

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

Applicant/Program: Mama to Mama -- HIP

Executive Summary of Request:

Mama to Mama -Helping Inspire Parents ---links mothers and family caregivers with resources to create a supportive community around the birth and early parenting experiences. Classes will be taught that covers pregnancy and postpartum topics. The mama's that are served are (but not limited to) Living in shelters, receiving substance abuse treatment, immigrants and or non-english speaking, teen mothers and or disabled or mentally impaired.

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>15</u>		<u>1,000 -</u>	<u>7-16-15</u>
District #	Council Member Signature	Amount	Date

Primary Sponsor Disclosure

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

Approved by:

Appropriations Committee Chairman

Date

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____

Original Appropriation: _____ Council Amended Appropriation: _____

Applicant/Program:

MAMA TO MAMA (HIP) Helping Inspire Parents

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>13</u> District #	<u>Vicki Aubrey Welch</u> Council Member Signature	<u>\$1,000⁰⁰</u> Amount	<u>7-23-15</u> Date
<u>21</u> District #	<u>[Signature]</u> Council Member Signature	<u>\$500</u> Amount	<u>7-23-15</u> Date
<u>12</u> District #	<u>Rick Blumel</u> Council Member Signature	<u>\$500</u> Amount	<u>7-23-15</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
<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

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: <i>Mama to Mama</i>		
Program Name: <i>HIP</i>	Request Amount: <i>11,500</i>	Yes/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?		<i>Y</i>
Request form: Is the funding proposed less than or equal to the request amount?		<i>Y</i>
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		<i>Y</i>
Application Page 1: Has prior Metro funds committed/granted been disclosed?		<i>Y</i>
Application Page 1: Is the application properly signed and dated by authorized signatory?		<i>Y</i>
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?		<i>Y</i>
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?		<i>Y</i>
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?		<i>Y</i>
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?		<i>Yes</i>
Faith Based Organizations: Is the signed Faith Based Form signed and included?		<i>n/a</i>
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?		<i>Y</i>
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?		<i>n/a</i>
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 		<i>Yes</i>
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?		<i>n/a</i>
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)		<i>n/a</i>
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?		<i>Yes</i>
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		<i>Yes</i>
Operating Budget: Is the organization's current fiscal year operating budget included?		<i>Yes</i>
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.		<i>no</i>
Board Members: Is the entity's board member list (with term length/term limits) included?		<i>yes</i>
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?		<i>yes</i>
Annual Audit: Is the most recent annual audit (if required by organization) included?		<i>n/a</i>
Rent Requests: Is a copy of signed lease included?		<i>n/a</i>
Articles of Incorporation: Are the Articles of Incorporation of the organization included?		<i>Yes</i>
IRS Form W-9: Is the IRS Form W-9 included?		<i>Yes</i>
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?		<i>n/a</i>
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		<i>n/a</i>
Prepared by: <i>Suzanne Hughes</i>	Date: <i>6/29/15</i>	



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: Mama to Mama <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1559 Bardstown Rd. Louisville KY 40205			
Website: http://mamatomama.us/			
Applicant Contact:	Shannon Stone Porter	Title:	Executive Director
Phone:	(502) 384-8805	Email:	shannon@mamatomama.us
Financial Contact:	Julia Richerson	Title:	Secretary, Board of Directors
Phone:	(502) 938-7822	Email:	juliaricherson@hotmail.com
Organization's Representative who attended NDF Training: Shannon Stone			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Louisville Free Public Library- Iroquois		
Council District(s):	15	Zip Code(s):	40215
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Mama's HIP (Helping Inspire Parents)			
Total Request: (\$)	\$11,500	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 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:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Mama To Mama is a non-profit organization working to increase social support for all mothers in an effort to ease the transition to motherhood and promote healthy parenting practices that are sustainable for families, our community and environment.

Mama to Mama loves mothers and we love supporting them with their own journeys through pregnancy, birth and beyond. Children need healthy mothers and mothers thrive when they have a community of support and resources as they navigate one of life's most difficult jobs—raising resilient human beings.

Through our programs, we help connect mothers and families with each other, while also providing education and play-based opportunities that build stronger, healthier families. Having other mothers and caregivers to share in the joys and challenges of parenting can be invaluable as new parents navigate the sleepiness nights and transformative experience of adding a new member to the family.

