

APPROPRIATIONS CONTRACT

THIS CONTRACT is signed on _____, by the City of Pompano Beach (“City”) and OUR FATHER'S HOUSE SOUP KITCHEN, INC., a Not For Profit Corporation authorized to do business in the State of Florida (“Recipient”).

WHEREAS, the City of Pompano Beach has appropriated for its current Fiscal Year 2021-22 (October 1st through September 30th), the sum of \$5,000 to Recipient, to conduct a program entitled or activity as described in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description” (collectively the “Work”) attached hereto and incorporated herein by reference, for the period beginning October 1, 2021 and ending September 30, 2022; and

WHEREAS, the City Commission finds that entering into this Contract serves a valid public purpose as Recipients shall perform or provide a service that is beneficial to the residents of the City, and that the City is currently not in a position to provide such services on its own; and

WHEREAS, it is in the best interest of the City to enter into this contract with Recipient to provide the Work hereunder in accordance with the terms and conditions set forth herein; and

NOW, THEREFORE, in consideration of those mutual promises and the terms and conditions set forth hereafter, the parties agree as set forth below.

1. *Contract Documents.* This Contract consists of Exhibit A, “Recipients Requirements, Contractual Responsibilities and Program Description”; Exhibit B, “Payment Schedule”; and Exhibit C, “Insurance Requirements” attached hereto, made a part hereof and incorporated herein, and all written change orders and modifications issued and approved by the City after execution of this Contract.

2. *Term of Contract.* This Contract shall be for the period beginning October 1, 2021 and ending September 30, 2022.

3. *Renewal.* This Contract is not subject to renewal.

4. *City's Maximum Obligation.* City agrees to pay Recipient the aforementioned sum to provide the Work. Both parties agree that unless otherwise directed by City in writing, Recipient shall continue to provide the Work during the term of this Contract.

5. *Payment of Program.* City shall pay Recipient for performance of the Work in accordance with Payment Schedule set forth in Exhibit B.

6. *Disputes.* Any factual disputes between City and the Recipient in regard to this Contract shall be directed to the City Manager for the City whose decision shall be final.

7. *Contract Administrators, Notices and Demands.*

A. *Contract Administrators.* During the term of this Contract, the City's Contract Administrator shall be the City Manager or his/her written designee and Recipient's Contract Administrator shall be James Crissy or his/her written designee.

B. *Notices and Demands.* A notice, demand or other communication hereunder by either party to the other shall be effective if it is in writing and sent via email, facsimile, registered or certified mail, postage prepaid to the representative(s) named below or is addressed and delivered to such other authorized representative at the address as that party from time to time may designate in writing and forward to the other as provided herein.

If to Recipient: James Crissy
Co-Director
PO Box 668571
Coral Springs, FL 33066
Office: (954) 968-7550
Email: jfcrissy@aol.com

If to City: Greg Harrison, City Manager
100 W Atlantic Blvd.
Pompano Beach, FL 33060
Office: (954) 786-4601
Email: greg.harrison@copbfl.com

8. *Ownership of Documents and Information.* All information, data, reports, plans, procedures or other proprietary rights in all items, developed, prepared, assembled or compiled by Recipient as required for the Work hereunder, whether complete or unfinished, shall be owned by City without restriction, reservation or limitation of their use and made available at any time and at no cost to City upon reasonable written request for use and/or distribution as City deems appropriate provided City has compensated Recipient in accordance with the terms set forth herein. City's re-use of Recipient's Work product shall be at its sole discretion and risk if done without Recipient's written permission. Upon completion of all Work contemplated hereunder or termination of this Contract, Recipient shall promptly provide City's Contract Administrator copies of all of the above Work documents upon written request. Recipient may not disclose, use, license or sell any Work developed, created or otherwise originated hereunder to any third party whatsoever. The rights and obligations created under this paragraph shall survive termination or expiration of this Contract.

To the extent it is necessary for Recipient to perform the Work, City shall provide any information, data and reports in its possession to Recipient free of charge.

9. *Termination.* City shall have the right to terminate this Contract, in whole or in part, for cause, default or negligence on Recipient's part, upon ten (10) business days advance written notice to Recipient. Such Notice of Termination may include City's requests for certain product documents and materials, and other provisions regarding the Program.

If there is any material breach or default in Recipient's performance of any covenant or obligation hereunder which has not been remedied within ten (10) business days after

City's written Notice of Termination, City, in its sole discretion, may terminate this Contract immediately and Recipient shall not be entitled to receive further payment from the effective date of the Notice of Termination.

