



**Applicant/Program:**

A-One All Stars Inc. / ALGONQUIN DAY 2024 EVENT

**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.

N/A

**Council Member Signature and Amount**

District 1	_____	\$	_____
District 2	_____	\$	_____
District 3	_____	\$	_____
District 4	_____	\$	_____
District 5	_____	\$	_____
District 6	_____	\$	_____
District 7	_____	\$	_____
District 8	_____	\$	_____
District 9	_____	\$	_____
District 10	_____	\$	_____
District 11	_____	\$	_____
District 12	_____	\$	_____
District 13	_____	\$	_____
District 14	_____	\$	_____
District 15	_____	\$	_____

**Applicant/Program:** A-One All Stars Inc. / ALGONQUIN DAY 2024 EVENT

**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.  
N/A

District 16 \_\_\_\_\_ \$ \_\_\_\_\_

District 17 \_\_\_\_\_ \$ \_\_\_\_\_

District 18 \_\_\_\_\_ \$ \_\_\_\_\_

District 19 \_\_\_\_\_ \$ \_\_\_\_\_

District 20 \_\_\_\_\_ \$ \_\_\_\_\_

District 21 \_\_\_\_\_ \$ \_\_\_\_\_

District 22 \_\_\_\_\_ \$ \_\_\_\_\_

District 23 \_\_\_\_\_ \$ \_\_\_\_\_

District 24 \_\_\_\_\_ \$ \_\_\_\_\_

District 25 \_\_\_\_\_ \$ \_\_\_\_\_

District 26 \_\_\_\_\_ \$ \_\_\_\_\_

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

<b>Legal Name of Applicant Organization</b> A-One All Stars Inc.	
<b>Program Name and Request Amount</b> ALGONQUIN DAY 2024 EVENT/ <del>\$24,500.00</del> <b>\$ 26,820</b>	
	<b>Yes/No/NA</b>
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> No
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> No
Prepared by: Olivia Bennett	Date: 6/17/2024

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
Legal Name of Applicant Organization: <b>A-ONE ALL STARS INC.</b> <i>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</i>			
Main Office Street & Mailing Address: 1747 HAROLD AVE LOUISVILLE, KY 40210			
Website: A-ONEALLSTARS.COM			
Applicant Contact:	MORRIS HOWARD	Title:	FOUNDER
Phone:	502-333-5041	Email:	ahoward00@gmail.com
Financial Contact:	MORRIS HOWARD	Title:	FOUNDER
Phone:	502-333-5041	Email:	ahoward00@yahoo.com
Organization's Representative who attended NDF Training: Anthony Howard			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	ALGONQUIN PARK		
Council District(s):	1	Zip Code(s):	40210
SECTION 2 - PROGRAM/PROJECT INFORMATION			
PROGRAM/PROJECT NAME: ALGONQUIN DAY			
Total Request: (\$)	<del>24,500</del> <b>26,820</b>	Total Metro Award (this program) In previous year: (\$)	10,000
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"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) 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 applicable	
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:	N/A	Amount: (\$)	
Source:	N/A	Amount: (\$)	
Source:	N/A	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:

##### Mission Statement:

To provide guidance, mentorship, education and Health & Wellness activities through a variety of programs such as Basketball, Step Team, and Dance Teams in an environment that allows individuals to learn more about becoming a great citizen in their community and creating a healthy neighborhood. As our mission statement says "A-One CARES"!

Community  
Academics  
Respect  
Excellence  
Service

##### Program:

Our program is designed to provide youth ages 7 - 18 guidance, mentorship, educational concepts, respect through different health and wellness activities. We feel the skills you learn from being on a team will help you in life everyday. For example, team work, punctuality, structure, conflict resolution, and many other attributes that will help youth when they enter the world of employment and in their life. These are all parts of what it takes to be successful team members and workers. We attract the majority of our students through Step, Dance and Basketball Teams. We have activities such as Stepping for Health Camps, Basketball Camps, Family Education games, Financial Aid assistance, Leadership Literacy Workshops, educational tutoring, and many other activities that are all free to the students and their parents. We are broadening our scope to find other activities to engage the youths in our community by creating programs that focus on STEM and help expose youth to Science, Technology, Education, and Mathematics. We have many retired teachers and educators that are a part of our volunteer staff who utilize their time to give us insights on what their peers need and how we can best support education and the many people who are educators in our communities.. We have guest speakers come in to talk about Healthy Living, Leadership, Education, Coping skills, Mental Wellbeing, and more.

##### Program Clientele:

We target youth ages 7-19. Our efforts are not just based in one part of the city because we feel that all our youth, no matter what economic status are at risk. We work with community centers all over the city, elementary, middle and high schools and many other great organizations like The Salvation Army, SSA, Lost Boys & Girls and more. We currently have over 250 students in the program.

##### Summary:

A-One is committed to creating opportunities for community members to come together, celebrate diversity, and contribute to the well-being of our neighborhoods. Through [Festival Name], we seek to achieve the following objectives



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**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.):**

On September 28, 2024, we plan on having a Spectacular Neighborhood event called ALGONQUIN DAY. There will be food, fun, and festivities for all ages. This amazing event will take place in Algonquin Park and we plan to celebrate this years event with the Algonquin Community however, it is open to the public.

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

Funding will be spent on Security, DJ, food and drinks, 360 machine, set-up and break down, give-a-ways, face painting, balloon artist, Farmer John, rental equipment (chairs/tables), decorations, and performers.