New Moms and Family Support Groups

These monthly peer-based support groups facilitated by mama to mama staff link mothers and family caregivers with resources and information and an opportunity to create a supportive community around the birth and early parenting experience. Our goal is to support families in traditionally underserved neighborhoods. Open to both new and expectant mothers, and any family caregiver for young children.

Prenatal and New Parent Education

In conjunction with our new and expectant moms groups, Mama to Mama also provides prenatal education through monthly classes at each of our respective program sites. Our class series covers both pregnancy and postpartum topics and are designed to give new mothers confidence in their birthing and parenting abilities as well as connect them with resources.

Volunteer Doulas

A doula (pronounced doo-lah) is a trained professional who supports mothers during pregnancy and provides continuous physical, emotional and advocacy care during labor and immediately postpartum. Doula care has been linked to better health outcomes for both mothers and babies.

We know that the birth of a child changes everything for a family. At Mama to Mama, we believe that all mothers deserve access to loving, knowledgeable support during their pregnancy, birth and postpartum transition. Mama to mama seeks to provide that ongoing support for under-served and at risk mothers by providing volunteer doulas to support and advocate for their birth needs.

The mamas that we serve might include (but are not limited to) women who are:

- Living in shelters
- Receiving substance abuse treatment
- immigrants and/or non-english speaking
- teen mothers
- disabled or intellectually impaired



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.):

Dates: August 1, 2015 to July 31, 2016

Description: Weekly Family Play Groups and Family Wellness Coaching in South Louisville, to promote strong parenting skills, promote early literacy and kindergarten readiness.

These neighborhood based groups, geared toward pregnant families and families of children birth to age 5, located at the library and other local family friendly locations, will include education and play that incorporate healthy eating, exercise, music and the arts, stress reduction and family empowerment, and incorporate many community partners that can provide resources and family support. The work will be based on other successful programs we have done over the past few years at the Neighborhood House, Iroquois Library, Freedom House and other venues.

Data: Anticipate serving 15 families per week, any community resident and we will focus outreach to encourage lower income families to participate.

Effective parenting is a key element of child mental and physical health and brain development, and in mitigating the effects of toxic stress and adverse child events. Positive relationships are the cornerstone of effective parenting. Relationships must be built and nurtured. Shared, fun and enriching experiences build relationships and increase a parent's capacity to parent. The arts is a perfect type of experience.

How do young families grow stronger and build resilience? If you ask the experts, toxic stress and adverse childhood experiences should be prevented and when they occur the impacts must be mitigated. (AAP Policy Statement "Early Childhood Adversity, Toxic Stress and the Role of the Pediatrician") And if you ask the families, as we did in our CATCH Planning Grant, Mama's HIP (Helping Inspire Parents), they told us what is important. They rely on their close community of family, friends and faith community to make them stronger. When they need it, they partner with social and medical services to help them. But they told us what was lacking. They don't want parenting classes or workshops. They want playgroups and fun activities to share with their families, to create memories and bonds and to learn about each other in new ways. They want shared family experiences in their communities, so their kids will see familiar faces and the families can build a supportive group of peers.

We want to work with families to create fun, innovative family activities, based in the arts. We will develop a series of weekly family support groups and arts experiences where positive parenting skills are modeled and reinforced, and provide space for networking and peer support. Our goal is to transform Louisville into a city where parents are supported and valued by all community care providers, schools, the health community, all community stakeholders, and by themselves and each other.

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

Family Peer Support Specialist/Family Wellness Coach: Lead weekly family groups and facilitate all activities, 4 hours per week at \$30 per hour =\$5760

Family Groups: 48 weekly meetings over 12 months, \$30 per meeting for food and supplies =\$1440

Promotion/ Supplies: Fliers, newspaper announcements, other invitations for family groups =\$300

Resources for family groups: Arts based activities for approximately 50% of the family groups, including expert teachers and materials, averaging \$150 per group for 24 groups. Flat rate =\$3600

Participant Incentives- Family Groups: Small gifts and incentives for participants =\$400

Total =\$11,500



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

NA

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:

Our target population is families who are pregnant or who have children from birth to age 5. Benefits to the participants include increased knowledge of child health and development and parenting skills. Benefits will also be information about community resources, including information about access to health services for all family members. Outcomes will include both objective measures and narrative feedback. Each session will have clear educational goals, related to nutrition, child health, literacy promotion, etc. that will be measured in a survey format. This data will be quantified and collected and tracked. Staff will review data on an ongoing basis to inform program development and will make necessary program changes based on the evaluation. Interviews will also be done of participants and key community stakeholders to measure individual and community wide impact.

