

O-238-23

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

A-One All Stars, Inc.
Applicant/Program: ~~A-ONE ALLSTARS~~/ HALLOWEEN YOUTH FESTIVAL DAY
Applicant Requested Amount: 10,000
Appropriation Request Amount: ~~5000~~ ~~\$7,250~~ \$10,000

Executive Summary of Request

A-ONE ALLSTARS IS OFFERING A COMMUNITY HALLOWEEN DAY AT PARKLAND PARK ON OCTOBER 21, 2023. THIS EVENT IS OPEN TO THE ENTIRE CITY. IT WILL INCLUDE FACE PAINTING, PUMPKIN GIVE-A-WAY, FREE FOOD AND DRINK, GAMES AND MORE.
 Funding will be spent on security, DJ, food, drinks, 360 machines, clean-up/set up and give-a-ways.

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

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

<u>1</u>	<u>Tammy Hawkins</u>	<u>5,000</u>	<u>10/6/2023</u>
District #	Primary Sponsor Signature	Amount	Date

Primary Sponsor Disclosure

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

N/A

Approved by: *Rel B. Belmont* 10/20/2023
 Appropriations Committee Chairman Date
 Final Appropriations Amount: \$10,000

Applicant/Program:

All Stars, Inc.
A-ONE ~~ALL STARS~~ HALLOWEEN YOUTH FESTIVAL DAY
A**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	<i>Kumar Rasheed</i>	\$ 1,500
District 4	<i>20</i>	\$ 1,250
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	<i>Ben Reno-Weber</i>	\$ 1,000
District 9	<i>Andrew Owen</i>	\$ 500
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	<i>Paul Blum</i>	\$ 500
District 13	_____	\$ _____
District 14	<i>Hindi Fowler</i>	\$ 250
District 15	_____	\$ _____

Applicant/Program: *All Stars, Inc.*
A-ONE ~~ALLSTARS~~ HALLOWEEN YOUTH FESTIVAL DAY

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 ALLSTARS *All Stars, Inc.*

Program Name and Request Amount HALLOWEEN YOUTH FESTIVAL DAY/ \$10,000

	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="Yes"/>
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"/>
Prepared by: Olivia Bennett Date: 10/6/2023	

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 - APPLICANT INFORMATION			
Legal Name of Applicant Organization:			
(as listed on: http://www.sos.ky.gov/business/records) A-ONE ALLSTARS All Stars, Inc.			
Main Office Street & Mailing Address: 1747 HAROLD AVE Louisville, KY 40210			
Website: A-ONEALLSTARS.COM			
Applicant Contact:	Morris Howard	Title:	FOUNDER/DIRECTOR
Phone:	(502) 333-5041	Email:	ahoward00@yahoo.com
Financial Contact:	Morris Howard	Title:	Founder/Director
Phone:	(502) 333-5041	Email:	ahoward00@yahoo.com
Organization's Representative who attended NDF Training: Morris Howard			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Event will be held at Parkland Park		
Council District(s):	District One (1)	Zip Code(s):	40202
SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: A-ONE ALLSTARS HALLOWEEN YOUTH FESTIVAL DAY			
Total Request: (\$)	\$ 10,000.00	Total Metro Award (this program) in previous year: (\$)	\$ 0.00
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) <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if 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: (\$)	\$ 0.00
Source:	N/A	Amount: (\$)	\$ 0.00
Source:	N/A	Amount: (\$)	\$ 0.00
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:

Purpose Statement:

To provide guidance, mentorship, education and structured activities through sports teams, Step & Dance Teams and Health & Wellness Equity. As our purpose statement says " A-One CARES" !

C- community
A- academics
R- respect
E- excellence
S- service

Program:

In the past 15 years our program has guided youth in a positive direction. We currently have over 250 youth participants. We are designed to provide youth ages 7 - 19 guidance, mentorship, educational programs, respect through different physical activities. We feel the skills you learn from being on a team will help you in life everyday. For example, teamwork, 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 productive citizen. We engage most of our students through Step, Dance and sports teams. We have many programs, workshops, and events. Health & Wellness activities such as step, basketball, and dance camps. Many other engaging events/programs. For example, Family Feud Education Game Night, Books and Basketball, Books and backpacks, Financial Literacy, Communications skills 101, Coping skills, workforce development programs and more. We have many retired teachers and educators that are a part of our staff that are all volunteers.

Summary:

In this day and time of television, social media and video games, our youth are being bombarded with the image and psychological aspect that they have to be on TV or some other form of social media to be a success. A-One wants to combat a miss-conception that you are only a success if you are on TV or go " Pro" in a sport. As we provide various, learning and educational values to our youth, we will and have made a difference. We teach that if you work hard, get a job, take care of you and your family then you are a SUCCESS. We teach the understanding that hard times are going to come and we provide the skills to combat those " tough days" and not get overwhelmed (coping skills). A-One is all about helping to create good, physically fit, positive, hard-working citizens in the community.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

[illegible]

Describe the Board term limit policy:

Our board meets quarterly. We discuss bringing on new board once a year at our fourth quarter board meeting. Board members can be voted off the board by a 3/4 vote of the board

Three Highest Paid Staff Names	Annual Salary
N/A	
All workers are volunteers	

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 October 21, 2023 we are planning a spectacular community Halloween day Parkland Park. This day will be shared by all who desire to come from all areas of the city. A celebration with face painting, pumpkin give-a-way, free food, free drinks, candy, 360 machine, games, balloon configuration, slushies, cotton candy, DJ, Carmel Apples, Candy Apples and more for all that attend.

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

Funding will be spent on security, ^{DJ}workers, food, drinks, 360 machines, clean-up/set up and give-a-ways.