In the event the City fails for any reason to appropriate funds for this Contract, it shall be deemed terminated and City shall provide Recipient with ten (10) business days written notice. Upon receipt of said notice, Recipient shall be responsible for any and all expenses and/or legal obligations made after receipt of City's written notice from the City.

10. *Force Majeure.* Neither party shall be obligated to perform any duty, requirement or obligation hereunder if such performance is prevented by fire, hurricane, earthquake, explosion, war, civil disorder, sabotage, accident, flood, acts of nature or by any reason of any other matter or condition beyond the control of either party which cannot be overcome by reasonable diligence and without unusual expense ("Force Majeure"). In no event shall economic hardship or lack of funds be considered an event of Force Majeure. Additionally, should funds not be utilized, and services or programs not provided within the specific required time period in this Contract due to circumstances outside the control of Recipient, including but not limited to, a Force Majeure event, City is under no obligation to amend or extend this Contract to provide the approved funding past the expiration of the performance period set forth in this Contract. Any amendment to this Contract for such purposes shall be at City's sole discretion, based upon its budget, available funds, and other factors it may deem relevant.

Recipient must follow all Federal, State, County, and City safety guidelines, including all CDC safety guidelines in effect during the term of the program, including but not limited to social distancing, and personal protection equipment. Inability to conduct the program and follow any and all required safety guidelines from the COVID-19 crisis or other similar emergency, or failure to follow such requirements, including but not limited to, social distancing, shall constitute grounds for immediate cancellation of this Agreement unilaterally by the City upon written notice, which may be provided via electronic mail.

11. *Insurance.* Recipient shall maintain insurance in accordance with Exhibit C throughout the term of this Contract.

12. *Indemnification.* Except as expressly provided herein, no liability shall attach to the City by reason of entering into this Contract.

A. Recipient shall at all times indemnify, hold harmless and defend the City, its officials, employees, volunteers and other authorized agents from and against any and all claims, demands, suit, damages, attorneys' fees, fines, losses, penalties, defense costs or liabilities suffered by the City arising directly or indirectly from any act, breach, omission, negligence, recklessness or misconduct of Recipient and/or any of its agents, officers, or employees hereunder, including any inaccuracy in or breach of any of the representations, warranties or covenants made by the Recipient, its agents, officers and/or employees, in the performance of Work under this Contract. Recipient agrees to investigate, handle, respond to, provide defense for, and defend any such claims at its sole expense and to bear all other costs and expenses related thereto, even if the claim(s) is/are groundless, false or fraudulent. To the extent considered necessary by City, any sums due Recipient hereunder may be retained by City until all of City's claims for indemnification hereunder have been settled or otherwise resolved, and any amount withheld shall not be subject to payment or interest by City.

B. Recipient acknowledges and agrees that City would not enter into this Contract without this indemnification of City by Recipient. The parties agree that one percent (1%) of the total compensation paid to Recipient hereunder shall constitute specific consideration to Recipient for the indemnification provided under this Paragraph and these provisions shall survive expiration or early termination of this Contract.

13. *Sovereign Immunity.* Nothing in this Contract shall be construed to affect in any way the rights, privileges and immunities of the City and its agents as set forth in §768.28, Florida Statutes. Nothing herein shall be construed as consent from either party to be sued by third parties.

14. *Non-Assignability and Subcontracting.*

A. Non-Assignability. This Contract is not assignable and Recipient agrees it shall not assign or otherwise transfer any of its interests, rights or obligations hereunder, in whole or in part, to any other person or entity without City's prior written consent which must be sought in writing not less than fifteen (15) days prior to the date of any proposed assignment. Any attempt by Recipient to assign or transfer any of its rights or obligations hereunder without first obtaining City's written approval shall not be binding on City and, at City's sole discretion, may result in City's immediate termination of this Contract whereby City shall be released of any of its obligations hereunder. In addition, this Contract and the rights and obligations herein shall not be assignable or transferable by any process or proceeding in court, or by judgment, execution, proceedings in insolvency, bankruptcy or receivership. In the event of Recipient's insolvency or bankruptcy, City may, at its option, terminate and cancel this Contract without any notice of any kind whatsoever, in which event all rights of Recipient hereunder shall immediately cease and terminate.

