

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

Applicant/Program: One Plus One Equals U, Inc.

Executive Summary of Request:
 Summer Youth Enrichment Program (SYEP)
 Funding will be used to offset expenses related to program services and four Educational Learning Facilitators who will interact, mentor and coordinate youth in the SYEP.
 Requesting \$12,850.00.

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>5</u>	<u>Cheri B. Hamilton</u>	<u>\$2,500</u>	<u>6-28-16</u>
District #	Council Member Signature	Amount	Date

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

Approved by:

_____ Date _____
 Appropriations Committee Chairman

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____
 Original Appropriation: _____ Council Amended Appropriation: _____

NDF NON-PROFIT APPLICATION CHECKLIST

Legal Name of Applicant Organization: <i>One Plus One Equals U, Inc.</i>		
Program Name: <i>Summer Youth Enrichment Program</i>	Request Amount: <i>\$ 12,850.00</i>	Yes/No/NA
Request form: Is the NDF request form signed by all Council Member(s) appropriating funding?		Yes
Request form: Is the funding proposed less than or equal to the request amount?		Y
Request form: Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		Yes
Application Page 1: Has prior Metro funds committed/granted been disclosed?		<i>yes</i>
Application Page 1: Is the application properly signed and dated by authorized signatory?		<i>yes</i>
Application Page 3: Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		<i>N/A</i>
Application Pages 3 – 5: Is the proposed public purpose of the program well-documented?		<i>yes</i>
Application 4: Is there adequate documentation of how the proceeds of the fundraiser will be spent?		<i>N/A</i>
Application Budget Page 6: Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		<i>Y</i>
Faith Based Organizations: Is the signed Faith Based Form signed and included?		<i>N/A</i>
Jefferson County Only: Will all funding be spent in Louisville/Jefferson County?		<i>Y</i>
Capital Project(s) request: Is the cost estimate(s) from proposed vendor(s) included?		<i>N/A</i>
Good Standing: Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State – include Secretary of State website information on organization • Louisville Metro Government – check OMB monthly report filed in Council Financial Reports • Internal Revenue Service – most recent Form 990 included 		<i>Y</i>
Separate Taxing Districts: If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		N/A
Small Cities: Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		N/A
Operating Requests: Is recommended operating funding less than or equal to 33% of total operating budget?		<i>Y</i>
IRS Exempt Proof: Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		<i>Y</i>
Operating Budget: Is the organization’s current fiscal year operating budget included?		<i>Y</i>
Ordinance Required: Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		
Board Members: Is the entity’s board member list (with term length/term limits) included?		<i>Y</i>
Staff: Is a list of the highest paid staff included with their expected annual personnel costs?		<i>Y</i>
Annual Audit: Is the most recent annual audit (if required by organization) included?		<i>Y</i>
Rent Requests: Is a copy of signed lease included?		<i>Y</i>
Articles of Incorporation: Are the Articles of Incorporation of the organization included?		<i>Y</i>
IRS Form W-9: Is the IRS Form W-9 included?		<i>Y</i>
Evaluation Forms: Are the evaluation forms (if program participants are given evaluation forms) included?		<i>Y</i>
Affirmative Action: Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		N/A
Prepared by: <i>[Signature]</i>	Date: <i>4-25-16</i>	



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		One Plus One Equals U, Inc.	
<i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 11301 Prince George Court-Louisville, KY 40241			
Website: www.1plus1equalsu.com			
Applicant Contact:	Margaret Dunbar Demaree	Title:	CEO/Executive Director
Phone:	502-500-0433	Email:	margaret@1plus1equalsu.com
Financial Contact:	Uneka Cottrell-Darby	Title:	Board Treasurer
Phone:	502-314-2344	Email:	tandudarby@twc.com
Organization's Representative who attended NDF Training: Margaret Dunbar Demaree & Uneka Cottrell Darby			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	Central High School Magnet Career Academy / Shawnee Arts & Cultural Center		
Council District(s):	5-1-3-4	Zip Code(s):	40202-03-10-11-12
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Summer Youth Enrichment Program (SYEP)			
Total Request: (\$)	10,800.00	Total Metro Award (this program) in previous year: (\$)	11,000.00
Purpose of Request (check all that apply):			
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input checked="" type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input checked="" type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:	District 5 NDF Grant (2015)	Amount: (\$)	\$8,000.00
Source:	See Attachment	Amount: (\$)	See Attachment
Source:	See Attachment	Amount: (\$)	See Attachment
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Vision of One Plus One Equals U, Inc. (1+1=U, Inc.) is to provide equal and civil open-door opportunities to vulnerable teen populations in pursuit of higher education, career exploration and healthy lives as adults. It is our hope that teens who have participated in a diversity of educational and enrichment programs will pay it forward to their communities in service and in deed.

The Mission of 1+1=U is to impact the lives of at-risk youth (ages 13-18) through higher education by way of universities, colleges, technical/vocational schools, military academies and/or boarding schools. Realizing that 'not every school is for every student,' we seek to encourage self-discipline, integrity and education in a holistic environment that promotes leadership and responsibility.

Services offered by 1+1=U, Inc. are diverse in action to include one-on-one and group mentoring component for U-Girls and U-Guys. These services aim to provide mentoring programming for both middle and high school students to enhance educational and enrichment opportunities to increase their pursuit of college and career. Students also engage in learning life development skills that include conflict resolution, a summer enrichment program, bi-annual retreats, music education programming that teaches them about the pursuits of living an adulthood that is healthy and productive. Youth participants enrolled in the One Plus One Equals U, Inc. program are first-generation college-going participants from low-income to moderate families including West Louisville, Portland, Shawnee, Newburg, Iroquois, Downtown/East communities to include JCPS alternative schools.

Current programs and activities that include the organization's signature initiative, the Summer Youth Enrichment Program (SYEP), also provide quality out-of-school time enrichment and educational activities during the month of July, community performances by the One Plus One Equals U, Inc. Music Group at special events, youth development conferences including college expos and ACT/SAT prep courses. Two special components in this year's SYEP include, 1) "Learning Your V.O.I.C.E.," a girls' self-empowerment and leadership development module, designed to increase peer relationships, student self-esteem, and improvement of girls' decision-making skills; and 2) "Just 60," a health and fitness program that incorporates 60 minutes daily of sports and program-wide education, enrichment and decision-making for living a healthy, drug-free and conflict-free lifestyle.

Participants engaging in the SYEP work in collaboration with the Shawnee Arts and Cultural Center, Brightside, Inc., AMPED Louisville and the Shawnee Neighborhood Association to gain community awareness, service learning skills and community asset-building. Adhering to the adage of, "service is the rent you pay for living" (Marian Wright Edelman, Founder & President), youth are able to acquire critical skills that are transferable and socially relevant toward learning and working toward their life goals.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

The Summer Youth Enrichment Program (SYEP) provides quality out-of-school time enrichment and educational activities that respond to summer learning loss, during the month of July. Programming begins July 1st and ends July 31st. It convenes 5 days per week for 2 weeks from 12 noon-5:00pm. Orientation, training/development for students, parents with participants will also run for 5 days a week for 2 weeks. Those factors include the critical importance of acquiring educational attainment through high school and subsequent admissions into two-year and/or four-year post-secondary institutions in the Commonwealth of Kentucky, Louisville and beyond the region, military or technical/vocational. If adequate funding is acquired, the SYEP proposes to serve up to 100 teens. The program is open to all teens on a first-come, first served basis.