Security provided by LMPD - Off duty police officers

Food and Drinks provided by Ramsey's recipe

360 Machine provided by TNT Bomb

All Performers, Set-Up and Break Down provided by G&H Special Projects (rental table and chairs)

Give-a-ways, Decorations, Face Painter, Balloon artist provided by Set The Scene LLC

Farmer Johns petting zoo provided by Farmer John LLC (Steve Meredith)

Provided by Metro Parks:

Port-a-lets - \$420

Tables - \$300

Chairs - \$150

Garbage Cans - \$300

Stage - \$1,000

Picnic Tables - \$150

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

Not a Fundraiser. It is a way to give back to the community.

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:

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.

Reimbursements should not be made before application date 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.

## 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:**

A-One is committed to creating opportunities for community members to come together, celebrate diversity, and contribute to the well-being of our neighborhoods. Through Algonquin Park Day we seek to achieve the following objectives:

1. Promoting Local Artist and Businesses: Our festival provides a platform for local artisans, entrepreneurs, and businesses to showcase their products and services. By featuring locally made crafts, artwork, and culinary delights, we not only support the local economy but also celebrate the unique talents and cultural heritage of our community members.

2. Engaging Youth and Families: We organize a variety of family-friendly activities and workshops during the festival to engage youth and families. From interactive art installations to educational demonstrations, these activities promote creativity, learning, and bonding among participants of all ages.

3. Cultivating Community Partnerships: We collaborate with local nonprofit organizations, schools, and community groups to co-host events, workshops, and information booths at the festival. These partnerships allow us to address pressing community needs, such as access to healthcare, education, and social services, while also fostering a sense of solidarity and mutual support.

**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.**

We have existing partnerships with DELTA (Developing Educated Leaders Through Athletics), Schooler Prep, SSA (Super Student Athletes), PAL (Police Activities League), Lost Boys & Girls Foundation, and more. Each one of these organization will promote and bring youth from all around the District One area to participate in this event. They will also provide volunteers to help organize and run portions of this event.

Each organization will have a booth set up to give parents and youth information on their programs and what they have to offer. Getting youth and their families to participate in their programs. Such programs as Financial Literacy, Step and Dance Teams, after school tutoring, and many other services that can assist them an give them tools to be successful. Keeping youth busy and away from some of the dangers of the streets. These organization specialize in Violence Prevention and Youth Development activities to engage our youth in positive 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	2016 METRO FUND	2016 NON-METRO FUND	TOTAL
<b>A: Personnel Costs Including Benefits</b>			
<b>B: Rent/Utilities</b>			
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance (See Detailed List on Page 8)</b>			
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>			
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>	<del>24500</del> <b>\$26,820</b>		<del>24500</del> <b>\$26,820</b>
<b>J: Machinery &amp; Equipment</b>			
<b>K: Capital Project</b>			
<b>L: Other Expenses (See Detailed List on Page 8)</b>			
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	<del>24500</del> <b>\$26,820</b>	0	<del>24500</del> <b>\$26,820</b>
<b>% of Program Budget</b>	100 %	0 %	100%

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

Other State, Federal or Local Government	0
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	0

\*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 for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Security provided by LMPD	2500	0	2,500
Food and Drinks provided by Ramsey's recipe	5000	0	5000
360 Machine provided by TNT Bomb	1,000	0	1,000
Set-Up and Break Down provided by G&H Special Projects	4000	0	4000
Give-a-ways, Decorations, Face Painter, Balloon artist & more all provided by Set The Scene LLC	5000	0	5000
Famer Johns petting zoo provided by Farmer John LLC (Steve Meredith)	1,000	0	1,000
Performers and rental equipment (tables & chairs) will be secured by G&H Special Projects LLC	6,000	0	6,000
<i>Port-a-lets</i>	<i>420</i>		<i>420</i>
<i>Tables</i>	<i>300</i>		<i>300</i>
<i>Chairs</i>	<i>150</i>		<i>150</i>
<i>Garbage Cans</i>	<i>300</i>		<i>300</i>
<i>Stage</i>	<i>1,000</i>		<i>1,000</i>
<i>Picnic Tables</i>	<i>150</i>		<i>150</i>
<b>Total</b>	<del>24,500</del> <i>\$26,820</i>	0	<del>24,500</del> <i>\$26,820</i>

**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).

<p align="center"><i>Total Value of In-Kind</i>                      (to match Program Budget Line Item.                      Volunteer Contribution &amp; Other In Kind)</p>		

**\* 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: 01/01/2024

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

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

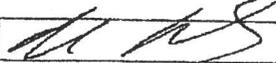
1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
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 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.

### 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.

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.

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	6-17-24
<b>Legal Signatory: (please print):</b>	MORRIS HOWARD	<b>Title:</b>	FOUNDER
<b>Phone:</b>	502-333-5041	<b>Extension:</b>	
<b>Email:</b>	AHOWARD00@YAHOO.COM		



Louisville Metro Government  
Office of Management and Budget

Neighborhood Development Fund Training Attestation

Grantee Organization Name: A-One Foundation

Grantee Representative Name: Jessica Bauer

*I agree that I am an authorized representative and/or signatory of the organization named above and attest to having viewed the Neighborhood Development Fund training presentation. I understand the reporting requirements of the Neighborhood Development Fund grant. Additionally, after viewing the presentation, I have correctly answered the below questions.*

Please check:

I viewed the NDF training material on the website

Answer the following questions before signing (Circle or write in the correct answer).

1. The NDF funding your agency received is a gift from LMG? True or ~~False~~
2. Name the three budget categories that require a detail list.  
Client Assistance, Community Events and Festivals and Other expenses
3. If your agency charged gross pay to NDF, you are required to provide additional documentation to satisfy reporting requirements. ~~True~~ or False
4. Which four questions should your financial support documentation answer at all times?  
Who, What, When and Where
5. Your agency is considered noncompliant if you do not account for funds received and/or your financial report is missing support documentation? ~~True~~ or False
6. Canceled check, bank statement, invoice and receipt are considered proof of payment. True or False.