Set up/Break Down provided by G&H Special Projects

360 Machines provided by TNT 360 power bomb

Security provided by LMPD

DJ Mixx Anthony Adams

Food vendor Ramseys Recipes

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 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:

The benefits of this program/event is to engage our communities in a day of celebration and festivities. To show our youth and their families how coming together builds great communities and and relationships with one another. Spreading happiness throughout the community and giving a sense of pride for families.

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) and PAL (Police Activities League). Each one of these organizations will promote and bring youth from different parts of the city to participate in this event. They have helped with planning, running and recapping the event to make it a true success for all those involved. They each 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 and give them tools to be successful. Keeping youth busy and away from some of the dangers of the streets.

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			\$ 0.00
B: Rent/Utilities			\$ 0.00
C: Office Supplies			\$ 0.00
D: Telephone			\$ 0.00
E: In-town Travel			\$ 0.00
F: Client Assistance (See Detailed List on Page 8)			\$ 0.00
G: Professional Service Contracts			\$ 0.00
H: Program Materials			\$ 0.00
I: Community Events & Festivals (See Detailed List on Page 8)	\$ 10,000.00		\$ 10,000.00
J: Machinery & Equipment			\$ 0.00
K: Capital Project			\$ 0.00
L: Other Expenses (See Detailed List on Page 8)			\$ 0.00
*TOTAL PROGRAM/PROJECT FUNDS	\$ 10,000.00	\$ 0.00	\$ 10,000.00
% of Program Budget	100.00%	0.00%	100%

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

Other State, Federal or Local Government	\$ 0.00
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify) Grants	
Total Revenue for Columns 2 Expenses **	\$ 0.00

*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
DJ MIXX ANTHONY ADAMS	\$ 500.00		\$ 500.00
SECURITY LMPD	\$ 1,200.00		\$ 1,200.00
RAMSEYS RECIPES	\$ 3,500.00		\$ 3,500.00
G&H SPECIAL PROJECTS	\$ 2,200.00		\$ 2,200.00
GIVE-A-WAYS (BUBBLES, PUMPKINS,ETC...)	\$ 2,100.00		\$ 2,100.00
TNT BOMB 360 MACHINES	\$ 500.00		\$ 500.00
	\$ 0.00		\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
Total	\$ 10,000.00	\$ 0.00	\$ 10,000.00

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
	\$ 0.00	
Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)	\$ 0.00	

* 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: 01/01/2023

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:	10/02/2023
Legal Signatory: (please print):	Morris Howard	Title:	Founder
Phone:	(502) 333-5041	Extension:	
Email:	ahoward00@yahoo.com		

Burton, Jared

From: Bell, LaTonya J.
Sent: Wednesday, October 11, 2023 9:18 AM
To: Bennett, Olivia; Harward, Sonya
Cc: Hawkins, Tammy; Burton, Jared
Subject: RE: A-ONE ALLSTARS - O-238-23

Follow Up Flag: Follow up
Flag Status: Flagged

Olivia, thank you.

Sonya, please add this email to the O-238-23 NDF packet. Thank you.

From: Bennett, Olivia <olivia.bennett@louisvilleky.gov>
Sent: Tuesday, October 10, 2023 5:56 PM
To: Bell, LaTonya J. <LaTonya.Bell2@louisvilleky.gov>
Cc: Hawkins, Tammy <Tammy.Hawkins@louisvilleky.gov>; Harward, Sonya <Sonya.Harward@louisvilleky.gov>; Burton, Jared <Jared.Burton@louisvilleky.gov>
Subject: RE: A-ONE ALLSTARS - O-238-23

Latonya,

The explanation is that they have multiple locations for their businesses and accidentally put the wrong address down on the paper work, which has been corrected to what you see on there now.

This was confirmed verbally by Anthony Howard, A-One Allstars.

Please do not hesitate to reach out if you have any more questions.

Thank you,



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: Bell, LaTonya J. <LaTonya.Bell2@louisvilleky.gov>

Sent: Tuesday, October 10, 2023 5:12 PM

To: Bennett, Olivia <olivia.bennett@louisvilleky.gov>

Cc: Hawkins, Tammy <Tammy.Hawkins@louisvilleky.gov>; Harward, Sonya <Sonya.Harward@louisvilleky.gov>; Burton, Jared <Jared.Burton@louisvilleky.gov>

Subject: RE: A-ONE ALLSTARS - O-238-23

Sorry, I forgot to asked did the organization explain why the organization's address is different throughout the NDF packet? Thanks.

From: Bennett, Olivia <olivia.bennett@louisvilleky.gov>

Sent: Tuesday, October 10, 2023 4:12 PM

To: Bell, LaTonya J. <LaTonya.Bell2@louisvilleky.gov>

Cc: Hawkins, Tammy <Tammy.Hawkins@louisvilleky.gov>; Harward, Sonya <Sonya.Harward@louisvilleky.gov>; Burton, Jared <Jared.Burton@louisvilleky.gov>

Subject: RE: A-ONE ALLSTARS - O-238-23

Of course!

Thank you LaTonya for being so helpful 😊

From: Bell, LaTonya J. <LaTonya.Bell2@louisvilleky.gov>

Sent: Tuesday, October 10, 2023 4:09 PM

To: Bennett, Olivia <olivia.bennett@louisvilleky.gov>

Cc: Hawkins, Tammy <Tammy.Hawkins@louisvilleky.gov>; Harward, Sonya <Sonya.Harward@louisvilleky.gov>; Burton, Jared <Jared.Burton@louisvilleky.gov>

Subject: RE: A-ONE ALLSTARS - O-238-23

Thank you!!!

From: Bennett, Olivia <olivia.bennett@louisvilleky.gov>

Sent: Tuesday, October 10, 2023 4:09 PM

To: Bell, LaTonya J. <LaTonya.Bell2@louisvilleky.gov>; Harward, Sonya <Sonya.Harward@louisvilleky.gov>; Burton, Jared <Jared.Burton@louisvilleky.gov>

Cc: Hawkins, Tammy <Tammy.Hawkins@louisvilleky.gov>

Subject: A-ONE ALLSTARS - O-238-23

Please see the attached documents to add to the above Ordinance as supporting documentation.