The most common benchmark on societal deprivation indicates that poverty is the highest determining factor as it impacts the educational development of a community. Children and youth within urban communities such as Louisville Metro are the most vulnerable victims of living at or below a country's poverty line. When children and youth within a community struggle economically, the impact on their families and communities becomes fragile. A Jefferson County Public Schools (JCPS) Comprehensive Survey cites over 61% of middle school students and 51% of high school students lived in poverty during the 2011-2012 school year, with 25% and 36% increases, respectively over the prior year. According to the Kentucky Youth Advocates Kids Count Report (2014) and the U.S. Census Bureau, one in four children living in Kentucky live well below the National Poverty Level. A disproportionate percentage of those children are children of color.

Compared with other youth, those living at, below or near the poverty line are less healthy, have lower educational achievement levels that correlate to urban youth living in poverty. They are more likely to become involved with the criminal justice system. As young adults, they are even less likely to complete a high school diploma, attend a post-secondary institution or maintain steady employment. In 2012, according to benchmarks set by the Kentucky Department of Education and the Council of Postsecondary Education, only 31% of seniors in the JCPS system and 34% statewide were college-ready. Jefferson County Public Schools reported that during the 2011-2012 school years, there were 768 teens that dropped out of high school through January; 188 students who were 17 years of age.

This fragile state of affairs worsens with the interruption of school during out-of-school time hours. Multiple studies and status reports demonstrate that unstructured time for youth poses numerous problems. These problems often turn to destructive behaviors such as crime, violence, premature sex, drugs/substance abuse, gangs, etc. Youth who spend a significant amount of time left unattended during out-of-school time hours are far more likely to be involved in accidents and become victims of crime and psychological trauma. They may also experience loneliness, boredom, fear and negative peer pressure. In a study published by the Office of National Drug Control Policy, children are most likely to become involved in drugs, "when there is nobody home, from 3:00pm-7:00pm." Programs such as those funded by the Out-of-School Time Council (OST) are significant toward impacting the estimated two-month educational loss associated with children of color and poor student populations.

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

Funding will be used to offset expenses related to program services and four (4) Educational Learning Facilitators who will interact, mentor and coordinate youth in the SYEP.

Remaining expenses will incur: A. Personnel--\$5,000. Two other program staff members will manage and coordinate all aspects of programming from upstart to close down of activities; G. Professional Services--\$1,500. Program consultants, The CERA Group and A Daily Task will assist administrators with programmatic support, scheduling and any modifications of program content to include assistance with the close-down of program, evaluations and funding reports; H. Program Materials--\$1,100; Educational program materials, journals, curricula distributions and other required materials and information; I. Community Events and Festivals--\$950.00. Enrichment activities/field trips that require admissions fees (Muhammad Ali Center and Muhammad Childhood Home/Visitor Center); J. Machinery & (Sports) Equipment--\$1,000.00 (volleyballs, basketballs, tennis rackets) & Technology (1 laptop for monitoring, evaluation and assessment). L. Other Expenses--\$1,250; These expenses also include program t-shirts, backpacks, visors for Brightside, Inc. neighborhood environmental clean-ups, healthy snacks, sunscreen and supplies/venue charges for the Recognitions and Awards Ceremony.

The Summer Youth Enrichment Program (SYEP) will continue the tradition of building on thematic content for which the out-of-school-time event, established in 2011 to include: academic tutorials, mentoring, partnerships, U-Teen Forums, health, wellness/fitness and career exploration. Activities will also include community service projects in partnership within the Portland and Shawnee neighborhoods. The program will conclude with a recognition and awards celebration that is open to the public.



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

Not Applicable.

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

The SYEP, as a component of the extended One Plus One Equals U, Inc. programming and curricula, aspires to develop and encourage student affinity for the school culture and a sense of self-worth as they relate to educational priority. Those factors include the critical importance of acquiring educational attainment through high school and subsequently graduation from a two-year or four-year post-secondary institution in the Commonwealth of Kentucky, Louisville or beyond the region.

Objectives:

1. To provide a diversity of high quality enrichment and academic tutorial services that will improve educational core school competencies; and
2. To recruit up to 100 middle and high school participants who reside in primarily West Louisville low-income neighborhoods.

Outcomes:

1. Eighty percent (80%) of student participants retained will complete 4-week enrichment and educational program;
2. Sixty percent (60%) of student participants will demonstrate improvements in core academic subject areas of reading, literacy and math; and
3. Sixty percent (60%) of student participants will demonstrate academic improvement in a classroom setting with decreased disciplinary actions and anti-social behaviors.

Milestones:

1. Bridge the gap between academics, sports-enrichment and career exploration opportunities for youth who are not traditionally inclined to complete high school and/or post-secondary degrees;
2. Redirect unacceptable behavior and social skills in and out of the classroom in a positive manner that is acceptable in the educational and professional setting; and
3. Increase the reading literacy and math levels to their same age peers/ grade level.

Outcomes & Milestones will be measured by:

Data compilation and application will document quantitative and qualitative results by evaluation of: recruitment and registration applications; pre-test and post-test; sign in/sign out forms; Jefferson County Public Schools (JCPS) Study Island and Success Maker online tutorials; student, parent, staff and volunteer evaluation and overall program progress reports.

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.

Since 2010, One Plus One Equals U, Inc. has developed supportive and partnering relationships with the JCPS system—Central High School Magnet Career Academy and select elementary schools. Additionally, we have been privileged to work in collaboration with the U of L Athletics Department and the YMCA.*** During the summer months, our organization has formed ongoing partnerships with the Shawnee Arts and Cultural Center, Brightside, Inc. and the Shawnee neighborhood to recruit and embrace youth who may have social and educational challenges due to family issues that may deter their academic achievement. These three (3) champions of support have made it possible to provide positive role models, a physical program site with enhanced resources and a forum of exchange for community-asset building. Working in cooperation with these constituents demonstrate to youth the critical importance of hands on training and interactive study that have the potential to transfer to them as they mature into adults.

Part of the program's success has been a positive impact (financial, mentoring and otherwise) from charitable-giving organizations such as Metro United Way, the Community Foundation of Louisville, Gheens Foundation, Deion Branch Family Foundation, C.E. & S. Foundation, Women 4 Women, Inc., Louisville Metro Government (Public Health and Wellness) and businesses such as Manna, Inc. (Wendy's), Walmart, and other community assets such as The Nia Center and KentuckianaWorks. Youth participants have been vitally supported as well by Spalding University, Jefferson Community & Technology College, Seven Counties Services, the University of Louisville Kent School of Social Work, School of Dentistry and Medicine.

Other resources have included community assets and mentoring professionals who will offer their organizational resources, encouragement and support to youth participants and staff. Included are sponsorships from local community assets and business corporations: PNC Community Foundation, The Cralle Foundation, Honorable Order of Kentucky Colonels and local businesses who have contributed funding. These community supporters and who may also donate other resource needs for student achievement and successful completion of the SYEP experience. The West Louisville Business Association, universities/colleges, applicable Louisville Metro agencies and Brightside, Inc. have also provided program support. Those resources have included adult mentors, parents/guardians and student peer consortium as part of the implementation process of the SYEP. Interactive one-on-one and/or group sessions with youth participants are a principle component of programming content. Educators and counselors who mentor and engage with 1+1=U, Inc. participants throughout the year are also accessible and useful resources on an as-needed basis. At least three (3) SYEP staff members are active personnel (veteran educators or counselors) within the JCPS system.



