio"/>
L	<input type="radio"/>	<input type="radio"/>

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

**0656609**  
**Alison Lundergan Grimes**  
**KY Secretary of State**  
 Received and Filed  
**6/30/2014 6:51:21 PM**  
**Fee receipt: \$15.00**

Alison Lundergan Grimes  
 Secretary of State  
 P. O. Box 1150  
 Frankfort, KY 40602-1150  
 (502) 564-3490  
<http://www.sos.ky.gov>

**Annual Report**  
**Online Filing**

**ARP**

**Company:** 2 NOT 1: FATHERHOOD & FAMILIES, INC.  
**Company ID:** 0656609  
**State of origin:** Kentucky  
**Formation date:** 2/2/2007 12:00:00 AM  
**Date filed:** 6/30/2014 6:51:21 PM  
**Fee:** \$15.00

**Principal Office**

1626 WEST CHESTNUT STREET  
 ATTN: 2NOT1  
 1626 W CHESTNUT ST  
 LOUISVILLE, KY 40203

**Registered Agent Name/Address**

SHAWN GARDNER  
 1635 PLYMOUTH COURT  
 APT. 11  
 LOUISVILLE, KY 40203

**Current Officers**

Chairman	Georgia Turner	1626 West Chestnut St. Louisville, KY 40203
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**Directors**

Director	Galen Demus	1626 West Chestnut St, Louisville KY 40203
Director	Nicole Compton	1626 West Chestnut St. Louisville KY 40203
Director	Kevin Cosby	1626 West Chestnut St Louisville KY 40203
Director	William Samuels	1626 West Chestnut St. Louisville KY 40203
Director	Brandon Lawrence	1626 West Chestnut St. Louisville KY 40203
Director	Herlon Robinson	1626 West Chestnut St Louisville KY 40203

**Signatures**

Signature	Georgia Turner
Title	Chairman



**2NOT1 Fatherhood & Families**

---

**Changing the Lives of Families, One Father at a Time!**  
2NOT1's tax identification number is 26-2914155

June 25, 2015

Please be advised that currently 2NOT1: Fatherhood & Families, Inc. does not have any paid employees. Stipend may be provided for services rendered, but 2NOT1 does not have anyone on payroll.

If you have questions, please give me a call at (502) 627-0356.

Sincerely,



Shawn L. Gardner  
2NOT1 President & Founder

## 2 NOT 1: FATHERHOOD & FAMILIES, INC.

### General Information

<b>Organization Number</b>	0656609
<b>Name</b>	2 NOT 1: FATHERHOOD & FAMILIES, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	2/2/2007 3:15:43 PM
<b>Organization Date</b>	2/2/2007
<b>Last Annual Report</b>	6/24/2015
<b>Principal Office</b>	1626 WEST CHESTNUT STREET ATTN: 2NOT1 1626 W CHESTNUT ST LOUISVILLE, KY 40203
<b>Registered Agent</b>	SHAWN GARDNER 3237 SCHNEITER AVENUE LOUISVILLE, KY 40215

### Current Officers

<b>Chairman</b>	<a href="#"><u>Donnie Adkins</u></a>
<b>Director</b>	<a href="#"><u>Shawn Gardner</u></a>
<b>Director</b>	<a href="#"><u>Dr. Georgia Annette Turner</u></a>
<b>Director</b>	<a href="#"><u>Dr. Deonte Hollowell</u></a>
<b>Director</b>	<a href="#"><u>Karly Stinnett</u></a>
<b>Director</b>	<a href="#"><u>Pastor Bert Moore</u></a>
<b>Director</b>	<a href="#"><u>William Samuels</u></a>
<b>Director</b>	<a href="#"><u>Rashaad Abdur-Rahman</u></a>

### Individuals / Entities listed at time of formation

<b>Director</b>	<a href="#"><u>ANTHONY SMITH</u></a>
<b>Director</b>	<a href="#"><u>ROBERT CLAYTON</u></a>
<b>Director</b>	<a href="#"><u>NIKKI GARDNER</u></a>
<b>Incorporator</b>	<a href="#"><u>SHAWN GARDNER</u></a>

### 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.

<a href="#"><u>Registered Agent name/address change</u></a>	6/24/2015 5:15:53 AM	1 page	<a href="#"><u>PDF</u></a>
<a href="#"><u>Annual Report</u></a>	6/24/2015	1 page	<a href="#"><u>PDF</u></a>

<a href="#">Annual Report</a>	6/30/2014	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report Amendment</a>	10/14/2013	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/27/2013	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	7/5/2012	1 page	<a href="#">PDF</a>	
<a href="#">Principal Office Address Change</a>	3/18/2011 7:30:35 AM	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	3/18/2011	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	9/17/2010	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	5/12/2009	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	7/8/2008	1 page	<a href="#">PDF</a>	
<a href="#">Principal Office Address Change</a>	2/7/2008	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Registered Agent name/address change</a>	2/7/2008	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Amended and Restated Articles</a>	2/7/2008	6 pages	<a href="#">tiff</a>	<a href="#">PDF</a>
<a href="#">Articles of Incorporation</a>	2/2/2007	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>

## Assumed Names

## Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/24/2015 5:34:19 AM	6/24/2015 5:34:19 AM	
Registered agent address change	6/24/2015 5:15:53 AM	6/24/2015 5:15:53 AM	
Annual report	6/30/2014 6:51:21 PM	6/30/2014 6:51:21 PM	
Amendment to annual report	10/14/2013 2:55:26 PM	10/14/2013 2:55:26 PM	
Annual report	6/27/2013 11:48:38 PM	6/27/2013 11:48:38 PM	
Annual report	7/5/2012 2:17:18 PM	7/5/2012 2:17:18 PM	
Annual report	3/18/2011 7:41:19 AM	3/18/2011 7:41:19 AM	
Principal office change	3/18/2011 7:30:35 AM	3/18/2011 7:30:35 AM	
Annual report	9/17/2010 12:17:16 PM	9/17/2010 12:17:16 PM	
Annual report	5/12/2009 11:01:39 PM	5/12/2009 11:01:39 PM	
Annual report	7/8/2008 10:03:37 PM	7/8/2008 10:03:37 PM	
Amendment - Amended and restated articles / CLP	2/7/2008 2:53:55 PM	2/7/2008	
Registered agent address change	2/7/2008 2:52:52 PM	2/7/2008	
Principal office change	2/7/2008 2:52:08 PM	2/7/2008	

Add

2/2/2007 2/2/2007  
3:16:17 PM

## Microfilmed Images

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