Overarching key measures will include families reporting increased daily reading to their children, families reporting increased use of play skills appropriate to their child's abilities, families reporting increased knowledge of key parenting skills and child development, families reporting increased knowledge of child nutrition, families reporting an increased sense of connectedness to their community and peers, and families reporting increased sense of capability as a parent.

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.

Julia Richerson, MD, FAAP, Family Health Centers Iroquois will be the primary technical consultant to Mama to Mama.

Healthy Start- home visitation program for at risk pregnant and parenting families, to recruit families and provide expertise in parenting program development ; Community Mental Health Prevention Program- to recruit families and provide expertise in working with parents dealing with substance abuse; HANDS (Health Access Nurturing Development Services) -home visitation program for new and expectant parents, to recruit families and provide expertise in parenting program development; KY Youth Advocates- for networking and sustainability and spread support; Foundation for a Healthy Kentucky- for guidance and funding opportunities; Head Start- public preschool to recruit families and provide expertise in parenting program development; First Steps-KY Early Intervention program, to recruit families and provide expertise in parenting program development; Louisville Zoo- to provide positive parent/child arts based experiences with animals; Speed Art Museum- for positive parent/child experiences with art; Bernheim Arboretum- for positive parent/child arts based experiences with nature; Louisville Ballet- for positive parent/child experiences with movement; Louisville Science Center- for positive parent/child arts based experiences with science; Louisville Metro parks- for positive parent/child arts based experiences at playgrounds; Park Duvall Community Health Center and University of Louisville Department of Pediatrics- the medical safety net providers to recruit families and provide expertise in developmentally appropriate positive parent/child arts based experiences ; Louisville Free Public Library-for positive parent/child arts based experiences with literacy and provide a home for this work; Kentucky Center for the Arts- for expertise and resources in developing positive parent/child experiences with the arts and literacy; Center for Women and Families- to recruit families and for expertise in developing programs for children and families who have experienced childhood adverse experiences; 4C State Childcare Advisory Agency- to recruit families, to provide connections with out of home child care and to help provide developmentally appropriate family activities



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	\$5760	0	\$5760
B: Rent/Utilities			
C: Office Supplies	\$300	0	\$300
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials	\$5440	0	\$5440
I: Community Events & Festivals (Attach Detail List)			
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (Attach Detail List)	\$11,500	0	\$11,500
*TOTAL PROGRAM/PROJECT FUNDS			
% of Program Budget	%	%	100%

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

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

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

**Must equal or exceed total in column 2.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
LFPL Space	\$7200(\$150 per week)	comparable space costs
Educational volunteers	\$2400 (\$50 per session)	typical consultant fees
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution & Other In Kind)	\$9600	

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

Agency Fiscal Year Start Date:

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

If YES, please explain:



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

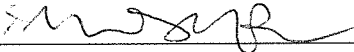
Standard Certifications

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

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

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	6/8/15
Legal Signatory: (please print):	Shannon Stone Porter	Title:	Executive Director
Phone:	(502) 384-8805	Extension:	
Email:	shannon@mamatomama.us		

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

DEPARTMENT OF THE TREASURY

Date: FEB 12 2014

MAMA TO MAMA
C/O SHANNON STONE
1559 BARDSTOWN RD
LOUISVILLE, KY 40205

Employer Identification Number:

DLN:

17053003322013

Contact Person:

MITCHELL P STEELE

ID# 31360

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

May 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

November 20, 2011

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.

Sincerely,



Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 547

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Mama to Mama	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ 501c3	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 501c3 Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) 1559 Bardstown Rd	
	6 City, state, and ZIP code Louisville, KY 40205	
	7 List account number(s) here (optional)	

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally 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.

Social security number	
or	
Employer identification number	

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶ 6/8/15
------------------	----------------------------	----------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
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, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Mama to Mama Board of Directors

Name	Position	Term (2 year terms, maximum of 3 consecutive terms)
Elizabeth Starr	Chair	1
John Launius	Vice Chair	1
Drew Perkins	Treasurer	1
Julia Richerson, MD	Secretary	2
Megan McGinn		1
Rachel Busse, MD		2
Peter Nyame		1
Jennifer Harmeyer		1