Jessica Bauer  
Grantee Representative Signature

June 20, 2024

Date

**NOTE:** Please return to Roxanne Steele

E-mail address: Roxanne.Steele@louisvilleky.gov

Fax: 502-574-3219

Mailing Address: Louisville Metro Government  
ATTN: NDF Coordinator  
611 West Jefferson St.  
Louisville, KY 40202

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

DEPARTMENT OF THE TREASURY

Date:

DEC 07 2017

AONE ALLSTARS  
1747 HAROLD AVE  
LOUISVILLE, KY 40210-0000

Employer Identification Number:  
47-5599923  
DLN:  
26053707001447  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
November 01, 2017  
Contribution Deductibility:  
Yes  
Addendum Applies:  
Yes

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

AONE ALLSTARS

ADDENDUM

If you have been in existence for at least three years and you have not filed a Form 990 return or notice for three consecutive years, you may soon receive a letter (Notice CP120A) that we automatically revoked your exempt status, as required by law, for failure to file a return or notice for three consecutive years. This letter will serve to reinstate your exempt status, so you will not need to re-apply. However, you may need to file the appropriate delinquent Forms 990 for all years you have operated as a tax-exempt organization.

Based on the information submitted in your application, we're treating your Form 1023-EZ as an application for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as shown in the heading of this letter, is the submission date of your application.

AONE ALLSTARS

Sincerely,

*Stephen a. martin*

Director, Exempt Organizations  
Rulings and Agreements

Enclosure:  
Addendum

# A-ONE FOUNDATION PROJECTED BUDGET

2024

G/L Code	2024 ANNUAL BUDGET	Actual	Budget	Remaining \$	Remaining %
0	Advertising/Promotion	\$0.00	\$2,000.00	\$2,000.00	100.00%
0	Office Equipment	\$0.00	\$500.00	\$500.00	100.00%
0	Consulting/Legal/Acct	\$0.00	\$3,000.00	\$3,000.00	100.00%
0	Health & Wellness Programs	\$0.00	\$6,000.00	\$6,000.00	100.00%
0	Art Program Supplies	\$0.00	\$3,500.00	\$3,500.00	100.00%
0	Insurance	\$0.00	\$1,700.00	\$1,700.00	100.00%
0	Food Insecurity Program	\$0.00	\$7,500.00	\$7,500.00	100.00%
0	Educational Programs	\$0.00	\$4,000.00	\$4,000.00	100.00%
0	Field Trips	\$0.00	\$3,000.00	\$3,000.00	100.00%
0	Events/Activities	\$0.00	\$11,000.00	\$11,000.00	100.00%
0	Conference Cost	\$0.00	\$3,000.00	\$3,000.00	100.00%
0	Rent/Utilities	\$0.00	\$10,200.00	\$10,200.00	100.00%
<b>Total</b>		<b>\$0.00</b>	<b>\$55,400.00</b>	<b>\$55,400.00</b>	<b>100.00%</b>

ACTUAL vs. BUDGET YTD

YEAR

2024

G/L Code	Account Title	Actual	Budget	Remaining \$	Remaining %
1000	Advertising	\$1,000.00	\$2,500.00		\$1,500.00 60.00%
2000	Office Equipment	\$100.00	\$500.00		\$400.00 80.00%
3000	Printers	\$0.00	\$0.00		\$0.00
4000	IT Cost	\$300.00	\$1,000.00		\$700.00 70.00%
5000	Supplies	\$2,009.00	\$3,000.00		\$991.00 33.03%
6000	Educational Programs	\$12,000.00	\$20,000.00		\$8,000.00 40.00%
7000	Computers	\$1,000.00	\$2,500.00		\$1,500.00 60.00%
8000	Event/Activities	\$13,000.00	\$25,000.00		\$12,000.00 48.00%
9000	Rent	\$5,950.00	\$10,200.00		\$4,250.00 41.67%
10000	Marketing	\$200.00	\$1,000.00		\$800.00 80.00%
11000	Conference Cost	\$0.00	\$5,000.00		\$5,000.00 100.00%
12000	Insurance	\$1,000.00	\$2,500.00		\$1,500.00 60.00%
<b>Total</b>		<b>\$36,559.00</b>	<b>\$73,200.00</b>		<b>\$36,641.00</b> <b>50.06%</b>

## Assets

<b>Current assets:</b>	<b>Previous Year</b>	<b>Current Year</b>
Cash	106,200.00	84,700.00
Investments	-	-
Inventories	-	-
Accounts receivable	-	-
Pre-paid expenses	-	-
Other	-	-
<b>Total current assets</b>	<b>106,200.00</b>	<b>84,700.00</b>
<b>Fixed assets:</b>	<b>Previous Year</b>	<b>Current Year</b>
Property and equipment	-	-
Leasehold improvements	-	-
Equity and other investments	-	-
Less accumulated depreciation	-	-
<b>Total fixed assets</b>	<b>-</b>	<b>-</b>
<b>Other assets:</b>	<b>Previous Year</b>	<b>Current Year</b>
Goodwill	3,000.00	1,200.00
<b>Total other assets</b>	<b>-</b>	<b>-</b>
<b>Total assets</b>	<b>106,200.00</b>	<b>84,700.00</b>