Thank you,



Olivia Bennett "She/Her"

Legislative Assistant

Councilwoman Tammy Hawkins, District 1

Louisville Metro Council

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.

AONE ALLSTARS

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

Enclosure:
Addendum

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.

A-ONE FOUNDATION PROJECTED BUDGET 2023

2023 PROJECT BUDGET	AMOUNT	NOTES
Advertising and Promotion	\$ 2,000.00	FLYERS, VIDEOGRAPHY FOR EVENTS TO DOCUMENT
Consulting	\$ 3,000.00	GRANT WRITERS, CURRICULUM SUPPORT
Furniture	\$ 750.00	NEW DESK FOR CLASSROOM
Insurance	\$ 1,200.00	GENERAL LIABILITY
Legal and Other Professional Fees	\$ 2,000.00	ACCOUNTING - CONTRACT WORK
Health & Wellness Programs	\$ 6,000.00	STEP & DANCE TEAMS, VOLLEYBALL, BASKETBALL, SELF-DEFENSE & ETC..
Event/Activities	\$ 10,000.00	FRESH FRUIT AND VEGGIES EVENT/BACK TO SCHOOL/ BOOKS & BASKETBALL THANKSGIVING AND CHRISTMAS GIVEAWAYS
Educational Programs	\$ 6,000.00	FINANCIAL LITERACY, GIRLS IN CODING, COMMUNICATION SKILLS
Supplies: Office	\$ 300.00	
Supplies: Operating	\$ 1,700.00	
TRAVEL	\$ 3,000.00	PROFESSIONAL DEVELOPMENT OF OUR VOLUNTEERS/COMPETITION
License and Permits	\$ 500.00	
Rent	\$ 5,000.00	
Utility	\$ 1,200.00	
Conference Cost	\$ 2,500.00	BOARD CONFERENCE/ PROFESSIONAL DEVELOPMENT
TOTAL YEARLY BUDGET	\$ 45,150.00	

A-ONE FOUNDATION

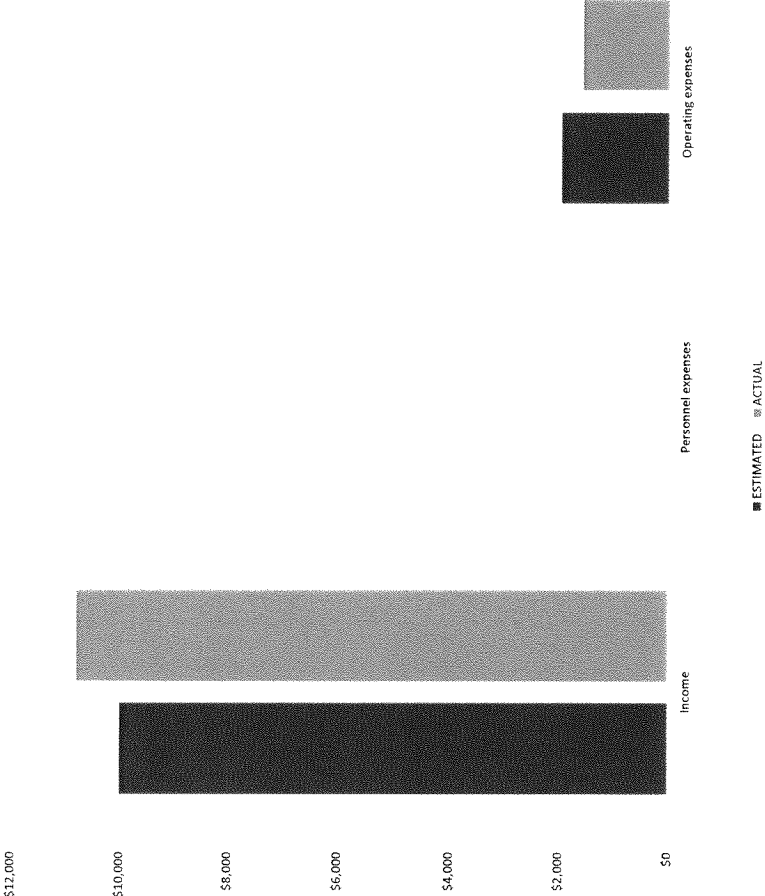
FINANCIAL STATEMENT

AUGUST 31 2023

BUDGET TOTALS		ESTIMATED	ACTUAL	DIFFERENCE
Income		10000	10800	800.00
Personnel expenses		0	0	0.00
Operating expenses		1975	1575	400.00
Balance [(income minus expenses)]		8025	9225	1200

ACTUAL EXPENSES		AMOUNT	% OF INCOME	PERCENTAGE DIFFERENCE
Rent or mortgage		700.000018	44%	105.0000027
Legal and auditing		250.000014	16%	37.5000021
Advertising		200.000006	13%	30.0000009
Shipping and storage		150.00002	10%	22.500003
Other		100.000025	6%	15.00000375
Total		1400.000083	88.9%	210.0000125

BUDGET OVERVIEW





RIVER CITY BANK

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

Date 9/29/23 Page 1
Account Number Acct Ending 0971
Enclosures 7

Important Information: We may charge you non-sufficient funds fees for each resubmission of a debit or re-presentation of an item, which means you may incur multiple non-sufficient fees if a debit or item is returned more than one time.