B. Subcontracting. Prior to subcontracting for Work to be performed hereunder, Recipient shall be required to obtain the written approval of the City's Contract Administrator. If the City's Contract Administrator, in his/her sole discretion, objects to the proposed subcontractor, Recipient shall be prohibited from allowing that subcontractor to provide any Work hereunder. Although Recipient may subcontract Work in accordance with this Paragraph, Recipient remains responsible for any and all contractual obligations hereunder and shall also be responsible to ensure that none of its proposed subcontractors are listed on the *Convicted Vendors List* in accordance with the provisions of Paragraph 26 below.

15. *Performance Under Law.* Recipient, in performance of its duties under this Contract, agrees to comply with all applicable local, state and/or federal laws and ordinances including, but not limited to, standards of licensing, conduct of business and those relating to criminal activity.

16. *Audit and Inspection Records.* Recipient shall permit authorized representatives of the City to inspect and audit all data and records of the Recipient, if any, related to the Work being funded by this Contract until three (3) years after City's final payment under this Contract. Recipient agrees that such inspections and audits may include City's authorized representatives auditing Recipient's financial affairs at any time with no advance notice by City.

Recipient further agrees to include in all subcontracts hereunder a provision to the effect that the subcontractor agrees that City or any of its duly authorized representatives shall,

until **three (3) years after City's final payment to Recipient**, have access to and the right to examine any books, documents, papers and records of such subcontractor attendant to any subcontracted Work provided hereunder.

In the event Recipient receives fifty thousand dollars (\$50,000.00) or more from the City, the City reserves the right to request a copy of a Grant Auditing Report conducted in accordance with the Government Auditing Standards issued by the United States Comptroller General and the provisions of OMB Circular A-133 issued by the Office of Management and Budget, Executive Office of the President. If such a request is made by the City, all grant funds shall be shown via explicit disclosure in the annual financial statements and/or the accompanying notes to the financial statement. Upon City's written request, this Report shall be due within 120 days of the close of the City's fiscal year.

17. *Adherence to Law.* Both parties shall adhere to all applicable laws governing their relationship with their employees including, but not limited to, laws, rules, regulations and policies concerning worker's compensation, unemployment compensation and minimum wage requirements.

18. *Independent Contractor.* Recipient shall be deemed an independent contractor for all purposes, and employees of Recipient and all its contractors, subcontractors and the employees thereof, shall not in any manner be deemed to be employees of the City. As such, the employees of Recipient, its contractors or subcontractors, shall not be subject to any withholding for tax, social security or other purposes by City, nor shall such contractor, subcontractor or employee be entitled to sick leave, pension benefits, vacation, medical benefits, life insurance, workers or unemployment compensation or the like from City. Furthermore; nothing in this Contract shall be deemed to constitute or create a joint venture, partnership, pooling arrangement or other form of business entity between Recipient and City.

19. *Mutual cooperation.* Recipient recognizes its performance of Work hereunder is essential to the provision of vital public services and the accomplishment of the stated goals and mission of City. Therefore, Recipient shall be responsible to maintain a cooperative and good faith attitude in all relations with City and the public and shall actively foster a public image of mutual benefit to both parties. Recipient shall not make any statements or take any actions detrimental to this effort.

20. *Public Records.*

A. The City of Pompano Beach is a public agency subject to Chapter 119, Florida Statutes. The Recipient shall comply with Florida's Public Records Law, as amended. Specifically, the Recipient shall:

1. Keep and maintain public records required by the City in order to perform the service.

2. Upon request from the City's custodian of public records, provide the City with a copy of requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes or as otherwise provided by law.

3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the Contract if Recipient does not transfer the records to the City.

4. Upon completion of this Contract, transfer, at no cost to City, all public records in its possession or keep and maintain public records required by the City as required hereunder. If Recipient transfers all public records to the City upon completion of this Contract, Recipient shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If Recipient keeps and maintains public records upon completion of this Contract, Recipient shall meet all applicable requirements for retaining public records. Upon request from the City's custodian of public records, all records stored electronically by Recipient must be provided to the City in a format that is compatible with the information technology systems of the City.

B. Failure of the Recipient to provide the above described public records to the City within a reasonable time may subject Recipient to penalties under §119.10, Florida Statutes, as amended.