## Liabilities & owner's equity

<b>Current liabilities:</b>	<b>Previous Year</b>	<b>Current Year</b>
Accounts payable	-	-
Accrued wages	-	-
Accrued compensation	-	-
Income taxes payable	-	-
Unearned revenue	-	-
Other	104,615.00	51,200.00
<b>Total current liabilities</b>	<b>104,615.00</b>	<b>51,200.00</b>
<b>Long-term liabilities:</b>	<b>Previous Year</b>	<b>Current Year</b>
Mortgage payable	-	-
<b>Total long-term liabilities</b>	<b>-</b>	<b>-</b>
<b>Owner's equity:</b>	<b>Previous Year</b>	<b>Current Year</b>
Investment capital	-	-
Accumulated retained earnings	-	-
<b>Total owner's equity</b>	<b>-</b>	<b>-</b>
<b>Total liabilities &amp; owner's equity</b>	<b>104,615.00</b>	<b>51,200.00</b>
<b>Balance</b>	<b>1,585.00</b>	<b>33,500.00</b>



# RIVER CITY BANK

HOWARD, MORRIS D/B/A  
A-ONE ALL STARS  
4107 ORCHARD WAY  
LOUISVILLE KY 40216

Date 6/28/24 Page 1  
Account Number Acct Ending [REDACTED]  
Enclosures 34

With financial fraud and scams at an all time high, why not reduce the risk by reducing the amount of account documents through the mail? Sign up for estatements today via your online banking.

## CHECKING ACCOUNTS

If your account is overdrawn for 4 or more consecutive business days, we charge \$5 per day the account remains overdrawn. This charge will now be limited to 10 days.

BUSINESS REG CHECKING		Number of Enclosures	34
Account Number	Acct Ending [REDACTED]	Statement Dates	6/03/24 thru 6/30/24
Beginning Balance	22,234.61	Days in the statement period	28
10 Credits	36,170.60		
76 Debits	25,444.08		
Service Charge	.00		
Interest Paid	.00		
Current Balance	32,961.13		

## ACTIVITY IN DATE ORDER

Date	Description	Check #	Amount	Balance
6/03	SQ240603 Square Inc		750.00	22,984.61
	PPD			
6/03	Deposit/Credit		1,000.00	23,984.61
6/03	DBT CRD 0815 06/02/24 42492796		150.00-	23,834.61
	CHICK-FIL-A #03511			
	4925 OUTER LOOP			
	LOUISVILLEKY C# 2665			
6/03	DBT CRD 0634 06/03/24 8054529		1,500.00-	22,334.61
	Alpha Media LLC - Loui			
	520 S 4TH ST			
	502-625-1230KY C# 2665			
6/03	SPECTRUM SPECTRUM		129.98-	22,204.63
	PPD			
6/04	POS DEB 1940 06/03/24 36140131		13.82-	22,190.81
	WAL WAL-MART SUPER 950929			
	5418 WAL-SAMS			
	LOUISVILLEKY C# 2665			
6/04	POS DEB 1201 06/04/24 00372445		127.16-	22,063.65
	SAMS CLUB #8276			
	SAM S Club			
	LOUISVILLEKY C# 2665			



# RIVER CITY BANK

HOWARD, MORRIS D/B/A  
 A-ONE ALL STARS  
 4107 ORCHARD WAY  
 LOUISVILLE KY 40216

Date 4/30/24 Page 1  
 Account Number Acct Ending 0971  
 Enclosures 11

**With financial fraud and scams at an all time high, why not reduce the risk by reducing the amount of account documents through the mail? Sign up for estatements today via your online banking.**

## CHECKING ACCOUNTS

**If your account is overdrawn for 4 or more consecutive business days, we charge \$5 per day the account remains overdrawn. This charge will now be limited to 10 days.**

BUSINESS REG CHECKING		Number of Enclosures	11
Account Number	Acct Ending 0971	Statement Dates	4/01/24 thru 4/30/24
Beginning Balance	14,828.34	Days in the statement period	30
6 Credits	10,624.74		
36 Debits	12,125.55		
Service Charge	.00		
Interest Paid	.00		
Current Balance	13,327.53		

## ACTIVITY IN DATE ORDER

DATE	DESCRIPTION	CHQ #	AMOUNT	BALANCE
4/01	Deposit/Credit		5,000.00	19,828.34
4/01	POS DEB	1039 03/30/24 00017563	44.44-	19,783.90
	WAL-MART #6931			
	Wal-Mart Super Center			
	LOUISVILLEKY C# 2665			
4/01	DBT CRD	2056 03/30/24 5932668	199.50-	19,584.40
	KSFB TICKET OFFICE			
	937 Phillips Lane			
	LOUISVILLEKY C# 2665			
4/01	DBT CRD	0547 03/31/24 0233687	366.00-	19,218.40
	SP BAGSINBULK			
	10 West 33rd Street			
	NEW YORKNY C# 2665			
4/01	SPECTRUM	SPECTRUM	129.98-	19,088.42
	PPD			
4/01	Check	999	1,000.00-	18,088.42
4/03	DBT CRD	0520 04/03/24 41715546	11.86-	18,076.56
	CHICK-FIL-A #02899			
	2350 SHANE DR			
	LOUISVILLEKY C# 2665			
4/03	DBT CRD	2134 04/02/24 4352953	24.99-	18,051.57
	CSP*ACTIVATE LOUISVILL			



# RIVER CITY BANK

Date 4/30/24 Page 2  
 Account Number Acct Ending 0971  
 Enclosures 11

BUSINESS REG CHECKING Acct Ending 0971 (Continued)