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SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits	5,000.00	23,080.00	28,080.00
B: Rent/Utilities	0	2,000.00	2,000.00
C: Office Supplies	0	800.00	800.00
D: Telephone	0	600.00	600.00
E: In-town Travel	0	4570.00	4,570.00
F: Client Assistance (Attach Detailed List)	0	0	0
G: Professional Service Contracts	1,500.00	1,000.00	2,500.00
H: Program Materials	1,100.00	1,000.00	2,100.00
I: Community Events & Festivals (Attach Detail List)	950.00	0	950.00
J: Machinery & Equipment	1,000.00	950.00	1,950.00
K: Capital Project	0	0	0
L: Other Expenses (Attach Detail List)	1,250.00	1,250.00	2,500.00
*TOTAL PROGRAM/PROJECT FUNDS	10,800.00	35,250.00	46,050.00
Total Program Budget	23 %	77 %	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	5,000.00
Private Contributions (do not include individual donor names)	4,350.00
Fees Collected from Program Participants	0.00
Other (please specify) (Cash/In-Kind Services)	25,900.00
Total Revenue for Column 2 Expenses	35,250.00

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

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



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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
Four (4) Program Staff--matching funds	\$22,400.00	\$20/ph (avg) x 8/hrs x 5/days x 7/wk x 4
Program Space: Shawnee Arts & Cultural Center	\$1,500.00	\$500/mo x 3 mos.
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$23,900.00	*****

*** 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: January 1 2016 - December 31, 2016

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:

N/A



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

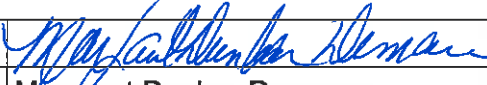
Standard Certifications

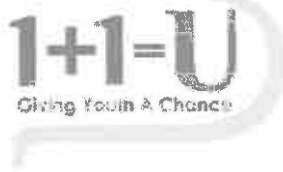
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event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

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

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	April 20, 2016
Legal Signatory: (please print):	Margaret Dunbar Demaree	Title:	CEO/Executive Director
Phone:	(502) 500-0433	Extension:	N/A
Email:	margaret@1plus1equalsu.com		



NDF REQUIRED DOCUMENTS/ATTACHMENTS

(See Page 6)

I. Community Events & Festivals:

Muhammad Ali Center: 60 Students x \$5.00ea admission = \$300.00

10 Adults x \$9.00ea admission = \$90.00

Muhammad Ali Childhood Home/Visitor Center:

60 Students x \$8.00ea admission = \$480.00

10 Adults x \$8.00ea admission = \$80.00

Grand Total \$950.00

L. Other Expenses: These expenses include program t-shirts, backpacks, visors for Brightside, Inc. neighborhood environmental clean-ups, healthy snacks, and additional supplies.

1. **Program T-Shirts:** 100 @ \$5.00ea = \$500.00

2. **Backpacks:** 100 @ \$4.00ea = \$400.00

3. **Sun visors:** 100 @ \$3.00ea = \$300.00

4. **Additional Supplies:** \$700.00

Sunscreen, assist with venue expense for Recognition & Awards Ceremony

5. **Healthy Snacks:** \$600.00

Bottled waters, granola bars, fresh fruits/veggies, juice, etc.

Grand Total: \$2,500.00



HOURS / ADMISSIONS / DIRECTIONS

HOURS

PLEASE NOTE! Last admission is at 4:15 p.m. each day. See below for special closings.

Sunday	12 noon – 5:00 p.m.
Monday	Closed (See exceptions below.)
Tuesday – Saturday	9:30 a.m. – 5:00 p.m.

OPEN ON:

Martin Luther King, Jr Day, Kentucky Derby Day (first Saturday in May; open 9:30 a.m.–1:00 p.m.), Memorial Day

CLOSED ON: Easter Sunday, Independence Day, Labor Day, Columbus Day, Thanksgiving, Christmas Eve, Christmas Day, New Years Eve, and New Year's Day.

ADMISSION

- \$9 Adults**
- \$8 Seniors (65+)**
- \$5 Military**
- \$5 Students with ID**
- \$4 Children (6-12)**

Members and children five and under are free. For groups of 20 or more, contact Morgan Szabo at 502.992.5340 or mszabo@alicenter.org (mailto:mszabo@alicenter.org) for special rates.

LOCATION

144 N. Sixth Street
Louisville, KY 40202 USA

Get Directions (<https://maps.google.com/maps?>

q=144+N.+Sixth+Street+Louisville,+KY+40202&ll=38.25884,-85.759578&spn=0.011323,0.021007&oe=utf-8&client=firefox-a&channel=racs&hnear=144+N+6th+St,+Louisville,+Kentucky+40202&gl=us&t=h&z=16&iwoc=lyrfr:h,17416277573334256247,38.258368,-85.7597

Muhammad Ali boyhood home to open for tours



Sheldon S. Shafer, @sheldonshafer 1:08 p.m. EDT March 18, 2016



(Photo: Brian Bohannon, Special to the C-J)

Finishing restoration touches are being put on boxing legend Muhammad Ali's childhood home at 3302 Grand Ave. before it opens for tours starting May 1.

"Our primary goal is to give people touring the house a real good education about (Ali's) childhood, the neighborhood and the time and the culture in Louisville when he was growing up," said Pennsylvania trial lawyer George Bochetto, the prime mover of the Ali project.

Bochetto, a one-time Pennsylvania state boxing commissioner and longtime Ali devotee, owns the house in partnership with Las Vegas-based investor Jared Weiss.

Bochetto said in an interview Friday that they have spent more than \$300,000 on the Ali boyhood home venture. The effort includes the recent purchase of an adjacent house that will be used for ticketing and a gift shop. Parking will initially have to be on the street.

Restoration of the home where Ali, nee Cassius Clay, was raised "will be wonderful for the neighborhood," said Lawrence Montgomery, who lives across the street. "A lot of tour buses already have been coming in," driving past the boyhood home that has a historic marker in the front yard.

Plans for the tourist attraction are still being finalized, Bochetto said. But plans call for a formal public dedication on May 1.

Initially, the home will be open for tours Thursday through Saturday, probably from around 9:30 a.m. to mid-afternoon, as well as on Sunday afternoons. An \$8 admission is planned, Bochetto said.

He said he is still looking for one or two paid workers who will handle ticketing and the gift shop and be available to answer questions from guests. Bochetto said maintenance will be contracted.

The tour will include three videos, including a 15-minute documentary at the end of the tour that will be shown on a 60-inch screen in a rear room of the house. That video, titled "Cassius Ali," was produced by Bochetto's son, Evan, who works in the film industry in Los Angeles. It tells of Ali's childhood and the effort to restore the site.

The other two videos are relatively short. One features Ali's younger brother Rahman Ali – nee Rudy Clay – explaining how the brothers played in the house and shadow boxed. The other has the late Gordon Davidson, a lawyer, discussing how Ali got his backing and his start in boxing.

The furniture and finishings were found piece by piece, George Bochetto said. Much of it reflects Rahman Ali's memory of what was where, as well as items seen in period photographs. Bochetto said two oil paintings done by Cassius Clay Sr. that hung in the house have been replicated from photos.

Rahman Ali agreed to donate numerous personal items, such as kitchenware, that the family used when it lived on Grand.

Bochetto said Muhammad Ali and his wife, Lonnie, have not toured the site but have been sent pictures of the restoration. Bochetto said he is coordinating the work with the Muhammad Ali Center, the Kentucky Center for African American Heritage, the Louisville Convention & Visitors Bureau, and other pertinent agencies.

A website, www.alichildhoodmuseum.com (<http://www.alichildhoodmuseum.com>), is under development.

