

O-145-24

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

Applicant/Program: A-One All Stars Inc. / ALGONQUIN DAY 2024 EVENT
Applicant Requested Amount: 24,500.00
Appropriation Request Amount: 5,000.00

Executive Summary of Request

A-ONE ALLSTARS IS OFFERING A COMMUNITY ALGONQUIN DAY 2024 EVENT IN ALGONQUIN PARK ON SEPTEMBER 28, 2024. THIS EVENT IS OPEN TO THE PUBLIC AND THE CITY OF LOUISVILLE. THIS EVENT WILL INCLUDE A DJ, FREE FOOD AND DRINK, 360 MACHINE, GIVE-A-WAYS, FACE PAINTING, BALLOON ARTIST, SECURITY, SET-UP AND BREAK DOWN, RENTAL EQUIPMENT (TABLES AND CHAIRS), DECORATIONS AND PERFORMERS.

Is this program/project a fundraiser?

☐ Yes ☒ No

Is this applicant a faith based organization?

☐ Yes ☒ No

Does this application include funding for sub-grantee(s)?

☐ Yes ☒ No

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.

1

District #

Jimmy Hepner

Primary Sponsor Signature

5,000.00

Amount

6/17/2024

Date

Primary Sponsor Disclosure

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

N/A

Approved by:

 Appropriations Committee Chairman

 Date

Final Appropriations Amount: _____

AG

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

Legal Name of Applicant Organization A-One All Stars Inc.

Program Name and Request Amount ALGONQUIN DAY 2024 EVENT/ \$24,500.00

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="text" value="Yes"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="text" value="Yes"/>
Is the proposed public purpose of the program viable and well-documented?	<input type="text" value="Yes"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="text" value="Yes"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="text" value="Yes"/>
Has prior Metro Funds committed/granted been disclosed?	<input type="text" value="Yes"/>
Is the application properly signed and dated by authorized signatory?	<input type="text" value="Yes"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="text" value="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="text" value="N/A"/>
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="text" value="Yes"/>
Is the current Fiscal Year Budget included?	<input type="text" value="Yes"/>
Is the entity's board member list (with term length/term limits) included?	<input type="text" value="Yes"/>
Is recommended funding less than 33% of total agency operating budget?	<input type="text" value="No"/>
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="text" value="Yes"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="text" value="Yes"/>
Is the most recent annual audit (if required by organization) included?	<input type="text" value="N/A"/>
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="text" value="N/A"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="text" value="N/A"/>
Are the Articles of Incorporation of the Agency included?	<input type="text" value="Yes"/>
Is the IRS Form W-9 included?	<input type="text" value="Yes"/>
Is the IRS Form 990 included?	<input type="text" value="Yes"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="text" value="N/A"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="text" value="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="text" value="No"/>
<div style="display: flex; justify-content: space-between;"> Prepared by: Olivia Bennett Date: 6/17/2024 </div>	

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
Legal Name of Applicant Organization: A-ONE ALL STARS INC. <small>(as listed on: http://www.sos.ky.gov/business/records)</small>			
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 REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: ALGONQUIN DAY			
Total Request: (\$)	24,500	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		Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) 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

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
KENNETH THOMPSON	12/31/2024
SANDRA MAYES	12/31/2026
JESSICA BAUER	12/31/2026
KENNETH MILES	12/31/2026
YVETTE JACKSON	12/31/2026
AUSTIN HOWARD	12/31/2026

Describe the Board term limit policy:

Board Term Limit Policy states that no board member can serve more than two consecutive 3 year terms.

Three Highest Paid Staff Names	Annual Salary
N/A	
ALL WORKERS ARE VOLUNTEERS	
NO PAID STAFF	

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 - 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.):

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)

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 6 - PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)	24500		24500
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	24500	0	24500
% of Program Budget	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
Total	24,500	0	24,500

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

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

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

Agency Fiscal Year Start Date: 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

SECTION 7 - 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 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.

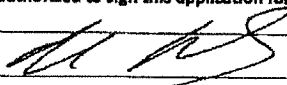
Standard Certifications

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.