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	7
Account Number	Acct Ending 0971	Statement Dates	9/01/23 thru 10/01/23
Beginning Balance	2,843.13	Days in the statement period	31
6 Credits	10,224.61		
17 Debits	4,624.82		
Service Charge	.00		
Interest Paid	.00		
Current Balance	8,442.92		

DATE	DESCRIPTION	DEBIT	CREDIT	BALANCE
9/01	POS DEB 2131 08/31/23 21781189 TURKISH GRILL NC INC 8608 Hawksmoor Dr RaleighNC C# 7206	40.00-		2,803.13
9/05	DBT CRD 2037 09/04/23 0045374 GALT HOUSE 140 N 4TH ST LOUISVILLEKY C# 7206	236.78-		2,566.35
9/06	SQ230906 Square Inc PPD	6,700.00		9,266.35
9/06	Deposit/Credit		2,034.00	11,300.35
9/07	DBT CRD 0558 09/07/23 7084380 STOR ALL STORAGE CANE 4100 CANE RUN RD. LOUISVILLEKY C# 7206	159.00-		11,141.35
9/11	DBT CRD 2213 09/09/23 6221479 MORTON S LOUISVILLE 626 WEST MAIN LOUISVILLEKY C# 7206	424.04-		10,717.31
9/11	check 949		1,281.68-	9,435.63
9/14	DBT CRD 0541 09/14/23 0471093 DELTA FOUNDATION INC	100.00-		9,335.63



RIVER CITY BANK

Date 9/29/23 Page 3
Account Number Acct Ending 0971
Enclosures 7

BUSINESS REG CHECKING

Acct Ending 0971 (Continued)

9/11	949	1,281.68	9/27	952*	400.00	9/27	954	50.00
9/21	950	500.00	9/26	953	100.00			
* Denotes missing check numbers								

9/01	2,803.13	9/11	9,435.63	9/22	8,992.05
9/05	2,566.35	9/14	9,335.63	9/25	9,705.16
9/06	11,300.35	9/19	9,046.31	9/26	8,892.92
9/07	11,141.35	9/21	8,617.60	9/27	8,442.92

*** END OF STATEMENT ***



RIVER CITY BANK

Date 9/29/23 Page 2
 Account Number Acct Ending 0971
 Enclosures 7

BUSINESS REG CHECKING

Acct Ending 0971 (Continued)

9/29/23 09:41 AM			
	3019 Radiance Rd		
	LOUISVILLE KY C# 7206		
9/19 POS	DEB 1014 09/19/23 SHW9GTC4	289.32-	9,046.31
	AMAZON.COM*TX66S4QF0		
	AMAZON.COM		
	SEATTLEWA C# 7206		
9/21 Bonterra	BonterraTech.com	403.05	9,449.36
	CCD		
9/21 DBT	CRD 2058 09/20/23 0800022	77.49-	9,371.87
	OLIVE GARDEN 0021697		
	1230 VETERANS PARKWAY		
	CLARKSVILLEIN C# 7206		
9/21 DBT	CRD 0541 09/21/23 7781534	254.27-	9,117.60
	ADOBE *PS CREATIVE CL		
	345 PARK AVENUE		
	4085366000CA C# 7206		
9/21 Check	950	500.00-	8,617.60
9/22 Bonterra	BonterraTech.com	374.45	8,992.05
	CCD		
9/25 CREDIT	2107 09/22/23 3351296	99.00	9,091.05
	MY CORPORATION		
	801 S Marquette Ave		
	877-692-6772MN C# 7206		
9/25 Deposit/Credit		614.11	9,705.16
9/26 DBT	CRD 2047 09/25/23 6944678	178.06-	9,527.10
	HILTON CINCINNATIAIRFD		
	7373 TURFWAY RD		
	FLORENCEKY C# 7206		
9/26 DBT	CRD 2049 09/25/23 6944680	178.06-	9,349.04
	HILTON CINCINNATIAIRFD		
	7373 TURFWAY RD		
	FLORENCEKY C# 7206		
9/26 DBT	CRD 2053 09/25/23 6944696	178.06-	9,170.98
	HILTON CINCINNATIAIRFD		
	7373 TURFWAY RD		
	FLORENCEKY C# 7206		
9/26 DBT	CRD 2055 09/25/23 6944697	178.06-	8,992.92
	HILTON CINCINNATIAIRFD		
	7373 TURFWAY RD		
	FLORENCEKY C# 7206		
9/26 Check	953	100.00-	8,892.92
9/27 Check	954	50.00-	8,842.92
9/27 Check	952	400.00-	8,442.92

Form **990-EZ****Short Form**

OMB No. 1545-0047

Return of Organization Exempt From Income Tax**2022**Department of the Treasury
Internal Revenue Service

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.Open to Public
Inspection

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20

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

C Name of organization **AONE ALLSTARS INC**
 Number and street (or P.O. box if mail is not delivered to street address) **1747 HAROLD AVE**
 City or town, state or province, country, and ZIP or foreign postal code **LOUISVILLE, KY 40210**

D Employer identification number **475599923**

E Telephone number **502-909-5715**

F Group Exemption Number **N/A**

G Accounting Method: ☒ Cash ☐ Accrual Other (specify): _____

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

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

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) ☐

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	106636
	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 18569
	c Less: direct expenses from gaming and fundraising events	6c 13586
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 4983
	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
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 111619
	Net Assets	10 Grants and similar amounts paid (list in Schedule O)
11 Benefits paid to or for members		11 1465
12 Salaries, other compensation, and employee benefits		12
13 Professional fees and other payments to independent contractors		13 29246
14 Occupancy, rent, utilities, and maintenance		14 13305
15 Printing, publications, postage, and shipping		15 7281
16 Other expenses (describe in Schedule O)		16 43682
17 Total expenses. Add lines 10 through 16		17 97828
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 13791
	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
	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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2022)

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	22	1379
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	25	1379
26 Total liabilities (describe in Schedule O)	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	1379

?	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?

