

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 16, 2020

Short Form

A For the 2019 calendar year, or tax year beginning and ending

Header information including name of organization (ONE PLUS ONE EQUALS U INC), address, phone number, and identification number.

Accounting Method and Website information.

Form of organization and tax-exempt status information.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances summary.

Main table with columns for Revenue, Expenses, and Net Assets, containing line items and their corresponding values.

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

22	Cash, savings, and investments	872.	22	2852.
23	Land and buildings		23	
24	Other assets (describe in Schedule O) SEE SCHEDULE O	17989.	24	14134.
25	Total assets	18861.	25	16986.
26	Total liabilities (describe in Schedule O)	0.	26	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	18861.	27	16986.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III
 What is the organization's primary exempt purpose? **SEE SCHEDULE O**
 Describe the organization's program service accomplishments for each of its three largest program services, in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 LEADERSHIP DEVELOPMENT, ENCOURAGING HIGHER LEARNING BY SPECIAL EVENTS, ORGANIZE AND PRESENT COLLEGE FAIRS, AND TUTORING

29 (Grants \$) (If this amount includes foreign grants, check here) 29a

30 (Grants \$) (If this amount includes foreign grants, check here) 30a

31 Other program services (describe in Schedule O) (Grants \$) (If this amount includes foreign grants, check here) 31a

32 Total program service expenses (add lines 28a through 31a) 32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, plans, and deferred compensation	(e) Estimated amount of other compensation
MARGARET DUNBAR-DEMARRE	20.00	0.	0.	0.
EXECUTIVE DIRECTOR				
ROBERT MCCLAIN JR	2.00	0.	0.	0.
PRESIDENT				
EDWARD BURTON	10.00	0.	0.	0.
CO-DIRECTOR				
ROBERT SCHIAVONE II	1.00	0.	0.	0.
DIRECTOR				
JOSEPH HENDERSON	1.00	0.	0.	0.
DIRECTOR				
UNEKA COTTRELL-DARBY	4.00	0.	0.	0.
TREASURER				

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? 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 Sch. C, Part II 47

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

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

49b If "Yes," was the related organization a section 527 organization? 49b

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

52 Did the organization complete Schedule A? Yes No

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

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: **UNEKA COTTRELL-DARBY, TREASURER** Date: _____

Paid Preparer Use Only

Print/type preparer's name: **JOHN P. SCHMIDT CPA** Preparer's signature: _____ Date: **09/03/20**

Firm's name: **JOHN P. SCHMIDT CPA, PSC** Firm's EIN: ****-***6110** Firm's address: **209 TOWNEPARK CIRCLE, SUITE 100 LOUISVILLE, KY 40243** Phone no. **502-254-1040**