SECTION 8 - 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:	6-17-24
Legal Signatory: (please print):	MORRIS HOWARD	Title:	FOUNDER
Phone:	502-333-5041	Extension:	
Email:	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. 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%
Total		\$0.00	\$55,400.00	\$55,400.00	100.00%

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%
Total		\$36,559.00	\$73,200.00		\$36,641.00	50.06%

Assets

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

Liabilities & owner's equity

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



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 34
Enclosures

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		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	CHECK #	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)

ACTIVITY IN DATE ORDER				
DATE	DESCRIPTION	CHRG	AMOUNT	BALANCE
4/03	DBT 2510 HURSTBOURNE GEM LN LOUISVILLEKY C# 2665 CRD 2134 04/02/24 5956554 CSP*ACTIVATE LOUISVILL 2510 HURSTBOURNE GEM LN LOUISVILLEKY C# 2665		80.97-	17,970.60
4/03	DBT CRD 2110 04/02/24 6189735 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 ORDER			
4/08 DBT	2100 BASHFORD MANOR LAN LOUISVILLEKY C# 2665 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	BALANCE	DATE	BALANCE	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

DEPOSITOR'S NAME RYVER CITY BANK

CASH 5000

OTHER 5000

TOTAL 10000

FOR DEPOSIT ONLY

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

DATE 4-9-24

DEPOSITOR'S NAME RYVER CITY BANK

CASH 400

OTHER 85

TOTAL 1000

FOR DEPOSIT ONLY

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

DATE 4-14-24

DEPOSITOR'S NAME RYVER CITY BANK

CASH 1000

OTHER 1000

TOTAL 2000

FOR DEPOSIT ONLY

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

CHECKING DEPOSIT
RYVER CITY BANK

DATE 4-22-24

NAME A-ONE ALL STARS

ACCOUNT NUMBER 1100971

AMOUNT \$ 1000.

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

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

DATE 3-1-24

DEPOSITOR'S NAME RYVER CITY BANK

CASH 516.34

OTHER 918.66

TOTAL 1435.00

FOR DEPOSIT ONLY

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

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

DATE 4-1-24

DEPOSITOR'S NAME RYVER CITY BANK

CASH 850.00

OTHER 1150.00

TOTAL 2000.00

FOR DEPOSIT ONLY

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

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

DATE 3-30-24

DEPOSITOR'S NAME RYVER CITY BANK

CASH 350.00

OTHER 650.00

TOTAL 1000.00

FOR DEPOSIT ONLY

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

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

DATE 4-1-24

PAY TO THE ORDER OF Cash

AMOUNT \$ 516.36

FOR Cash & Hutterwell

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

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

DATE 4-1-24

PAY TO THE ORDER OF Portland Depot

AMOUNT \$ 850.00

FOR Portland Depot

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

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

DATE 4-16-24

PAY TO THE ORDER OF JCP5-Treasury

AMOUNT \$ 350.00

FOR Inv

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

CHECK
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

FOR Monica by Design

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

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

DATE 4-1-24

PAY TO THE ORDER OF Coca-Cola Consolidated

AMOUNT \$ 516.36

FOR Coca-Cola Consolidated

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

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

DATE 4-24-24

PAY TO THE ORDER OF JCP5-Treasury

AMOUNT \$ 475.00

FOR Inv

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

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

DATE 4-30-24

PAY TO THE ORDER OF Monica by Design

AMOUNT \$ 1000.00

FOR Monica by Design

ERROR RESOLUTION NOTICE

In case of Errors or Questions about your Electronic Transfers, Telephone, Write, or email us (below) as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

(502) 585-4600
River City Bank, Inc.
P.O. Box 1569
Louisville, KY 40201
rivercitybank@yourkybank.com

- 1) Tell us your name and account number (if any).
- 2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- 3) Tell us the dollar amount of the suspected error.

If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

For errors involving new accounts, point-of-sale, or foreign-initiated transactions, we may take up to 90 days to investigate your complaint or question. For new accounts, we may take up to 20 business days to credit your account for the amount you think is in error.

We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

This disclosure is not applicable to accounts held by a trust, estate or for business purposes.

BEFORE RECONCILING YOUR STATEMENT

1. Mark the stub in your checkbook for each check listed on this statement.
2. Deduct in your checkbook any checks or other charges returned with this statement that you have not already recorded on your check stubs.
3. Deduct in your checkbook any charges shown on this statement.
4. List below the amounts not marked off on your checkbook stubs. These are your outstanding checks which have not yet been presented for payment.

RECORD KEEPING MADE EASY

LIST CHECKS OUTSTANDING		
Date Issued	Check Number	Amount

USE OUR BANK BY MAIL SERVICE

BANK BALANCE SHOWN \$ _____
ON THIS STATEMENT

ADD + \$ _____
DEPOSITS NOT CREDITED
IN THIS STATEMENT

SUBTOTAL \$ _____

→ SUBTRACT - \$ _____
CHECKS OUTSTANDING

BALANCE * \$ _____



*This total should equal your checkbook balance. If it does not agree, review the above steps and check entries in your checkbook.