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		
29	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
31	Other program services (describe in Schedule O) <input type="checkbox"/>	30a
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	31a
		32

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		<input checked="" type="checkbox"/>
35c 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		<input checked="" type="checkbox"/>
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	
b Did the organization file Form 1120-POL for this year?		<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?		<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	
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		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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:		
42a The organization's books are in care of: <u>JAIME KRIEGER</u> Telephone no. <u>(502) 379-1979</u>		
Located at: _____ ZIP + 4 <u>40229</u>		
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)? 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).	42b	<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: _____	42c	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	<input checked="" type="checkbox"/>
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)(ii)? If "Yes," complete Schedule E

	Yes	No
48		<input checked="" type="checkbox"/>

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		<input checked="" type="checkbox"/>

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

	Yes	No
49b		<input checked="" 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

f Total number of other employees paid over \$100,000

- 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

d Total number of other independent contractors each receiving over \$100,000

- 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

Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed

PTIN

JAIME KRIEGER

Firm's name ACCURATE-ACCOUNTING, LLC

Firm's EIN

45-3693596

Firm's address PO BOX 625 HILLVIEW, KY 40129

Phone no.

(502) 379-1979

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

A-ONE ALL STARS, INC.

Employer identification number

47-5599923

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					111619	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5					111619	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					111619	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					0	
c Add lines 7a and 7b					111619	
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6					111619	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)					111619	
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	100 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	0 %

19a **33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D—Distributions**

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

A-ONE ALL STARS, INC.

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

47-5599923

DONATIONS \$7600

INSURANCE \$1778

JANITORAL \$350

MEALS \$385

SPONSORSHIP \$650

TRAVEL \$736

PROGRAM SERVICES \$32363

\$43862

Name of the organization

Employer identification number

(This area contains horizontal lines for supplemental information.)

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

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:

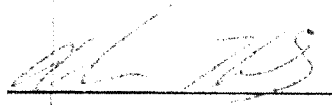
4107 Orchard Way
Louisville, Kentucky 40216

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:

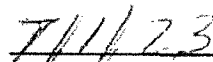
<u>Name</u>	<u>Address</u>
Morris Howard	4107 Orchard Way Louisville, Kentucky 40216
Ron Banks	301 East Main St. Frankford, Kentucky 40206
Sandra Mayes	1851 West Hill St. Louisville, Kentucky 40210
Ken Thompson	1734 Harold Ave. Louisville, Kentucky 40210

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

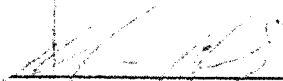
Morris Howard
4107 Orchard Way
Louisville, Kentucky 40216




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**

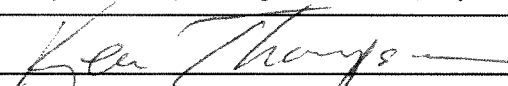
► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. AONE ALLSTARS	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► C Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions. 1747 HAROLD AVE 6 City, state, and ZIP code LOUISVILLE, KY 40210 7 List account number(s) here (optional)	Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	Social security number ____ - ____ - ____ or Employer identification number 4 7 - 5 5 9 9 2 3
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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.

Sign Here	Signature of U.S. person ► 	Date ► 2/7/23
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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.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Kentucky Secretary of State

Michael G. Adams

Business Entity
Search

File Annual
Report

Form an LLC

Business
Registration
Portal

Name
Availability
Search

Business
Forms Library
Prepaid
Account Status

Current Officer
Search

Founding
Officer Search

Registered
Agent Search

Validate
Certificate of
Existence/Authorization

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

Printable Forms

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
Status	A - Active
Standing	G - Good
State	KY
File Date	6/15/2007
Organization Date	6/15/2007
Last Annual Report	5/16/2023
Principal Office	1734 HAROLD AVE LOUISVILLE, KY 40210
Registered Agent	KENNETH THOMPSON 1734 HAROLD AVENUE LOUISVILLE, KY 40210

Hide Current Officers

Current Officers

Title	Officer
President	KENNETH THOMPSON
Director	RON A BANKS
Director	KEN THOMPSON
Director	SANDRA MAYES
Director	MORRIS A HOWARD
Director	JESSICA BUER

Show Initial Officers

Show Images

Show Former Names

Show Activities

Contact Site Map

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Kentucky Unbridled Spirit

NDF GRANT AGREEMENT

THIS AGREEMENT made and entered into by and between the **LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT**, (hereinafter referred to as "Metro Government"), by and through its **OFFICE OF MANAGEMENT AND BUDGET**, and **A-ONE ALL STARS, INC., 1747 HAROLD AVENUE, LOUISVILLE, KY 40212** (hereinafter referred to as "Grantee"):

WITNESSETH:

WHEREAS, the Grantee is in need of funds to carry out the activities outlined in the attached and incorporated Program/Project Budget; and

WHEREAS, Metro Government recognizes the importance of this program/project for meeting the needs of its citizens;

NOW, THEREFORE, it is mutually agreed by and between the Parties hereto as follows:

I. GRANTEE'S SERVICES AND RESPONSIBILITIES:

A. Grantee agrees to implement and administer this award in accordance with the Program/Project Budget approved through the NDF grant application process by the legislative council of the Louisville/Jefferson County Metro Government.

B. Grantee agrees to maintain, during the term of the contract, and retain not less than five years after completion thereof, complete and accurate records of all the Grantee's costs which are chargeable to Metro Government under this Agreement as well as all other funding sources for the funded program or project known as **HALLOWEEN YOUTH FESTIVAL DAY**.