Bochetto said he sees the project as a gift to a neighborhood that gave rise "to one of the greatest human beings our country has seen in a long, long time."

The small, one-story house that's wrapped in bright pink-painted clapboard was where the Clay family lived for most of Ali's formative years, from 1947 to 1961.

The investors may buy a nearby vacant lot in the block, owned by Montgomery, to be used for visitor parking.

Bochetto said he has poured his heart and soul into the restoration, much of which was done by former convicts and addicts employed by the group Jesus and a Job, founded by the Rev. Charles Elliott of King Solomon Missionary Baptist Church.

The work has included major foundation and roof repairs, and wholesale interior work, including some new walls.

Weiss bought the abandoned and badly deteriorated house sight unseen for \$70,000 in 2012. It largely had sat untouched until Bochetto joined Weiss in a 50-50 partnership to pursue the site's renovation. Both men are huge admirers of Ali.

The bronze marker in front of the house funded by the Metro Council has an inscription that reads, "Cassius Marcellus Clay Jr. was born on Jan. 17, 1942, at Louisville General Hospital. He grew up and lived in this house. ... Here is where young Clay's values were instilled."

Reporter Sheldon S. Shafer can be reached at (502) 582-7089, or via email at sshafer@courier-journal.com.

Read or Share this story: <http://cjky.it/1pr95T9>

Take the Drive Green Challenge.

LOUISVILLE

2012 World's Most Green • (502) 582-7089

NDF REQUIRED DOCUMENTS/ATTACHMENTS
(See Page 6)

I. Community Events & Festivals:

<i>Muhammad Ali Center:</i>	60 Students x \$5.00ea admission = \$300.00
	10 Adults x \$9.00ea admission = \$90.00
<i>Muhammad Ali Childhood Home/Visitor Center:</i>	60 Students x \$8.00ea admission = \$480.00
	10 Adults x \$8.00ea admission = <u>\$80.00</u>
	Grand Total \$950.00

100% Proposed Metro Funds / 0% Non-Metro Funds

L. Other Expenses: These expenses include program t-shirts, backpacks, visors for Brightside, Inc. neighborhood environmental clean-ups, healthy snacks, and additional supplies.

1. Program T-Shirts:	100 @ \$5.00ea = \$500.00
2. Backpacks:	100 @ \$4.00ea = \$400.00
3. Sun visors:	100 @ \$3.00ea = \$300.00
4. Additional Supplies:	\$700.00
	Sunscreen, assist with venue expense for Recognition & Awards Ceremony
5. Healthy Snacks:	<u>\$600.00</u>
	Bottled waters, granola bars, fresh fruits/veggies, juice, etc.
	Grand Total: \$2,500.00

50% Proposed Metro Funds / 50% Non-Metro Funds



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
Four (4) Program Staff--matching funds	\$22,400.00	\$20/ph (avg) x 8/hrs x 5/days x 7/wk x 4
Program Space: Shawnee Arts & Cultural Center	\$1,500.00	\$500/mo x 3 mos.
<i>Total Value of In-Kind</i> <i>(to match Program Budget Line Item.</i> Volunteer Contribution &Other In Kind)	\$23,900.00	*****

* 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: **January 1 2016 - December 31, 2016**

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:

N/A



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

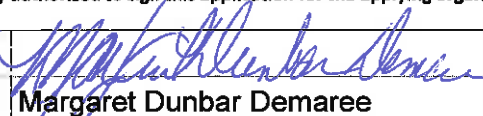
Standard Certifications

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

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

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:		Date:	March 16, 2016
Legal Signatory: (please print):	Margaret Dunbar Demaree	Title:	CEO/Executive Director
Phone: (502) 500-0433	Extension: N/A	Email:	margaret@1plus1equalsu.com

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) One Plus One Equals U, Inc.	
	Business name/disregarded entity name, if different from above 1+1=U, Inc.	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.) 11301 Prince George Ct.	Requester's name and address (optional)
	City, state, and ZIP code Louisville, KY 40241	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

Social security number								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td></td> <td></td> </tr> </table>					-	-		
-	-							
Employer identification number								
[REDACTED]								

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ <i>Mark Humber</i>	Date ▶ <i>3/15/16</i>
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General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

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

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

DEPARTMENT OF THE TREASURY

Date: MAR 18 2009

ONE PLUS ONE EQUALS U INC
11301 PRINCE GEORGE CT
LOUISVILLE, KY 40291

Employer Identification Number:

DLN:

17053254305018

Contact Person:

RICHARD K DOLFI

ID# 31363

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170 (B) (1) (A) (vi)

Form 990 Required:

Yes

Effective Date of Exemption:

May 25, 2007

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

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

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

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

ONE PLUS ONE EQUALS, INC.

Sincerely,

A handwritten signature in black ink that reads "Robert Choi". The signature is written in a cursive style with a large, looping "R" and "C".

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Publication 4221-PC

ONE PLUS ONE EQUALS U, INC.
Projected Annual Budget 2016-2017

I. PERSONNEL	Cash	In-Kind	Total
Executive Director (\$25.00/hr. x 15hrs/wk. x 40/wks.)	\$1,500.00	13,500.00	15,000.00
Co-Director (\$20.00/hr. x 15hrs/wk. x 40/wks.)	1,000.00	11,000.00	12,000.00
Administrative Program Coordinator (\$15.00/hr. x 15hrs/wk. x 20/wks.)	500.00	4,000.00	4,500.00
II. OPERATIONAL EXPENSES/UTILITIES			
Space Rental - Central High School (\$500/mo. x 12/mos.)	0.00	6,000.00	6,000.00
Cell phones for mentors and executive staff, including taxes and fees (\$125/mo. x 10/mos. x 10/volunteers)	0.00	12,500.00	12,500.00
III. PROGRAM SERVICES			
Educational Program Director (\$17.50hr x 12hrs/wk. x 40/wks.)	3,200.00	5,200.00	8,400.00
Educational Learning Facilitators/Mentors (6) (\$15hr x 12hrs/wk. x 40/wks. x 6)	3,200.00	40,000.00	43,200.00
Volunteers (10) (\$10/hr. x 4hrs/wk. x 40/wks. x 10)	0.00	16,000.00	16,000.00
Annual Retreats: Spring-Winter (\$3750/ea.)	3,000.00	4,500.00	7,500.00
Insurance (Full Coverage)	0.00	2,580.00	2,580.00
Program Admissions & Fees	2,000.00	5,000.00	7,000.00
College Application/Exam Fees (SAT & ACT)	0.00	3,500.00	3,500.00
Summer Enrichment Program (SYEP)	15,500.00	30,600.00	46,100.00
Emergency Housing Assistance (Hotel Louisville/Wayside Christian Mission)	1,200.00	3,800.00	5,000.00
IV. PROGRAM SUPPLIES			
Stationary, envelopes, postage, paper, computer accessories	1,000.00	4,000.00	5,000.00
Essential back-to-school resources & supplies for school-readiness	2,000.00	1,500.00	3,500.00
V. OFFICE/TECHNICAL EQUIPMENT			
Office Equipment: Mac Book Laptop w/OSX Mountain Lion	700.00	250.00	950.00
Music Equipment: Avid Pro Tools M-Box Pro, Native Instruments Machine	500.00	2000.00	2500.00
3G/4G Mobile Broadband Plan with USB Device for Laptop	0.00	840.00	840.00
3 Laptop Computers: HP Pavilion Smart 11/E010NR	900.00	450.00	1,350.00
Samsung Multi-Function Xpress C460FW Printer	200.00	116.00	316.00
VI. MARKETING & PROMOTIONS			
Marketing consultants, social media and print	1,000.00	6,500.00	7,500.00
VII. TRANSPORTATION			
15-passenger van & bus rental (Miller/Fisher)	2,500.00	38,500.00	41,000.00
Staff mileage (\$25.00/wk. x 40/wks. x 16 staff/volunteers)	2,500.00	13,500.00	16,000.00
TARC (\$30.00 x 60 Summer Fun passes)	1,800.00	0.00	1,800.00
VIII. OTHER/MISCELLANEOUS			
Consulting services, school security, program t-shirts, special equipment, healthy choice menus (trainings and retreats), venue service fees	3,000.00	6,000.00	9,000.00
TOTALS	\$47,200.00	\$231,836.00	\$279,036.00