V. 1.11.2024

Form **990-EZ**Department of the Treasury
Internal Revenue Service**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)

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2023**Open to Public
Inspection**

A For the 2023 calendar year, or tax year beginning <u>JANUARY</u> , 2023, and ending <u>DECEMBER</u> , 2023	
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	C Name of organization AONE ALLSTARS Number and street (or P.O. box if mail is not delivered to street address) 1734 HAROLD AVE Room/suite City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40210
D Employer identification number 47-559992	E Telephone number 502-333-5041
F Group Exemption Number	
G Accounting Method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify):	
I Website: A-ONEALLSTARS.COM	
J Tax-exempt status (check only one) - <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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)	
Check if the organization used Schedule O to respond to any question in this Part I <input type="checkbox"/>	
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 5a
	b Less: cost or other basis and sales expenses 5b
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c
	6 Gaming and fundraising events:
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
Expenses	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) 6b 10100
	c Less: direct expenses from gaming and fundraising events 6c 7100
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 3000
	7a Gross sales of inventory, less returns and allowances 7a
	b Less: cost of goods sold 7b
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 0
	8 Other revenue (describe in Schedule O) 8 0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 106200
	Net Assets
11 Benefits paid to or for members 11 1500	
12 Salaries, other compensation, and employee benefits 12 0	
13 Professional fees and other payments to independent contractors 13 31200	
14 Occupancy, rent, utilities, and maintenance 14 13305	
15 Printing, publications, postage, and shipping 15 7500	
16 Other expenses (describe in Schedule O) 16 44290	
17 Total expenses. Add lines 10 through 16 17 104615	
18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 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) 19 14998	
20 Other changes in net assets or fund balances (explain in Schedule O) 20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 16583	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2023)

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	22 5012
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	14988	25 5012
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	14988	27 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	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	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	30a	17290
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	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 ☐

[illegible]

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 ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	0
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911:; section 4912:; section 4955:		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<input checked="" type="checkbox"/>
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed:		KY
42a The organization's books are in care of: Telephone no.		MORRIS HOWARD 5023335041
Located at: ZIP + 4		4107 ORCHARD WAY 40216
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42c	
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	43	<input checked="" type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	<input checked="" type="checkbox"/>

- 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		<input checked="" type="checkbox"/>

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		<input checked="" type="checkbox"/>

- 48 Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E

48		<input type="checkbox"/>
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
-----	--	-------------------------------------

- b If "Yes," was the related organization a section 527 organization?

49b		<input type="checkbox"/>
-----	--	--------------------------

- 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.

Sign Here 

Signature of officer Ken Thompson Date 7-18-24
Type or print name and title Ken Thompson President

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check ☐ 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:

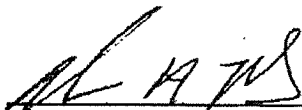
4107 Orchard Way
Louisville, Kentucky 40216

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:

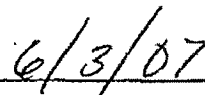
<u>Name</u>	<u>Address</u>
Morris Howard	4107 Orchard Way Louisville, Kentucky 40216
Ron Banks	301 East Main St. Frankford, Kentucky 40206
Sandra Mayes	1851 West Hill St. Louisville, Kentucky 40210
Ken Thompson	1734 Harold Ave. Louisville, Kentucky 40210

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

Morris Howard
4107 Orchard Way
Louisville, Kentucky 40216



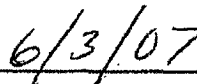
Morris Howard, Incorporator



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 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.) AONE Allstars		
	2 Business name/disregarded entity name, if different from above. N/A		
	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) 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. <input checked="" type="checkbox"/> Other (see instructions) SOLE3 Nonprofit	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) _____ (Applies to accounts maintained outside the United States.)	
	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"/>		
	5 Address (number, street, and apt. or suite no.). See instructions. 1734 Harold Ave	Requester's name and address (optional)	
	6 City, state, and ZIP code Louisville KY 40210		
	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.

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.

Social security number	
<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
or	
Employer identification number	
<div><div>47</div><div></div><div></div></div>	<div><div>5599923</div><div></div><div></div></div>

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person 	Date 6-2-24
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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.

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.

File Amended Annual Report	Change Address or Registered Agent	
File Certificate of Assumed Name (DBA)	File Dissolution	Upload a filing
File Registered Agent Resignation		
Print & Mail	Subscribe to changes made to this entity	Certificate of Good Standing

General Information

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

Show Current Officers
Show Initial Officers
Show Images

Show Former Names

Show Activities

Contact Site Map

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Kentucky Unbridled Spirit