Mama to Mama Staff

Shannon Stone, Executive Director

Emily Pickett, Director of Care and Education

Anne Darku, Director of Marketing and Development

Mama to Mama---Financial Statement May 2015 and Budget 2015 remainder of year

As of 4/23/2015	April	May	June	July	August	September	October	November	December	Total	
Projected income											
Brackets for good	\$ 1,500									\$ 1,500	
Karma Yoga	\$ 500	\$ 500	\$ 500							\$ 1,500	
Sherby		\$ 1,500								\$ 1,500	
Mothers Day Fundraiser		\$ 500								\$ 500	
Wellcare		\$ 4,284								\$ 4,284	
										\$ -	
										\$ -	
										\$ -	
										\$ -	
Monthly Total Income	\$ 2,000	\$ 6,784	\$ 500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,284	
										\$ -	
Projected Expenses											
Emily	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 2,700
Shannon	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 2,700
Anne	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 2,700
Telephone	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 50	\$ 450
Accountant	\$ 150	\$ 150	\$ 150	\$ 150	\$ 150	\$ 150	\$ 150	\$ 150	\$ 150	\$ 150	\$ 1,350
Community Foundation		\$ 325								\$ 325	\$ 325
Additional Items	\$ 1,500										\$ 1,500
Georgetown	\$ 2,000										\$ 2,000
CNPE	\$ 500										\$ 500
transfer to savings				\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500	\$ 3,000
											\$ -
											\$ -
											\$ -
Monthly Total Expenses	\$ 5,100	\$ 1,425	\$ 1,100	\$ 1,600	\$ 1,600	\$ 1,600	\$ 1,600	\$ 1,600	\$ 1,600	\$ 1,600	\$ 17,225
											\$ -
MONTHLY CASHFLOW (income - expenses)	\$ (3,100)	\$ 5,359	\$ (600)	\$ (1,600)	\$ (1,600)	\$ (1,600)	\$ (1,600)	\$ (1,600)	\$ (1,600)	\$ (1,600)	\$ (7,941)
Bank Balance	\$ 10,230	\$ 7,130	\$ 12,489	\$ 11,889	\$ 10,289	\$ 8,689	\$ 7,089	\$ 5,489	\$ 3,889	\$ 2,289	



Louisville Metro Government
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Organization Name: Mama to Mama

Participant Name: Shannon Stone Porter

I agree that I am an authorized signatory of the organization named above and attest to having participated in reviewing the PowerPoint and the NDF financial reporting examples. In addition, I understand the requirements of the Neighborhood Development Fund grant process and the financial reporting documentation guidelines.


Participant Signature

4/8/15
Date

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except private foundations)

OMB No. 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

C **MAMA TO MAMA INC**
 1559 BARDSTOWN ROAD
 LOUISVILLE, KY 40205

D Employer identification number
 [REDACTED]

E Telephone number
 (502) 384-8805

F Group Exemption Number _____ ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **38,863.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I. _____

		1	2	3	4	5 a	5 b	5 c	6 a	6 b	6 c	6 d	7 a	7 b	7 c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
REVENUE	1 Contributions, gifts, grants, and similar amounts received																38,863.														
	2 Program service revenue including government fees and contracts																														
	3 Membership dues and assessments																														
	4 Investment income																														
	5 a Gross amount from sale of assets other than inventory																														
	b Less: cost or other basis and sales expenses																														
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																														
	6 Gaming and fundraising events																														
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																														
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																														
c Less: direct expenses from gaming and fundraising events																															
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																															
7 a Gross sales of inventory, less returns and allowances																															
b Less: cost of goods sold																															
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																															
8 Other revenue (describe in Schedule O)																															
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																															
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)																														
	11 Benefits paid to or for members																														
	12 Salaries, other compensation, and employee benefits																														
	13 Professional fees and other payments to independent contractors																														
	14 Occupancy, rent, utilities, and maintenance																														
	15 Printing, publications, postage, and shipping																														
	16 Other expenses (describe in Schedule O)																														
	17 Total expenses. Add lines 10 through 16																														
18 Excess or (deficit) for the year (Subtract line 17 from line 9)																															
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																														
	20 Other changes in net assets or fund balances (explain in Schedule O)																														
	21 Net assets or fund balances at end of year. Combine lines 18 through 20																														

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	6,801.	2,921.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	6,801.	2,921.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	6,801.	2,921.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 PROVIDED CLOTH DIAPERS TO 30 FAMILIES, TRAINED 20 VOLUNTEERS/BIRTH WORKERS, PROVIDED PARENTING CLASSES TO 80 MOTHERS, AND PROVIDED ARTS BASED FAMILY ACTIVITIES FOR 40 FAMILIES. (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	28 a	39,155.
29 _____ (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	29 a	
30 _____ (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O). (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	39,155.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SHANNON STONE PORTER EXECUTIVE DIR.	0	0.	0.	0.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