Board Members 2015-2017

***Robert L. McClain, Jr., President**
Term: (2007-Unlimited)
Agent, State Farm Insurance
3411 Bardstown Rd.
Louisville, KY 40218
502.456.1388
rob.mcclainb1n3@statefarm.com

***Edward Burton, Jr., Vice President**
Term: (2007-Unlimited)
Student Monitor
duPont Manual High School
1446 S. 32nd St.
Louisville, KY 40211

***Margaret D. Demaree, Secretary**
CEO/Founder
Term: (2007-Unlimited)
Faculty, Central High School
11301 Prince George Ct.
Louisville, KY 40241
502.500.0433
margaret@1plus1equalsu.com

Uneka Cottrell-Darby, Treasurer
Term: (2007-2016)
Business Manager
Roy Hyman, OD Associates
1429 Wuertele Ave.
Louisville, KY 40208

Bridget Dale, Member
Term: (2014-2017)

[REDACTED]
Louisville, KY 40202

Jocelyn Duke, Member
Term: (2014-2017)

[REDACTED]
Louisville, KY 40218

Bob Schiavone, Member
Term: (2007-2017)
Administrator, JCPS
13100 Magisterial Dr., #201
Louisville, KY 40223

***Disclaimer:** As per Articles of Incorporation, Board Directors are authorized to hold terms of office for an unlimited number of years. Members may serve three-year terms with said consecutive terms of office as per board.

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2014

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning _____, 2014, and ending _____, 20

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
ONE PLUS ONE EQUALS U INC.

D Employer identification number
[REDACTED]

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P O BOX 22561

E Telephone number
502 500 0433

City or town, state or province, country, and ZIP or foreign postal code
LOUISVILLE, KY 40252

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ **1plus1equalsu.com**

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

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

K Form of organization: Corporation Trust Association Other

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

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	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)
2	Program service revenue including government fees and contracts	2		19	Other changes in net assets or fund balances (explain in Schedule O)
3	Membership dues and assessments	3		20	Net assets or fund balances at end of year. Combine lines 18 through 20
4	Investment income	4		21	
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Gaming and fundraising events	6d			
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
6c	Less: direct expenses from gaming and fundraising events	6c			
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less: cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	7c			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8			
10	Grants and similar amounts paid (list in Schedule O)	9	39253		
11	Benefits paid to or for members	10			
12	Salaries, other compensation, and employee benefits	11			
13	Professional fees and other payments to independent contractors	12			
14	Occupancy, rent, utilities, and maintenance	13	5450		
15	Printing, publications, postage, and shipping	14			
16	Other expenses (describe in Schedule O)	15			
17	Total expenses. Add lines 10 through 16	16	30414		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	17	35864		
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)	18	3389		
20	Other changes in net assets or fund balances (explain in Schedule O)	19	3769		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	20			
		21	7158		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2014)

Extension Filed 5/15/15 + 8/17/15

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"/>
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		<input checked="" type="checkbox"/>
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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
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		
41	List the states with which a copy of this return is filed ▶ NONE	41	<input checked="" type="checkbox"/>
42a	The organization's books are in care of ▶ UNEKA COTTRELL-DARBY Telephone no. ▶ 502-314-2344 Located at ▶ 1429 WURTELE AVE, LOU KY ZIP + 4 ▶ 40208		
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 U.S.? 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 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	
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
	✓

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
	✓

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

47		✓
48		✓

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

49a		✓
49b		✓

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

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)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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
NONE		

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: PAULA WOOLDRIDGE Preparer's signature: *Paula Wooldridge* Date: 8-17-15 Check if self-employed PTIN: [REDACTED]
Firm's name: MCINTYRE & WOOLDRIDGE PSC Firm's EIN: [REDACTED]
Firm's address: 3103 BRECKENRIDGE LN STE 3, LOU KY 40220 Phone no.: 5024939373

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

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.

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

Open to Public Inspection

Name of the organization

ONE PLUS ONE EQUALS U INC.

Employer iden

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 7-9 above or IRC section (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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31046	38057	49728	32600	39249	190680
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	31046	38057	49728	32600	39249	190680
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)						15000
6 Public support. Subtract line 5 from line 4.						175680

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	31046	38057	49728	32600	39249	190680
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					4	4
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						190684
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five 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 2014 (line 6, column (f) divided by line 11, column (f))	14	92 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2014. 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—2013. 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 checked="" type="checkbox"/>		
17a 10%-facts-and-circumstances test—2014. 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—2013. 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 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
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 in 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.)						
14 First five 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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2014. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2013. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 organization's 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in 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 in line 9(a)) 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 in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type-II supporting organizations, and all Type-III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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 in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
		11a	
		11b	
		11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 in (2), 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 government entity (see instructions).		
2	Activities Test. Answer (a) and (b) 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.	Yes	No
b	Did the activities described in (a) 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 (a) and (b) 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? 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. 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 1-1/2% 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 .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 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2014

Name of the organization

ONE PLUS ONE EQUALS U INC.

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

ONE PLUS ONE EQUALS U INC.

Employer identification number

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CRALLE FOUNDATION 614 W MAIN ST, STE 2500 LOUISVILLE, KY 40202	\$ 7500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	WOMEN 4 WOMEN 323 W BROADWAY STE 502 LOUISVILLE, KY 40202	\$ 5000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COMMUNITY FOUNDATION OF LOUISVILLE 325 W MAIN ST, STE 1110 LOUISVILLE, KY 40202	\$ 6250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PNC FOUNDATION STE 200, 500 W JEFFERSON KA-KHDQ-02-E LOUISVILLE, KY 40202	\$ 5000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	METRO UNITED WAY 334 E BROADWAY P O BOX 4488 LOUISVILLE, KY 40204	\$ 5000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE O
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

ONE PLUS ONE EQUALS U INC.

Employer iden

FORM 990EZ, PART 1, LINE 16 OTHER EXPENSES

DIRECT PROGRAM EXPENSES \$27,131

FUND RAISING EXPENSES \$3,283

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of exempt organization or other filer, see instructions. ONE PLUS ONE EQUALS U INC	Enter filer's identifying number, see instructions Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions. P O BOX 22561	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40252	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► **UNEKA DARBY TREASURER**
Telephone No. ► **502 314 2344** Fax No. ► **502 493 9374**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **11-15**, 20 **15**
- 5 For calendar year **14**, or other tax year beginning **20**, and ending **20**
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL INFORMATION WAS NEEDED TO COMPLETE 990. TAXPAYERS HAVE PROVIDED INFORMATION TO ACCOUNTANT AND ACCOUNTANT EXPECTS TO COMPLETE RETURN WITHIN THE WEEK.**

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ 0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► *Paula W. Workmelge*

Title ► CPA

Date ► 8/17/15

**Articles of Incorporation
One Plus One Equals U, Inc.**

Article I-Name

The name of the Corporation shall be One Plus One Equals U, Inc. (OPOEUI)

Article II-Mission

Our mission is to impact the lives of young men and women, furthering their education beyond high school. This is done through higher learning by way of Universities/Colleges, Technical/Vocational Schools, Prep Military Academies or Boarding Schools. One Plus One Equals U realizes that every school is not for every student. We seek to encourage self-discipline, integrity and education in a Holistic environment that promotes leadership and responsibility which is lacking in the student's life.