DATE	ORDER	AMOUNT	BALANCE
4/03	DBT CRD 2134 04/02/24 5956554 2510 HURSTBOURNE GEM LN LOUISVILLEKY C# 2665 CSP*ACTIVATE LOUISVILL	80.97-	17,970.60
4/03	DBT CRD 2110 04/02/24 6189735 2510 HURSTBOURNE GEM LN LOUISVILLEKY C# 2665 BUFFALO WILD WNGS 0018 12901 SHELBYVILLE RD MIDDLETOWNKY C# 2665	89.60-	17,881.00
4/03	POS DEB 1112 04/03/24 40318795 WAL SAMSCLUB #8276 940292 6622 PRESTON HIGHWAY LOUISVILLEKY C# 2665	296.78-	17,584.22
4/03	Check 997	850.00-	16,734.22
4/04	POS DEB 1557 04/03/24 00335801 WM SUPERCENTER #5418 Wal-Mart Super Center LOUISVILLEKY C# 2665	17.99-	16,716.23
4/04	DBT CRD 2142 04/03/24 3407952 GFS STORE #1511 7389 JEFFERSON BLVD LOUISVILLEKY C# 2665	62.97-	16,653.26
4/04	POS DEB 1818 04/03/24 00601561 SAMS CLUB #8276 SAM S Club LOUISVILLEKY C# 2665	110.90-	16,542.36
4/05	CREDIT 0525 04/05/24 4233592 LOWES #01923* 2100 BASHFORD MANOR LAN LOUISVILLEKY C# 2665	189.74	16,732.10
4/05	POS DEB 2020 04/04/24 3100 WAL-MART #5418 2020 BASHFORD MANOR LN LOUISVILLEKY C# 2665	10.35-	16,721.75
4/05	POS DEB 0834 04/05/24 00850275 WM SUPERCENTER #5417 Wal-Mart Super Center LOUISVILLEKY C# 2665	17.41-	16,704.34
4/05	DBT CRD 2105 04/04/24 5856576 LOWES #01923*	189.74-	16,514.60



# RIVER CITY BANK

Date 4/30/24 Page 3  
 Account Number Acct Ending 0971  
 Enclosures 11

BUSINESS REG CHECKING Acct Ending 0971 (Continued)

DATE	DESCRIPTION	DEBIT	CREDIT	BALANCE
4/08	DBT CRD 0545 04/06/24 9390245 KFC YUM CENTER 1 Arena Plaza 502-690-9096KY C# 2665	1,911.00-		14,603.60
4/08	Check 998	350.00-		14,253.60
4/09	Deposit/Credit		1,435.00	15,688.60
4/11	DBT CRD 0535 04/11/24 1134016 PATOKA LAKE MARINA INC 2991 N DILLARD RD BIRDSEYEIN C# 2665	163.98-		15,524.62
4/11	Check 1102	516.36-		15,008.26
4/15	Deposit/Credit		2,000.00	17,008.26
4/15	POS DEB 1228 04/15/24 2300 WAL-MART #6931 4840 OUTER LOOP LOUISVILLEKY C# 2665	100.00-		16,908.26
4/15	POS DEB 1450 04/13/24 14507688 LOWE S #705 6651 DIXIE HWY. LOUISVILLEKY C# 2665	230.92-		16,677.34
4/15	Check 990	516.36-		16,160.98
4/16	POS DEB 1529 04/15/24 00677105 THORNTONS #0096 #0096 - 4516 Poplar Lev LouisvilleKY C# 2665	100.00-		16,060.98
4/16	POS DEB 1531 04/15/24 00677109 THORNTONS #0096 #0096 - 4516 Poplar Lev LouisvilleKY C# 2665	100.00-		15,960.98
4/16	POS DEB 1437 04/16/24 14300061 KROGER #3 4501 OUTER L LOUISVILLEKY Card# 2665	100.00-		15,860.98
4/17	DBT CRD 0614 04/17/24 42204023 CHICK-FIL-A #03511 4925 OUTER LOOP LOUISVILLEKY C# 2665	100.00-		15,760.98
4/19	DBT CRD 2129 04/18/24 6061512 WIX.COM	34.66-		15,726.32



# RIVER CITY BANK

Date 4/30/24 Page 4  
 Account Number Acct Ending 0971  
 Enclosures 11

BUSINESS REG CHECKING Acct Ending 0971 (Continued)

ACTIVITY IN DATE ORDER				
Date	Description	Check #	Amount	Balance
	500 TERRY A FRANCOIS BL 14156399034CA C# 2665			
4/22	Deposit/Credit		1,000.00	16,726.32
4/22	DBT CRD 2049 04/19/24 1881932 LEWIS DOOR SERVICE COM 7817 ST ANDREWS CHURCH LOUISVILLEKY C# 2665		1,075.00-	15,651.32
4/23	DBT CRD 0146 04/23/24 1891940 LEWIS DOOR SERVICE COM 7817 ST ANDREWS CHURCH LOUISVILLEKY C# 2665		1,075.00-	14,576.32
4/24	DBT CRD 0536 04/24/24 8087028 EP TOM SAWYER SP 700 CAPITAL AVE FRANKFORTKY C# 2665		500.00-	14,076.32
4/24	Check	1103	475.00-	13,601.32
4/25	PAYMENT THE E.W. SCRIPPS CCD		1,000.00	14,601.32
4/25	DBT CRD 0521 04/25/24 8100002 CROWN TROPHY LOUISVILL 6020 BARDSTOWN RD LOUISVILLEKY C# 2665		127.20-	14,474.12
4/30	DBT CRD 0608 04/30/24 0904104 FASTSIGNS 215 Quartermaster Ct JEFFERSONVILLIN C# 2665		146.59-	14,327.53
4/30	Check	1104	1,000.00-	13,327.53