C. Grantee agrees that Metro Government shall have the right, at any reasonable time, to inspect and audit those records by authorized representatives of its own or any public

accounting firm selected by it. The records thus to be maintained and retained by the Grantee shall include (without limitation):

- 1) all payroll records accounting for total time distribution of Grantee's employees working full or part time on the Program/project to include timesheets, system payroll reports, payroll records from outsourced payroll companies, as well as cancelled payroll checks and/or bank statements, or signed receipts for payroll payments in cash. Note: if you are charging gross salary amount to the grant, additional documentation shall be needed to satisfy financial reporting requirements.
- 2) for those individuals contracted to provide services: service agreements, proposals, invoices as well as cancelled checks, or signed detailed receipts for payroll payments in cash;
- 3) invoices for purchases, receiving and issuing documents, and all the inventory records for Grantee's stores, stock or capital items;
- 4) paid invoices or receipts and cancelled checks for materials purchased, subcontractors, and any other third party charges; and
- 5) all records pertinent to this Project pertaining to participant records (sign-in sheets, attendance logs, etc), statistical records, and supporting documents for the same period of time.

D. For awards paid in one lump sum, the Grantee shall be required, and agrees to submit financial reports within 30 days after the close of the 60 days in which the Grantee must spend the full payment in accordance with section II.B. below.

For awards paid on a disbursement basis, the Grantee agrees to spend the full payment received and submit financial reports in accordance with the approved Program/Project Budget and shall follow this reporting schedule:

Payment Processed July 1st – September 30th: Report due October 15th

Payment Processed October 1st – December 31st: Report due January 15th

Payment Processed January 1st – March 31st: Report due April 15th

Payment Processed April 1st – June 30th: Report due July 15th

The financial report shall be completed in the format provided by the Office of Management and Budget, shall account for all funds received and expended by the Grantee, and shall include the documentation identified in Section I.C. In addition, Grantee could be asked to provide documentation to support funding from other sources. All reports and correspondence shall be addressed to **Louisville/Jefferson County Metro Government, Office of Management and Budget, NDF Compliance, 611 West Jefferson Street, Louisville, Kentucky 40202.**

II. PAYMENTS:

A. Metro Government shall make payment based on the nature of the expenditure.

B. One payment for the total amount of the Agreement shall be made for items considered one time expenditures, such as advancements for community events and festivals or certain capital expenditures. The Grantee agrees to spend the total funds received in accordance with the Program/Project Budget within 60 days of the check date and submit to Metro Government a financial report with supporting documentation to include (without limitation) copies of cancelled checks, invoices, and receipts by the next applicable reporting date as stipulated in Exhibit C.

C. Payment shall be made through equal disbursements for operating expenditures such as salaries, rents, utilities, supplies, telephone, in-town travel and client assistance, or ongoing capital expenditures, such as construction projects. The initial disbursement shall be made to the Grantee upon execution of this Agreement. All subsequent disbursements to the initial payment are contingent upon full compliance by the Grantee to submit all applicable

financial reports and supporting documentation as identified in Section I.D and the NDF Training Presentation on the Metro Government Website.

D. For grants that are executed and the initial disbursement made after April 1st, the funds will be disbursed in two equal payments with the final payment occurring after the July 15th reports are received by OMB and approved. The Grantee shall receive an extension as identified in section IV.B. below.

E. The total amount payable under this Agreement shall not exceed the sum of **TEN THOUSAND DOLLARS (\$10,000)** as set forth in **ORDINANCE NO. 152, SERIES 2023**, and shall cover expenditures as specified in the Program/Project Budget of the Grantee. Such disbursements shall be made in accordance with this Agreement and the procedures established by Metro Government.

III. DURATION OF AGREEMENT:

A. This Agreement shall become effective as of the **26TH DAY OF OCTOBER 2023** and shall terminate on the 30th day of June 2024.

B. Any expenditures incurred by the Grantee prior to the effective date of this agreement, but are reimbursable in accordance with the approved Program/Project Budget, may be accepted as long as the Grantee has disclosed in the grant application that the expenditures were either already incurred prior to the application date, or were likely to occur after the application date but prior to the effective date of this Agreement.

C. Any unspent Grant Funds held by Grantee or Grant Funds not used in accordance with the Program/Project Budget shall be returned to Metro Government within 30 days of notification.

D. This Agreement may be terminated by submitting thirty (30) days' written notice to the non-terminating party of such intent to terminate. No matter who initiates the termination,

the Grantee shall return all unspent funds to Metro Government within thirty (30) days of such termination.

IV. AGREEMENT EXTENSIONS:

A. Any award paid to the Grantee via one full payment must be spent within 60 days of the check date as stipulated in section II.B. above. If a Grantee is unable to spend the award within 60 days, the Grantee may request an extension. Such written extension request shall conform to this Section.

B. Any award paid after April 1st of any fiscal year via multiple disbursements or in accordance with Section II.D above must be spent by September 30th of the following fiscal year. While this Agreement will terminate on June 30th, the Grantee will have an automatic extension of three (3) months, if needed, in order to spend the remaining funds. A written extension request is not required in this situation.

C. Any award paid prior to April 1st via multiple disbursements must be spent by June 30th. If the Grantee is unable to spend the funds in accordance with this deadline, an extension may be requested. Such written extension request shall conform to this Section.

D. A written request for an extension must be submitted and include the amount remaining to be spent, an explanation as to why the funds were not spent in accordance with the applicable deadlines identified in this agreement, and an estimated date by which the remaining funds will be fully expended. The request should be submitted to the **Louisville/Jefferson County Metro Government, Office of Management and Budget, NDF Coordinator, 611 West Jefferson Street, Louisville, Kentucky 40202**. A Grantee may request an extension only once, and the extension will be in effect for no more than ninety (90) days. If, at the end of the extension period, the Grantee still has not fully expended the award, the Grantee will be required to return any unspent funds within 30 days of notification.

V. AMENDMENTS TO THE PROGRAM/PROJECT BUDGET:

A. If the level of funding requested through the application process to support the Program/Project Budget is not approved, Exhibit B of this agreement and if applicable the Detail List(s) must be completed. Exhibit B must reflect only approved categories as per Metro Council policies and procedures.