Article III – Members

One Plus One Equals U, Inc. shall be a non-membership organization.

Article IV – Board of Directors

Section 1- Powers

The Board of directors shall be empowered to conduct the business and affairs of OPOEUI, including but not limited to the acquisition and disposal of property, the hiring and firing of staff, and all other rights provided by statute.

Section 2 – Composition

The Board of Direction shall consist of between five (5) and thirteen (13) Directors who shall support and subscribe to the purpose of the OPOEUI.

Section 3 –Term of Office

The Directors shall serve for three-year terms or until their successors shall be elected. Directors may serve an unlimited number of terms. The initial board will serve on staggered terms as deemed by the Board of Directors.

Section 4 – Voting

Each Director shall be one (1) vote. No Director may assign another Director his or her vote by proxy.

Section 5 – Meetings

- A. The Board of Director shall meet at least quarterly or as necessary of which one (1) shall be the Annual Meeting held in July of each year, at which time elections shall be held.
- B. The date and time of each meeting shall be set by the president or other officer acting on behalf of or in the stead of the president.
- C. All meetings shall be open to the public. The Directors may, however, by a simple majority of those Directors present, a quorum being present, vote to hold a meeting or portion thereof in execution session. Notice shall be given in a regular open meeting of the general nature of the business to be discussed in closed session and the reason for the closed session. No final action may be taken at a closed session. No matters may be discussed at a closed session other than those publicly announced prior to convening the closed session.
- D. Special meetings may be called by the President or upon request of a simple majority of the Directors.
- E. Notice of all meetings shall be sent to Directors not less five (5) days nor more than (30) days prior to the day of the meeting unless otherwise stipulated.

Section 6- Compensation

The Directors shall serve without compensation.

Section 7 – Quorum

A quorum of the Board shall consist of a simple majority of the Directors in good standing.

Section 8 – Resignation

A Director may resign at any time by delivering a written resignation to the president, or the Secretary in the event of the resignation of the President. In the circumstances of an oral resignation a copy of an acknowledgement letter sent by the President or Secretary shall be sufficient evidence of such resignation.

Section 9 – Removal

- A. A Director may be removed from office by the Board of Directors upon a showing of good cause. Good cause shall include a breach of fiduciary duties to the organization such as care, trust, and loyalty; and, poor attendance without just cause at Board meetings shall also be included in the definition of good cause.
- B. Notice of intent to remove must be sent to the Director in question at least fourteen (14) days prior to the meeting at which such action is to be taken. Said notice shall give reasons for removal. A two-thirds (2/3) vote of Directors presents, by ballot, quorum being present, shall be required for removal.

Section 10 – Vacancies

Any vacancies due to resignation, removal, incapacity or death shall be filled for the remainder of the term of office by vote of a majority of the Board at a duly constituted meeting, a quorum being present.

Section 11- Elections

- A. Election and installation of the Directors shall take place at the Annual Meeting.
- B. Elections shall take place each year with one-third (1/3) of the Directors elected each year.
- C. In order to qualify as a candidate a person must meet the criteria in Article III, Section 2.
- D. A list of the candidates and their qualifications shall be sent to the Directors within (30) days prior to the Annual Meeting.
- E. Election shall be by plurality vote with each Director in good standing entitled to cast up to as many votes as there are vacancies to be filled with no more than one (1) vote going to any candidate.
- F. Election shall be by ballot unless the Board of Directors votes, by a simple majority vote, a quorum being present.

Section 12 – Transition

It is acknowledged that upon ratification of these By-Laws transitional terms of office will be required to implement Section 11 of this Article, such rotation will be determined by plurality of the Board of Directors.

Article IV – Officers

Section 1 - Composition

The OPOEUI shall have the following officers: President, Vice President, Secretary, and Treasurer.

Section 2 – President

The President shall:

- A. Preside over all meetings of the Board of Directors and Executive Committee unless otherwise authorized;
- B. Plan, in consultation with the Executive Committee, the agenda for all Board meetings;
- C. Appoint, with the consultation and confirmation of the Board, the members of all committees except the Executive Committee and the chair people of all committees except the Executive Committee;
- D. Carry out all other duties incident to the office of President or prescribed by the Board of Directors.

Section 3 – Vice President

The Vice President shall:

- A. Assist the president as needed;
- B. Preside over meetings, execute responsibilities of president when absent or unable to serve;
- C. Carry out all other duties incident of the office of Vice President or prescribed by the Board of Directors.

Section 4 – Secretary

The Secretary shall:

- A. Attend all Board and Executive Committee meetings and act as a clerk of each meeting, which shall include the responsibility for keeping a record of attendance, all votes and the keeping of the minutes of all proceedings in a book kept for that purpose;
- B. Be responsible for the sending of notices for all Board and Executive Committee meetings;
- C. Be responsible for the recording of the official records, including all minutes, policy decisions, and the original copy of the Articles of Incorporation and By-Laws, and all amendments thereto, of the Corporation;
- D. Carry out all other duties incident to the office of Secretary or prescribed by the Board of Directors;

Section 5 – Treasurer

The Treasurer shall:

- A. Be responsible for the keeping of all funds and securities and the keeping of full and accurate accounts of all receipts and disbursements in books belonging to the OPOEUI;
- B. Supervise the deposit of all money and other valuable effects in the name and to the credit of the OPOEUI in such depositories as may be designated by the Board of Directors;
- C. Supervise the disbursement of the funds of the OPOEUI as determined by the Board, taking proper vouchers/documentation for such disbursements;
- D. Be responsible for the preparation of regular financial reports and a yearly budget;
- E. Carry out all other duties incident to the office of Treasurer or prescribed by the Board of Directors.

Section 6 – Term of Office

All officers shall serve two year term of office, or until their successor shall have been elected and installed, and may serve no more than two consecutive terms. The term of officers shall begin at the new fiscal year.

Section 7- Elections

- A. The officers shall be elected by and from the Board of Directors at the Annual Meeting. The initial board and officers shall be appointed upon recommendation and vote of initial steering committee.
- B. Election thereafter shall be by a simple majority vote of the Directors present, a quorum being present, and either by a show of hands or voice vote as the Board may choose.

Section 8 – Removal

An officer may be removed from office by the Board of Directors only upon showing of good cause. Notice of intent to remove must sent to the officer in question at least (30) days prior to the meeting at which such action is to be taken. Said notice shall give reasons for removal. A (3/4) vote of the Directors present, a quorum being present, shall be required for removal.

Section 8 – Vacancies

Vacancies in any office, due to resignation, removal, incapacity, or death, shall be filled for the remainder of the term of office by majority vote of the Board at a duly constituted meeting, a quorum being present.

Article V – Executive Committee

Section 1 – Composition

The Executive Committee shall be composed of the officers.

Section 2 – Powers and Privileges

The Executive Committee shall have the power, privileges, and prerogatives of the full Board of Directors, except those which are expressly reserved to the Board of the Articles of Incorporation, these By-Laws, or through action of the Board of Directors. All actions taken by the Executive Committee shall be reviewed by the Board at its next regular meeting.