CHECKS IN NUMBER ORDER								
Date	Check No	Amount	Date	Check No	Amount	Date	Check No	Amount
4/15	990	516.36	4/01	999	1,000.00	4/30	1104	1,000.00
4/03	997*	850.00	4/11	1102*	516.36			
4/08	998	350.00	4/24	1103	475.00			

\* Denotes missing check numbers

DAILY BALANCE INFORMATION					
Date	Balance	Date	Balance	Date	Balance
4/01	18,088.42	4/04	16,542.36	4/08	14,253.60
4/03	16,734.22	4/05	16,514.60	4/09	15,688.60



# RIVER CITY BANK

Date 4/30/24 Page 5  
Account Number Acct Ending 0971  
Enclosures 11

BUSINESS REG CHECKING

Acct Ending 0971 (Continued)

DAILY BALANCE INFORMATION					
DATE	DEPOSIT	DATE	DEPOSIT	DATE	BALANCE
4/11	15,008.26	4/19	15,726.32	4/25	14,474.12
4/15	16,160.98	4/22	15,651.32	4/30	13,327.53
4/16	15,860.98	4/23	14,576.32		
4/17	15,760.98	4/24	13,601.32		

\*\*\* END OF STATEMENT \*\*\*

DEPOSIT TICKET  
A-ONE ALL STARS  
4107 ORCHARD WAY  
LOUISVILLE, KY 40216

DATE: 4-1-24

CASH: 5000

OTHER: 5000

TOTAL: \$ 5000

DEPOSIT TICKET  
A-ONE ALL STARS  
4107 ORCHARD WAY  
LOUISVILLE, KY 40216

DATE: 4-9-24

CASH: 400

OTHER: 85

TOTAL: 1000

OTHER: 1435

DEPOSIT TICKET  
A-ONE ALL STARS  
4107 ORCHARD WAY  
LOUISVILLE, KY 40216

DATE: 4-14-24

CASH: 1000

OTHER: 1000

TOTAL: 2000

Deposit/Credit Date: 04/01 Amount: \$5,000.00

RIVER CITY BANK CHECKING DEPOSIT

DATE: 4-22-24

NAME: A-ONE All Stars

ACCOUNT NUMBER: 1100971

AMOUNT: \$ 1000

Deposit/Credit Date: 04/09 Amount: \$1,435.00

A-ONE ALL STARS  
4107 ORCHARD WAY  
LOUISVILLE, KY 40216

DATE: 3-1-24

PAY TO THE ORDER OF: CCCI

AMOUNT: \$ 516.34

Five Hundred & Sixteen

For Rent

Deposit/Credit Date: 04/15 Amount: \$2,000.00

A-ONE ALL STARS  
4107 ORCHARD WAY  
LOUISVILLE, KY 40216

DATE: 4-1-24

PAY TO THE ORDER OF: Portland Depot

AMOUNT: \$ 850.00

Eight Hundred & Fifty

For Rent

Deposit/Credit Date: 04/22 Amount: \$1,000.00

A-ONE ALL STARS  
4107 ORCHARD WAY  
LOUISVILLE, KY 40216

DATE: 3-30-24

PAY TO THE ORDER OF: Acc Check

AMOUNT: \$ 350.00

Three Hundred & Fifty

For Cash Services

Check 990 Date: 04/15 Amount: \$516.36

A-ONE ALL STARS  
4107 ORCHARD WAY  
LOUISVILLE, KY 40216

DATE: 4-1-24

PAY TO THE ORDER OF: Cash

AMOUNT: \$ 1000.00

One Thousand

For Cash R. Hutter & Wellens

Check 997 Date: 04/03 Amount: \$850.00

A-ONE ALL STARS  
4107 ORCHARD WAY  
LOUISVILLE, KY 40216

DATE: 4-1-24

PAY TO THE ORDER OF: Coca-Cola Consolidated

AMOUNT: \$ 516.34

Five Hundred & Sixteen

For Rent

Check 998 Date: 04/08 Amount: \$350.00

A-ONE ALL STARS  
4107 ORCHARD WAY  
LOUISVILLE, KY 40216

DATE: APR 23 2024

PAY TO THE ORDER OF: JCP5 - Treasurer

AMOUNT: \$ 475.00

Four Hundred & Seventy Five

For Inv

Check 999 Date: 04/01 Amount: \$1,000.00

A-ONE ALL STARS  
4107 ORCHARD WAY  
LOUISVILLE, KY 40216

DATE: 4-28-24

PAY TO THE ORDER OF: Monica by Design

AMOUNT: \$ 1000.00

One Thousand

For shirts

Check 1102 Date: 04/11 Amount: \$516.36

A-ONE ALL STARS  
4107 ORCHARD WAY  
LOUISVILLE, KY 40216

DATE: 4-1-24

PAY TO THE ORDER OF: Coca-Cola Consolidated

AMOUNT: \$ 516.34

Five Hundred & Sixteen

For Rent

Check 1103 Date: 04/24 Amount: \$475.00

Check 1104 Date: 04/30 Amount: \$1,000.00



Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form, as it may be made public.  
 Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service

**A For the 2023 calendar year, or tax year beginning** JANUARY , 2023, **and ending** DECEMBER , 20 23

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <input checked="" type="checkbox"/> <b>17</b> AONE ALLSTARS		<b>D</b> Employer identification number <input checked="" type="checkbox"/> <b>17</b> 47-559992
	Number and street (or P.O. box if mail is not delivered to street address) <input checked="" type="checkbox"/> <b>17</b> Room/suite 1734 HAROLD AVE		<b>E</b> Telephone number 502-333-5041
	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40210		<b>F</b> Group Exemption Number <input checked="" type="checkbox"/> <b>17</b>
	<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify): _____		