B. If at any time in the duration of the agreement, the Grantee determines that they are unable to expend the awarded funds in accordance with the approved Program/Project Budget, an amendment may be requested. **The Grantee must submit a written request to the Office of Management and Budget, NDF Compliance, 611 West Jefferson Street, Louisville, KY 40202.** The request must include an explanation for the requested change. If approved, the Grantee will receive written approval from OMB.

VI. ADDITIONAL COVENANTS AND REPRESENTATIONS OF GRANTEE:

A. Grantee covenants that it has all necessary power, capacity and authority to execute and deliver this Agreement and to provide the services contemplated by this Agreement and the Program/Project Budget. Grantee further covenants that it is a duly organized and validly existing entity, is qualified to do business in the State of Kentucky, has full right, power and authority to enter into this Grant Agreement, and that the person signing on behalf of Grantee is authorized to do so.

B. Grantee covenants that the person executing this Agreement has the full and requisite power to legally bind the Grantee and no additional approvals are required.

C. Grantee agrees to expend all Grant Funds and to implement and administer the Program/Project strictly in conformity with the Program/Project Budget and this Agreement, and agrees not to deviate from the Program/Project Budget without the prior written agreement of Metro Government.

D. Grantee agrees that it shall implement and administer the Program/Project in compliance with all applicable laws, regulations and codes of the federal, state and local governments.

E. If Program/Project Budget is a fundraiser, Grantee agrees that the benefactors of such fundraiser shall use the proceeds of the fundraiser in a manner consistent with the rules that governed the Program/Project Budget granted through the NDF process.

F. Grantee agrees that in the implementation and administration of the Program/Project it shall not unlawfully discriminate against any person by reason of race, religion, color, sex, national origin, familial status, sexual orientation, gender identity, because the person is a qualified individual with a disability, is age 40 or over, is a smoker or non-smoker, or because of the person's Vietnam-era Veteran status.

G. Grantee covenants that this Agreement together with the Program/Project Budget is in all respects the legal, valid and binding obligation of the Grantee and the performance of the Program/Project and the compliance with the terms of this Agreement does not and will not violate any existing provisions of the Grantee's articles of incorporation, by-laws or other agreements of organization.

H. Grantee covenants that neither this Agreement, the Program/Project Budget, the grant application or any other document submitted to Metro Government in support of this grant contains any untrue statement of any material fact or omits to state any material fact necessary to make the statements contained therein, and further that there is no fact known to the Grantee that materially and adversely affects, or in the future could materially and adversely affect the ability of the Grantee to implement and administer the Project.

I. Grantee agrees to publicly acknowledge that Metro Government has provided partial funding for the program or project.

VII. HOLD HARMLESS:

The Grantee shall indemnify, hold harmless, and defend Metro Government, its elected and appointed officials, employees, agents and successors in interest from all claims, damages, losses and expenses including attorneys' fees, arising out of or resulting, directly or indirectly, from Grantee's (or Grantee's subcontractors, if any) performance or breach of this Agreement provided that such claim, damage, loss or expense is: (1) attributable to personal injury, bodily injury, sickness, death, or to injury to or destruction of property, including the loss of use resulting therefrom, or breach of contract, and (2) not caused by the negligent act or omission or willful misconduct of Metro Government or its elected and appointed officials and employees acting within the scope of their employment. In addition, the Grantee shall repay all Grant Funds disbursed by Metro Government to the Grantee if a court of competent jurisdiction enters a final, unappealable order that the appropriation that funded the Grant Funds was an unlawful appropriation of public funds under the Kentucky Constitution or the Kentucky Revised Statutes. This Hold Harmless and Indemnification Clause shall in no way be limited by any financial responsibility or insurance requirements and shall survive the termination of this Agreement.

VIII. DEFAULT:

Each of the following events or occurrences shall constitute an event of default under this Agreement:

- A. Declaration of Bankruptcy of Grantee.
- B. Failure to administer and implement the Program/Project in conformity with this Agreement and the Program/Project Budget.
- C. Failure to submit the financial reports required by Section I.D. of this Agreement in accordance with the established reporting schedule, or to furnish any additional information to Metro Government if required pursuant to Section I.B. of this Agreement.

D. Disclosure or discovery that the covenants and representations made by the Grantee in this Agreement, the Program/Project Budget, the grant application or other document submitted in support of this Grant is, was, or shall be false or misleading in any material respect.

E. Disclosure or discovery that goods purchased with Grant Funds have not been used in accordance with the Program/Project Budget. In such cases, Grantee shall return said goods to Metro Government or return the amount of the Grant Funds.

IX. REMEDIES OF METRO GOVERNMENT UPON EVENTS OF DEFAULT:

Upon the occurrence of an event of default, Metro Government, in its sole discretion and without notice to the Grantee, may at any time exercise any one or more of the following rights and remedies:

A. Immediately terminate or suspend the Grant, by written notice, after which Metro Government shall be under no obligation to advance any undisbursed Grant Funds to the Grantee.

B. Immediately suspend the Grantee from receiving future NDF awards until all Default events have been satisfied.

C. Commence an appropriate legal or equitable action to enforce the Grantee's performance of the terms, covenants and conditions of this Agreement or the Program/Project Budget.

D. Declare all Grant Funds previously disbursed to the Grantee to be immediately due and payable in full, without any presentment, demand or notice of any kind, all of which are hereby waived by the Grantee.

E. Commence appropriate legal or equitable action to enforce the rights and remedies of Metro Government, or any one or more of them, pursuant to the terms, covenants and conditions of this Agreement.

F. Exercise any other rights or remedies that may be available to Metro Government pursuant to this Agreement or under applicable laws.

X. EMPLOYER/EMPLOYEE RELATIONSHIP

It is expressly understood that no employer/employee relationship is created by this agreement nor does it cause Grantee to be an officer, official, or agent of Metro Government.