Section 3 – Meetings

The Executive Committee shall meet at the call of the President or other designated officer acting on behalf of or in the stead of the President.

Section 4 – Quorum

A quorum of the Executive Committee shall be made up of two (2) of its members.

Article VI – Committees

Section 1 – Special Committees

The Board of Directors may from time to time establish any special committees that it deems necessary and set the term of office and other rules for the operation of said committees.

Section 2 – Organization

- A. The Committee Chairperson shall be responsible for presiding over committee meetings, for the conducting of a committee's business, and for reporting on committee business, activities, and recommendations to the Board of Directors at each regularly scheduled Board meeting following a committee meeting.
- B. Committees shall meet at the call of the respective Chairperson or upon request of the OPOEUI President.

Article VII – Executive Director and Staff

Section 1 – Executive Director

The Executive Director shall be hired and may be terminated by the Board of Directors. He or she shall conduct the day-to-day affairs of the OPOEUI. He or she shall report on a regular basis to the Board of Directors on the status of the OPOEUI, the work of its office and staff, and the progress of its programs and activities.

Section 2 – Staff

- A. There shall be whatever staff is determined by the Board of Directors to be necessary to carry out the programs and activities of the OPOEUI.

- B. The Executive Director shall be empowered to hire and may terminate staff to assist in the operations of the OPOEUI as provided for in a budget adopted by the Board of Directors.

Article VIII – Finances

Section 1 – Fiscal Year

The fiscal year shall begin on 1 January and end the following 30 December of each year.

Section 2 – Banking

All checks shall require one (1) signature from among the officers (President, VP, Secretary, Treasurer or Executive Director).

Article IX- Quorums

Unless otherwise provided for in the By-Laws, the quorum for all meetings of the OPOEUI or any of its parts shall be one-third (1/3) of the voting membership of the body in question but shall not be no less than two (2).

Article X – Nondiscrimination

The directors, officers, committee members, employees, and persons served by the OPOEUI shall be selected entirely on a nondiscriminatory basis with respect to age, disability, ethnicity, familial status, gender, national origin, political affiliations, race, religion, sexual orientation, veteran status, and all other categories providing nondiscriminatory treatment by law.

Article XI – Inspection of Corporate Records

All corporate records except personnel files, confidential services files, or other documents protected from public inspection by action of the Board of Directors shall be open to inspection upon written request at reasonable times to Directors. Requests must be in writing, signed, and, if authorizing a representative shall state the specific terms of the authorization. The right to inspect shall include the right to make extracts or photocopies, the cost be borne by the requester. A request to inspect shall be delivered to the President, Secretary, or other officer or agent designated by the Board of Directors not less than five (5) days before the date specified in the request for the inspections.



METRO PARKS AND RECREATION

Portia White
Metro Parks & Recreation
Shawnee Arts & Cultural Center
607 South 37th Street
Louisville, KY 40211

MEMORANDUM OF AGREEMENT

This agreement shall represent the privileges and responsibilities between Metro Parks Shawnee Arts & Cultural Center and One Plus One Equals U, Inc.

The Shawnee Arts & Cultural Center (SACC) agrees to permit One Plus One Equals U, Inc. (1+1=U, Inc.) to utilize the entire facility, as needed, during the month of July for their signature program, the Summer Youth Enrichment Program (SYEP). 1+1=U, Inc. may utilize these spaces to conduct the SYEP program: arts room, dance studio, multipurpose space/gym and kitchen. The Shawnee Arts & Cultural Center also permits 1+1=U, Inc. to utilize the facility for year-round programming.


The SACC promotes the One Plus One Equals U, Inc. 1+1=U, Inc. each year through the Louisville Metro Parks department public relations resources, Councilwoman Cheri Bryant Hamilton's newsletter, flyers distributed to visitors of the center and word of mouth within the community.

In addition to the above, both parties collaborate to bring additional opportunities to youth participants of the Summer Youth Enrichment Program and youth residing in the Shawnee, Portland and other Louisville Metro communities that include: arts, education, life skills and community service programming offered by the Shawnee Arts & Cultural Center year-round.

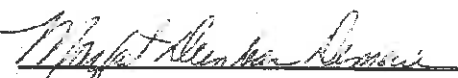
In conclusion, the Shawnee Arts & Cultural Center permits use and authorization of its facilities in-kind to One Plus One Equals U, Inc. This partnership assists the community outreach efforts to provide educational enhancement to youth participants residing in Louisville Metro.



Portia White, Manager of Arts Programs
Metro Parks & Recreation



Date



Margaret Dunbar Demaree, Director
One Plus One Equals U, Inc.

04/02/2015

Date

Article XII – Parliamentary Authority

Roberts Rules of Order, latest edition, shall apply to all situations not covered by the Articles of Incorporation, these By-Laws, or any special rules adopted by the Board of Directors.

Article XIII – Amendments

These By-Laws may be amended by the Board of Directors upon formal notice given by any Director at least fourteen (14) days in advance of a regularly scheduled meeting of the Board of his or her intention to propose a specific amendment. Adoption of such an amendment shall be by affirmative vote of at least one-third (1/3) of those Directors in good standing present and voting, a quorum at the time of the vote.

CERTIFICATE OF SECRETARY

I, the undersigned, do hereby certify that I am the duly elected Secretary of the OPOEUI, a Kentucky, non-profit corporation, and that the foregoing are the standing By-Laws of said Corporation, as fully adopted in a meeting of the Board of Directors held on the ___ day of _____.

Secretary

At-Large Board Members. The fourteen Board members elected at the annual meeting shall recruit and elect up to seven additional people from the community to serve as at-large members of the Board. At-large members should represent diverse interests of the community. A majority of the board must represent organizations that serve or advocate for disadvantaged constituencies. At the first board meeting after the election, the board will identify areas of needed representation, with the goal of maintaining a board broadly representative of the nonprofit sector. The Board Development Committee will be responsible to recommend nominees for at-large positions for an election by the board at the board meeting one month after the member representative election. no later than three months after the election of new member representative board members, at-large members will join the board. At-large board members will serve two year terms, to a maximum of six years.

Section 7: Terms. All Board members shall serve three-year terms, but are eligible for re-election. However, no board member shall serve more than two three-year terms. The first Board will include members with one and two-year terms to begin staggered terms.



Summer Youth Enrichment Program Evaluation

Please rank program components from 1 to 5, using the following scale:

	1 Very Poor	2 Poor	3 Fair	4 Good	5 Exceptional
1. Food – Meals and Planning					
a. Assignment of task (planning, shopping, cooking)	1	2	3	4	5
b. Times of meals and snacks	1	2	3	4	5
c. Food and menu choices	1	2	3	4	5
d. Overall meals and planning	1	2	3	4	5
Comments:					
2. Agenda					
a. Planning and organization	1	2	3	4	5
b. Session time to free time ratio	1	2	3	4	5
c. Maintain schedule timeline	1	2	3	4	5
d. Overall agenda	1	2	3	4	5
Comments:					
3. Off-Site Program Activities					
a. Safe and protective environment	1	2	3	4	5
b. Access to supplemental activities	1	2	3	4	5
c. Friendliness and professionalism of program staff	1	2	3	4	5
d. Overall program and logistics	1	2	3	4	5
Comments:					
4. Programs and Sessions					
a. Content of programs and sessions	1	2	3	4	5
b. Speaker(s) and presenter(s) quality	1	2	3	4	5
c. Quality of materials provided	1	2	3	4	5
d. Overall programs and sessions	1	2	3	4	5
Comments:					
5. Transportation					
a. Length of drive to activity site(s)	1	2	3	4	5
b. Activities in car/van N/A	1	2	3	4	5
c. Overall transportation	1	2	3	4	5
Comments:					
6. Overall Evaluation Score: _____	1	2	3	4	5

Signature _____
 (Optional)



April 15, 2013

Re: Financial Audit

To Whom It May Concern:

This submission is being provided in lieu of the requested financial audit. Based on consultation with Paula E. Wooldridge, CPA and taking in consideration our income over the last several years, it is cost prohibitive to conduct financial audits.