**I** Website: A-ONEALLSTARS.COM

**H** Check  if the organization is not required to attach Schedule B (Form 990).  **17**

**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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . . . . \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  **17**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .															103200												
	2	Program service revenue including government fees and contracts . . . . .																											
	3	Membership dues and assessments . . . . .																											
	4	Investment income . . . . .																											
	5a	Gross amount from sale of assets other than inventory . . . . .																											
	5b	Less: cost or other basis and sales expenses . . . . .																											
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .																											
	6	Gaming and fundraising events:																											
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .																											
6b	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) . . . . .															10100													
6c	Less: direct expenses from gaming and fundraising events . . . . .															7100													
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .															3000													
7a	Gross sales of inventory, less returns and allowances . . . . .																												
7b	Less: cost of goods sold . . . . .																												
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .															0													
8	Other revenue (describe in Schedule O) . . . . .															0													
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .															106200													
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .															7000												
	11	Benefits paid to or for members . . . . .															1500												
	12	Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/> <b>17</b> . . . . .															0												
	13	Professional fees and other payments to independent contractors <input checked="" type="checkbox"/> <b>17</b> . . . . .															31200												
	14	Occupancy, rent, utilities, and maintenance . . . . .															13305												
	15	Printing, publications, postage, and shipping . . . . .															7500												
	16	Other expenses (describe in Schedule O) <input checked="" type="checkbox"/> <b>17</b> . . . . .															44290												
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .															104615													
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .															1585												
	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) . . . . .															14998												
	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 . . . . .															16583												

**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	14998	5012
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	14988	5012
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14988	5012

**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? TO GIVE BACK TO THE COMMUNITY YOUTH

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 COMMUNITY HOLIDAY EVENTS: TWO MAJOR EVENTS: CHRISTMAS AND THANKSGIVING GIVING AWAY TURKEYS/HAMS AND ALL THE SIDES FOR A MEAL TO FEED 6 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	15000
29 COMMUNITY SAFE AND HEALTHY NEIGHBORHOOD ACTIVITIES COMMUNITY GIVEAWAYS. HYGIENE KITS, SNACK PACKS AND DRINKS TO OVER 3000 HOUSE LESS PROVIDING FRESH FRUITS AND VEGETABLES TO FOOD DESERT COMMUNITIES (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	12000
30 YOUTH PROGRAMS: TUTORING, FINANCIAL LITERACY COURSES, GIRLS INC, PUBLIC SPEAKING & COMMUNICATION HEALTH & WELLNESS PROGRAM AFTER SCHOOL FEEDING (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	17290
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	44290

**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, 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KENNETH THOMPSON	2	0	0	0
SANDRA MAYES	2	0	0	0
KENNETH MILES	2	0	0	0
YVETTE STARKS	2	0	0	0
JESSICA MAYES	2	0	0	0
MORRIS HOWARD	5	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Form with questions 33-45b and Yes/No columns. Includes questions about significant activity, changes to documents, unrelated business income, political expenditures, borrowing, tax shelter transactions, and donor advised funds.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . Yes No  
46

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . Yes No  
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . Yes No  
48

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . Yes No  
49a

b If "Yes," was the related organization a section 527 organization? . . . . . Yes No  
49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				
ALL VOLUNTEER STAFF				

f Total number of other employees paid over \$100,000 . . . . . N/A

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000 . . . . . N/A

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

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

<b>Sign Here</b> <input type="checkbox"/>	Signature of officer <i>Ken Thompson</i>	Date 7-18-24			
	Type or print name and title Ken Thompson Pres. Dist				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**COMMONWEALTH OF KENTUCKY  
ARTICLES OF INCORPORATION  
OF  
A-One All Stars Inc.  
A Non-Profit Corporation**

**0666831.09**

Dornish  
NAOI

Trey Grayson  
Secretary of State  
Received and Filed  
06/15/2007 1:57:49 PM  
Fee Receipt: \$8.00

The undersigned incorporator, pursuant to KRS Chapter 273, adopts the following Articles of Incorporation:

1. The name of the Corporation is A-One All Stars Inc.
2. The purpose for which the corporation is formed is to teach Inner-City kids to learn math through Basketball. Further, said corporation is organized exclusively for charitable, religious, educational, and scientific 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.
3. 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 TWO 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.
4. 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.
5. The name and street address information of the Corporation's initial registered office is as follows:  

Morris Howard  
4107 Orchard Way  
Louisville, Kentucky 40216
6. The mailing address of the Corporation's principal office (location of executive offices) is as follows:  

4107 Orchard Way  
Louisville, Kentucky 40216

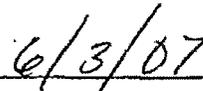
7. The number of directors (at least three) constituting the initial board of directors, and the names and mailing addresses of the persons who are to serve as the initial directors:

<u>Name</u>	<u>Address</u>
Morris Howard	4107 Orchard Way Louisville, Kentucky 40216
Ron Banks	301 East Main St. Frankford, Kentucky 40206
Sandra Mayes	1851 West Hill St. Louisville, Kentucky 40210
Ken Thompson	1734 Harold Ave. Louisville, Kentucky 40210

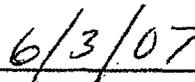
8. The name and mailing address of the incorporator is as follows:

Morris Howard  
4107 Orchard Way  
Louisville, Kentucky 40216

  
\_\_\_\_\_  
Morris Howard, Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Morris Howard, Registered Agent