XI. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Kentucky. In the event of any proceedings regarding this Agreement, the Parties agree that the venue shall be the state courts of Kentucky or the U.S. District Court for the Western District of Kentucky, Louisville Division. All Parties expressly consent to personal jurisdiction and venue in such Court for the limited and sole purpose of proceedings relating to this Agreement or any rights or obligations arising thereunder. Service of process may be accomplished by following the procedures prescribed by law.

XII. ENTIRE AGREEMENT

This Agreement constitutes the entire agreement and understanding of the parties with respect to the subject matter set forth herein and this Agreement supersedes any and all prior and contemporaneous oral or written agreements or understandings between the Parties relative thereto. No representation, promise, inducement, or statement of intention has been made by the Parties that are not embodied in this Agreement.

WITNESS the agreement of the parties hereto as attested by their signatures affixed
hereon, this _____ day of _____ 2023.

APPROVED:

**LOUISVILLE/JEFFERSON COUNTY
METRO GOVERNMENT:**

(Office of Management and Budget)

By: _____
(Print Name)

Title: _____

Signature: _____

Date: _____

Approved as to form:

Print Name

Title

Signature

Date: _____

APPROVED:

GRANTEE:

(A-ONE ALL STARS, INC.)

By: Monair Howard
(Print Name)

Title: Director

Signature: [Signature]

Agency Tax ID # 47-5599923

Date: 10/30/23

ORDINANCE NO. 152, SERIES 2023

AN ORDINANCE APPROPRIATING ~~\$5,000~~ ~~\$7,250~~ \$10,000 FROM NEIGHBORHOOD DEVELOPMENT FUNDS IN THE FOLLOWING MANNER: \$5,000 FROM DISTRICT 1; \$1,500 FROM DISTRICT 3; \$1,250 FROM DISTRICT 4; \$1,000 FROM DISTRICT 8; \$500 EACH FROM DISTRICTS 9 AND 12; AND \$250 FROM DISTRICT 14; THROUGH THE OFFICE OF MANAGEMENT AND BUDGET, TO A-ONE ALL STARS, INC. FOR EXPENSES ASSOCIATED WITH THE HALLOWEEN YOUTH FESTIVAL DAY (AS AMENDED).

SPONSORED BY: COUNCIL MEMBERS HAWKINS. RENO-WEBER, OWEN, BLACKWELL, FOWLER, RASHAD, AND ARTHUR

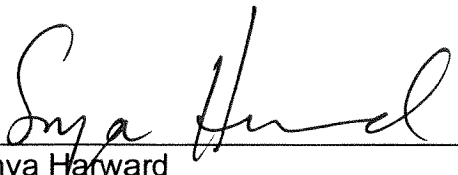
BE IT ORDAINED BY THE LEGISLATIVE COUNCIL OF THE LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT ("THE COUNCIL") AS FOLLOWS:

SECTION I: The sum of ~~\$5,000~~ ~~\$7,250~~ \$10,000 is hereby appropriated from Neighborhood Development Funds in the following manner: \$5,000 from District 1; \$1,500 from District 3; \$1,250 from District 4; \$1,000 from District 8; \$500 each from Districts 9 and 12; and \$250 from District 14; through the Office of Management and Budget, to A-One All Stars, Inc. for expenses associated with the Halloween Youth Festival Day.

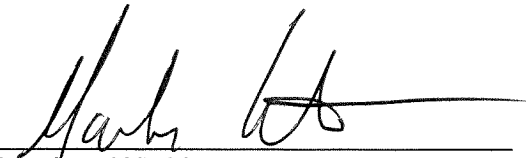
SECTION II: The Council has determined the funds requested in this Ordinance will be expended for a public purpose.

SECTION III: This grant is subject to the Council's Policies and Procedures as adopted and effective at the date of passage of this Ordinance.

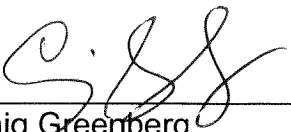
SECTION IV: This Ordinance shall take effect upon its passage and approval or otherwise becoming law.



Sonya Harward
Metro Council Clerk



Markus Winkler
President of the Council



Craig Greenberg
Mayor

November 16, 2023
Approval Date

APPROVED AS TO FORM AND LEGALITY:

Michael J. O'Connell
Jefferson County Attorney

BY: 

O-238-23 Halloween Youth Festival Day



**METRO COUNCIL - CLERK'S OFFICE
NEIGHBORHOOD DEVELOPMENT FUND**

ORGANIZATION NAME:

A-One All Stars, Inc.

**TOTAL AMOUNT
APPROPRIATED:**

\$10,000.00

**DATE APPROPRIATION
APPROVED:**

10/26/2023

DISTRICT:	AMOUNT:	ACCOUNT:
1	\$5,000.00	1103-105 1ST DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
2		1103-105 2ND DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
3	\$1,500.00	1103-105 3RD DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
4	\$1,250.00	1103-105 4TH DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
5		1103-105 5TH DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
6		1103-105 6TH DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
7		1103-105 7TH DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
8	\$1,000.00	1103-105 8TH DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
9	\$500.00	1103-105 9TH DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
10		1103-105 10TH DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
11		1103-105 11TH DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
12	\$500.00	1103-105 12TH DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
13		1103-105 13TH DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
14	\$250.00	1103-105 14TH DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
15		1103-105 15TH DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
16		1103-105 16TH DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
17		1103-105 17TH DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
18		1103-105 18TH DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
19		1103-105 19TH DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
20		1103-105 20TH DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
21		1103-105 21ST DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
22		1103-105 22ND DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
23		1103-105 23RD DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
24		1103-105 24TH DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
25		1103-105 25TH DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT
26		1103-105 26TH DISTRICT NEIGHORHOOD DEVELOPMENT-899001-RESTRICTED ACCT