For the past few years 1+1=U, Inc. has used QuickBooks accounting software to track income and expenses. Paula E. Wooldridge, CPA is consulted when questions arise about how transactions should be recorded.

Additionally, I work closely with Paula when preparing information that is used to process year end 990 tax forms. As a part of this process, Paula reviews transactions and makes recommendations for any adjustments she sees as necessary. Once necessary adjustments are made, year-end reports are finalized. Paula uses information from finalized reports to file 990 tax forms which are due to the IRS by May 15th each year.

If there are any additional questions or concerns in reference to this matter, please feel free to contact me directly at (502)314-2344 or tandudarby@insightbb.com. You may also contact Paula E. Wooldridge, CPA at (502)493-9373.

Sincerely,

A handwritten signature in black ink that reads 'Uneka Cottrell-Darby'.

Uneka Cottrell-Darby, Treasurer

My Commission expires 2/11/2014
B G Jewell, Notary
P.O. Box 22561 - Louisville, KY 40252
Phone: 502-500-0433 Fax: 502-339-1563

ONE PLUS ONE EQUALS U, INC.

Program Staff 2016

***Disclaimer:** *Our organization is administered and managed by professional staff who serve as mentors and volunteers by paying it forward through service hours to implement youth programming year-round. Only during the Summer Youth Enrichment Program do program coordinators and Educational Learning Facilitators receive partial stipends.*

Margaret Dunbar Demaree, Founder/Executive Director: Ms. Dunbar Demaree received a B.S. degree from Eastern Kentucky University and her M.A. from the University of Louisville, both in Special Education. In addition, she holds administration certification from Western Kentucky University. Ms. Demaree is a senior faculty member at Central High Magnet Career Academy, where she founded One Plus One Equals U, Inc. in 2007. **(Compensation during SYEP \$25.00ph x 25hrs x 16wks=\$10,000.00)**

Edward Burton, Jr., Co-Director and Director of the Young Men's Health and Wellness Initiative: Mr. Burton is a 1981 graduate of Morehead State University (Special Education); and former superintendent of juvenile services for the Kentucky State Department of Juvenile Justice. Mr. Burton has specialized in working with at-risk youths for nearly 20 years; he is currently a student monitor and track/field coach at duPont Manual High School. **(Compensation during SYEP \$22.50ph x 25hrs x 16wks=\$9,000.00)**

Marsha Lynn Burton, Program Coordinator: Mrs. Burton is the founder and owner of Circles of Peace, LLC, a faith-based multi-disciplinary service agency and certified as a court-approved mediator for Jefferson County Family Court in Louisville, KY through Just Solutions. She is also a trained facilitator for Restorative Justice Louisville (RJL). Ms. Burton holds Masters Degrees in Dispute & Conflict Resolution and Social Work from Spalding University. **(Compensation during SYEP \$19.75ph x 25hrs x 10wks=\$4,937.50)**

Shaun Lockhart, Administrative Coordinator: Shaun is a business owner specializing in marketing, promotions and advertising development. A former Chips Quinn Scholar, Shawn has over 12 years of experience in the marketing industry; attended Western Kentucky University, University of Louisville and received his B.S. in Management from Kaplan University in 2007.

Rachelle Adams, Educational Learning Facilitator (Coordinator): Instructional assistant with the Jefferson County Public Schools' Central High School Magnet Career Academy. Rachelle assists in the coordination of classroom curriculum and is also experienced in special education, computer technology and graphics design.

Uneka Cottrell-Darby, Treasurer, Board of Directors: Uneka has over 20 years of client services and accounts management experience. She has been employed with corporations and companies including KFC and Texas Roadhouse. Ms. Cottrell-Darby is currently an office manager for local optometrist and Financial Manager for the Elim Baptist Church.

Tiffany Johnson, Educational Learning Facilitator: Tiffany is a former business owner from Knoxville, Tennessee, who relocated to Louisville to earn a post-secondary degree in graphic design. She has been a case management specialist at East Louisville Community Ministry, and an instructional intern at Central High School Magnet Career Academy. Ms. Johnson graduated from Brown Mackie College in 2013 with an Associate's degree.

ONE PLUS ONE EQUALS U, INC

General Information

Organization Number	0665325
Name	ONE PLUS ONE EQUALS U, INC
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	5/25/2007 3:12:02 PM
Organization Date	5/25/2007
Last Annual Report	3/24/2016
Principal Office	11301 PRINCE GEORGE CT. LOUISVILLE, KY 40241
Registered Agent	MARGARET DUNBAR DEMAREE 11301 PRINCE GEORGE CT. LOUISVILLE, KY 40241

Current Officers

President	<u>Robert McClain</u>
Vice President	<u>Edward Burton</u>
Treasurer	<u>Uneka Darby</u>
Director	<u>Bobby Schiavone</u>
Director	<u>Joseph Henderson</u>
Director	<u>Bridget Dale</u>
Director	<u>Megan Sheckles</u>
Executive	<u>Margaret Dunbar-Demaree</u>

Individuals / Entities listed at time of formation

Director	<u>STEVE SEROTTE</u>
Director	<u>KEVIN SHURN</u>
Director	<u>JOAN RAY</u>
Incorporator	<u>STEVE SEROTTE</u>

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<u>Annual Report</u>	3/24/2016	1 page	<u>PDF</u>
<u>Annual Report</u>	4/23/2015	1 page	<u>PDF</u>
<u>Annual Report</u>	4/10/2014	1 page	<u>PDF</u>
<u>Annual Report</u>	8/7/2013	1 page	<u>PDF</u>
<u>Annual Report</u>	6/1/2012	1 page	<u>PDF</u>

<u>Annual Report</u>	6/6/2011	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/25/2010	1 page	<u>PDF</u>	
<u>Annual Report</u>	6/22/2009	1 page	<u>PDF</u>	
<u>Amendment</u>	3/3/2009	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	6/19/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Articles of Incorporation</u>	5/25/2007	1 page	<u>tiff</u>	<u>PDF</u>

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	3/24/2016 11:38:46 PM	3/24/2016 11:38:46 PM	
Annual report	4/23/2015 10:50:41 PM	4/23/2015 10:50:41 PM	
Annual report	4/10/2014 4:27:47 PM	4/10/2014 4:27:47 PM	
Annual report	8/7/2013 2:25:29 PM	8/7/2013 2:25:29 PM	
Annual report	6/1/2012 9:46:57 PM	6/1/2012 9:46:57 PM	
Annual report	6/6/2011 9:36:58 PM	6/6/2011 9:36:58 PM	
Annual report	6/25/2010 12:58:50 PM	6/25/2010 12:58:50 PM	
Annual report	6/22/2009 2:22:49 PM	6/22/2009 2:22:49 PM	
Amendment - Miscellaneous amendments	3/3/2009 1:41:14 PM	3/3/2009	
Annual report	6/19/2008 9:12:02 AM	6/19/2008	
Add	5/25/2007 3:12:46 PM	5/25/2007	

Microfilmed Images