MAMA TO MAMA INC

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.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ACTIVITIES AND EVENTS.....	\$	9,576.
ADVERTISING AND PROMOTION.....		31.
DUES AND SUBSCRIPTIONS.....		50.
MEETING EXPENSES.....		7.
PROFESSIONAL DEVELOPMENT.....		229.
RECRUITING.....		70.
SUBCONTRACTORS.....		26,048.
SUPPLIES.....		988.
TAX AND LICENSE.....		135.
TEACHING MATERIALS.....		1,209.
TELEPHONE.....		201.
TRAINING.....		700.
	TOTAL \$	39,244.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

INCREASE SOCIAL SUPPORT FOR ALL MOTHERS IN AN EFFORT TO EASE THE TRANSITION TO
MOTHERHOOD AND PROMOTE HEALTHY PARENTING PRACTICES THAT ARE SUSTAINABLE FOR
FAMILIES, OUR COMMUNITY AND ENVIRONMENT.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

ARTICLES OF INCORPORATION OF
Mama to Mama, Inc.
a Non-profit Corporation

Pursuant to KRS 14A and KRS 273, Mama to Mama, Inc. filed its initial Articles of Incorporation on November 10, 2011. The undersigned now submit, under the same KRS 14A and KRS 273, the following Revised Articles:

Article I: The name of the Corporation is **Mama to Mama, Inc.**

Article II: The street address of the company's registered office in Kentucky is:

1559 Bardstown Road, Louisville, KY 40205

The name of the registered agent is **Shannon Abell Stone**.

Article III: The mailing address of the Corporation's principal office is

1559 Bardstown Road, Louisville, KY 40205

Article IV: The name of the sole incorporator is Shannon Abell Stone, with mailing address of 2012 Lauderdale Road, #2, Louisville, KY 40205.

Article V: The number of directors, as of the date of this filing, constituting the Board of Directors is five.

The names and mailing addresses of the persons who are to serve as the Board of Directors are as follows:

Directors	Address
Mary Oliver Humke	155 North Galt Avenue, Louisville, KY 40206
Emily McCay	2020 Blvd. Napoleon, Louisville, KY 40205
Julia Richerson	1921 Spring Drive, Louisville, KY 40205
Megan Ward	2568 Cherosen Road, Louisville, KY 40205
Rachel Busse	1744 Shady Lane, Louisville, KY 40205

Article VI: The charitable and educational purpose of the Corporation is as follows:

This organization is designed to improve the health and well-being of infants and their

families in the Greater Louisville area by increasing social support for mothers, easing the transition to motherhood, promoting healthy parenting practices such as, but not limited to: breastfeeding, baby-wearing, and cloth diapering.

The Corporation is organized exclusively for charitable and educational purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Article VII: No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its members, trustees, 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 II hereof. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Article VIII: Upon the dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as

said Court shall determine, which are organized and operated exclusively for such purposes.

Article IX: The application for these revised Articles of Incorporation will be effective upon filing, unless a delay effective date and/or time is provided.

I declare, under penalty of perjury under the laws of the Commonwealth of Kentucky that the foregoing is true and correct.

[name of officer or Chairman of the Board] Date
[title]

I, Shannon Abell Stone, registered agent, consent to serve as the registered agent on behalf of the Corporation.

Shannon Abell Stone Date
Registered Agent

THIS INSTRUMENT PREPARED BY:

Nancy Moise Haws
Attorney at Law
Law Office of Nancy Moise Haws, PLLC
1350 Ellison Avenue
Louisville, KY 40204
Tel: 502.509.6644
nancyesq.com

Commonwealth of Kentucky
Elaine N. Walker, Secretary of State

0805286.09 NAOI
Elaine N. Walker
Secretary of State
Received and Filed
11/10/2011 8:17:50 AM
Fee receipt: \$8.00

Elaine N. Walker
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Articles of Incorporation
Non-profit Corporation

NAI

For the purposes of forming a non-profit corporation in Kentucky pursuant to KRS Chapter 273, the undersigned incorporator hereby submits the following Articles of Incorporation to the Office of the Secretary of State for filing:

Article I: The name of the company is

Mama To Mama Inc

Article II: The street address of the company's initial registered office in Kentucky is

1559 Bardstown Road, Louisville, KY 40205

and the name of the initial registered agent at that address is **Shannon Abell Stone**

Article III: The mailing address of the company's initial principal office is

1559 Bardstown Road, Louisville, KY 40205

Article IV: The name and mailing address of each incorporator is

Shannon Abell Stone 2012 Lauderdale Rd #2, Louisville, Kentucky 40205

Article V: The number of directors constituting the initial board of directors is 3. The name and mailing address of each director is

Heather Molina 1116 Forrest St, Louisville, Kentucky 40217
Mary Oliver Humke 155 N Galt Ave, Louisville, Kentucky 40206
Emily McCay 2020 Blvd Napoleon, Louisville, Kentucky 40205

Article VI: The purpose of the company is: **This organization is designed to increase social support for mothers in an effort to ease the transition to motherhood and promote healthy parenting practices such as breastfeeding, babywearing and cloth diapering.**

Executed by the Incorporator on Thursday, November 10, 2011

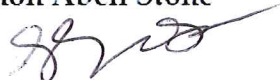
Name of Incorporator: **Shannon Abell Stone**

Signature of individual signing on behalf of Incorporator:
Shannon Abell Stone

I, **Shannon Abell Stone**, consent to serve as the Registered Agent on behalf of the corporation.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Shannon Abell Stone



Amendments to The Articles of incorporation for

**Mama to Mama
1559 Bardstown Road
Louisville, KY 40206**

Article V: The number of directors as of the date of this filing constituting the Board of Directors is five.

The names and mailing addresses of the persons who are to serve as the Board of Directors are as follows:

Directors	Address
Rachel Busse	744 Shady Lane Louisville, KY 40205
Mary Oliver Humke	North Galt Avenue Louisville, KY 40206
Emily McCay	2020 Blvd Napoleon Louisville, KY 40205
Julia Richardson	1921 Spring Drive Louisville, KY 40205
Megan Ward	2568 Cherson Road Louisville, KY 40205

Article VI: The charitable and educational purpose of the corporation is as follows: This organization is designed to improve the health and well-being of infants, children and families in the Greater Louisville area by increasing social support for mothers, easing the transition into motherhood and promoting healthy parenting practices.

The Corporation is organized exclusively for charitable and educational purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Article VII: No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its members, trustees, 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 II hereof. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for the public office.



Mama To Mama Inc

General Information

Organization Number 0805286
Name Mama To Mama Inc
Profit or Non-Profit N - Non-profit
Company Type KCO - Kentucky Corporation
Status A - Active
Standing G - Good
State KY
File Date 11/10/2011 8:17:50 AM
Organization Date 11/10/2011 8:17:50 AM
Last Annual Report 6/16/2015
Principal Office 1559 Bardstown Road
 Louisville, KY 40205
Registered Agent Shannon Abell Stone
 1559 Bardstown Road
 Louisville, KY 40205

Current Officers

Director [Julia Richerson](#)
Director [Rachel Busse](#)
Director [Elizabeth Starr](#)
Director [Peter Nyame](#)
Director [John Launius](#)
Director [Megan McGinn](#)
Executive [Shannon Abell Stone](#)

Individuals / Entities listed at time of formation

Director [HEATHER MOLINA](#)
Director [MARY OLIVER HUMKE](#)
Director [EMILY MCCAY](#)
Incorporator [SHANNON ABELL STONE](#)

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	6/16/2015	1 page	PDF	
Annual Report	6/30/2014	1 page	PDF	
Annual Report	9/6/2013	1 page	PDF	
Amendment	12/18/2012	3 pages	tiff	PDF
Annual Report	6/28/2012	1 page	PDF	
Articles of Incorporation	11/10/2011 8:17:51 AM	1 page	PDF	

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/16/2015 2:16:59 PM	6/16/2015 2:16:59 PM	
Annual report	6/30/2014 3:15:34 PM	6/30/2014 3:15:34 PM	
Annual report	9/6/2013 5:35:53 PM	9/6/2013 5:35:53 PM	
Amendment - Miscellaneous amendments	12/18/2012 9:08:29 AM	12/18/2012	
Annual report	6/28/2012 5:24:34 PM	6/28/2012 5:24:34 PM	
Add	11/10/2011 8:17:50 AM	11/10/2011 8:17:50 AM	

Microfilmed Images