  
\_\_\_\_\_  
Date

**Registered Agent Acceptance of Appointment**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

## Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the  
requester. Do not  
send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>AONE ALLSTARS</b>			
	2	Business name/disregarded entity name, if different from above. <b>N/A</b>			
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.  <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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <small>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</small> <input checked="" type="checkbox"/> Other (see instructions) <b>SOLE3 Nonprofit</b>	4	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____	
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		(Applies to accounts maintained outside the United States.)	
	5	Address (number, street, and apt. or suite no.). See instructions. <b>1734 Harold AVE</b>	Requester's name and address (optional)		
	6	City, state, and ZIP code <b>Louisville KY 40210</b>			
	7	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 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> </tr> </table>				
OR				
Employer identification number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;">47</td> <td style="width: 25%; border: 1px solid black;">-55</td> <td style="width: 25%; border: 1px solid black;">99</td> <td style="width: 25%; border: 1px solid black;">923</td> </tr> </table>	47	-55	99	923
47	-55	99	923	

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* 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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person 	Date <b>6-2-24</b>
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### General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



# Kentucky Secretary of State

## Michael G. Adams

### A-ONE ALL STARS INC.

<a href="#">File Amended Annual Report</a>	<a href="#">Change Address or Registered Agent</a>	
<a href="#">File Certificate of Assumed Name (DBA)</a>	<a href="#">File Dissolution</a>	<a href="#">Upload a filing</a>
<a href="#">File Registered Agent Resignation</a>		
<a href="#">Print &amp; Mail</a>	<a href="#">Subscribe to changes made to this entity</a>	<a href="#">Certificate of Good Standing</a>

### General Information

<b>Organization Number</b>	0666831
<b>Name</b>	A-ONE ALL STARS INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Industry</b>	Social Services
<b>Number of Employees</b>	Small (0-19)
<b>Primary County</b>	Jefferson
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	6/15/2007
<b>Organization Date</b>	6/15/2007
<b>Last Annual Report</b>	7/24/2024
<b>Principal Office</b>	1734 HAROLD AVE LOUISVILLE, KY 40210
<b>Registered Agent</b>	KENNETH THOMPSON 1734 HAROLD AVENUE LOUISVILLE, KY 40210

<a href="#">Show Current Officers</a>
<a href="#">Show Initial Officers</a>
<a href="#">Show Images</a>

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Kentucky Unbridled Spirit

## Harward, Sonya

---

**From:** Bennett, Olivia  
**Sent:** Wednesday, July 24, 2024 4:09 PM  
**To:** Harward, Sonya; Hawkins, Tammy  
**Cc:** Golden, Amy  
**Subject:** FW: Algonquin Day NDF

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Good afternoon Sonya,

CW Hawkins asked me to send this email in reference to your discussion yesterday, it was communicated that you needed the updated total to make the change to the NDF for Algonquin Day and that you needed it today.

Regina Tate, Metro Parks, and Mr. Howard communicated the updated total change below:

Stage \$1000 port-a-let's, \$420 tables, \$300 chairs, \$150 garbage cans, \$300 and picnic tables \$150 for total of \$2320 to be added to the NDF.

Can the total showing on the NDF packet, please be changed from the current total of \$24,500 to now reflect the total of \$26, 820.00. Can this please be updated and reflected on the NDF?



*Olivia Bennett "She/Her"*

*Legislative Assistant  
Councilwoman Tammy Hawkins, District 1  
Louisville Metro Council  
601 W. Jefferson Street  
Louisville, KY 40202  
(502) 574-1101 (ofc)  
(502) 574-3906 (direct)*

**From:** anthony howard <ahoward00@yahoo.com>  
**Sent:** Wednesday, July 24, 2024 3:24 PM  
**To:** Bennett, Olivia <olivia.bennett@louisvilleky.gov>; Tate, Regina <Regina.Tate@louisvilleky.gov>  
**Cc:** Hawkins, Tammy <Tammy.Hawkins@louisvilleky.gov>  
**Subject:** Re: Algonquin Day

**CAUTION: This email came from outside of Louisville Metro. Do not click links, open attachments, or give away private information unless you recognize the sender's email address and know the content is safe.**

---

Hello,  
I spoke with Ms. Regina and these are the figures given.

Stage \$1000 port-a-let's, \$420 tables, \$300 chairs, \$150 garbage cans, \$300 and picnic tables \$150 for total of \$2320 to be added to the NDF.

Sent from Yahoo Mail for iPhone

On Tuesday, July 23, 2024, 1:39 PM, Bennett, Olivia <[olivia.bennett@louisvilleky.gov](mailto:olivia.bennett@louisvilleky.gov)> wrote:

Good afternoon Regina,

Can you please advise the cost associated with the stage and port o' pots that Mr. Howard would be responsible for in reference to the Algonquin Day event and his part permit.

At your earliest convenience.

Thank you.



Olivia Bennett "She/Her"

Councilwoman Tammy Hawkins, District 1

601 W. Jefferson Street

Louisville, KY 40202

(502) 574-1101 (ofc)

(502) 574-3906 (direct)

**From:** anthony howard <[ahoward00@yahoo.com](mailto:ahoward00@yahoo.com)>  
**Sent:** Tuesday, July 23, 2024 11:38 AM  
**To:** Bennett, Olivia <[olivia.bennett@louisvilleky.gov](mailto:olivia.bennett@louisvilleky.gov)>  
**Subject:** Algonquin Day

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---

Hello Olivia,

I have a couple questions for you as it pertains to the day.

Will CW Hawkins be covering or ordering the following for the event :

Tables and chairs for vendors

The stage

Port a pots

Thanks

Sent from Yahoo Mail for iPhone

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.