PUBLIC RECORDS CUSTODIAN

**IF THE RECIPIENT HAS QUESTIONS REGARDING
THE APPLICATION OF CHAPTER 119, FLORIDA
STATUTES, TO THE RECIPIENT'S DUTY TO PROVIDE
PUBLIC RECORDS RELATING TO THIS CONTRACT,
CONTACT THE CUSTODIAN OF PUBLIC RECORDS
AT:**

**CITY CLERK
100 W. Atlantic Blvd., Suite 253
Pompano Beach, Florida 33060
(954) 786-4611
RecordsCustodian@copbfl.com**

21. *Governing Law.* Agreement must be interpreted and construed in accordance with and governed by the laws of the State of Florida. The exclusive venue for any lawsuit arising from, related to, or in connection with this Agreement will be in the state courts of the Seventeenth Judicial Circuit in and for Broward County, Florida. If any claim arising from, related to, or in connection with this Agreement must be litigated in federal court, the exclusive venue for any such lawsuit will be in the United States District Court or United States Bankruptcy Court for the Southern District of Florida. BY ENTERING INTO THIS AGREEMENT, THE PARTIES HEREBY EXPRESSLY WAIVE ANY RIGHTS EITHER PARTY MAY HAVE TO A TRIAL BY JURY OF ANY CIVIL LITIGATION RELATED TO THIS AGREEMENT.

22. *Waiver and Modification.*

A. No waiver made by either party with respect to performance, manner, time, or any obligation of either party or any condition hereunder shall be considered a waiver of that party's rights with respect to the particular obligation or condition beyond those expressly waived in writing or a waiver of any other rights of the party making the waiver or any other obligations of the other party.

B. *No Waiver by Delay.* The City shall have the right to institute such actions or proceedings as it may deem desirable for effectuating the purposes of this Contract provided that any delay by City in asserting its rights hereunder shall not operate as a waiver of such rights or limit them in any way. The intent of this provision is that City shall not be constrained to exercise such remedy at a time when it may still hope to otherwise resolve the problems created by the default or risk nor shall any waiver made by City with respect to any specific default by Recipient be considered a waiver of City's rights with respect to that default or any other default by Recipient.

C. Either party may request changes to modify certain provisions of this Contract; however, unless otherwise provided for herein, any such changes must be contained in a written amendment executed by both parties with the same formality of this Contract.

23. *No Contingent Fee.* Recipient warrants that other than a bona fide employee working solely for Recipient, Recipient has not employed or retained any person or entity, or paid or agreed to pay any person or entity, any fee, commission, gift or any other consideration to solicit or secure this Contract or contingent upon or resulting from the award or making of this Contract. In the event of Recipient's breach or violation of this provision, City shall have the right to terminate this Contract without liability and, at City's sole discretion, to deduct from the Payment Schedule set forth in Exhibit B or otherwise recover the full amount of such fee, commission, gift or other consideration.

24. *Attorneys' Fees and Costs.* In the event of any litigation involving the provisions of this Contract, both parties agree that the prevailing party in such litigation shall be entitled to recover from the non-prevailing party reasonable attorney and paraprofessional fees as well as all out-of-pocket costs and expenses incurred thereby by the prevailing party in such litigation through all appellate levels.

25. *No Third-Party Beneficiaries.* Recipient and City agree that this Contract and other contracts pertaining to Recipient's performance hereunder shall not create any obligation on Recipient or City's part to third parties. No person not a party to this Contract shall be a third-party beneficiary or acquire any rights hereunder.

26. *Public Entity Crimes Act.* As of the full execution of this Contract, Recipient certifies that in accordance with §287.133, Florida Statutes, it is not on the *Convicted Vendors List* maintained by the State of Florida, Department of General Services. If Recipient is subsequently listed on the *Convicted Vendors List* during the term of this Contract, Recipient agrees it shall immediately provide City written notice of such designation in accordance with Paragraph 7 above.

27. *Entire Contract.* This document incorporates and includes all prior negotiations, correspondence, conversations, contracts or understandings applicable to the matters contained herein, and the parties agree that there are no commitments, contracts or understandings concerning the subject matter of this Contract that are not contained in this document. Accordingly, it is agreed that no deviation from the terms hereof shall be predicated upon any prior representations or contracts, whether oral or written.

28. *Headings.* The headings or titles to Articles of this Contract are not part of the Contract and shall have no effect upon the construction or interpretation of any part of this Contract.

29. *Counterparts.* This Contract may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. A photocopy, email or facsimile copy of this Contract and any signatory hereon shall be considered for all purposes as original.

30. *Approvals.* Whenever City approval(s) shall be required for any action under this Contract, said approval(s) shall not be unreasonably withheld.

31. *Absence of Conflicts of Interest.* Both parties represent they presently have no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with their performance under this Contract and that no person having any conflicting interest shall be employed or engaged by either party in their performance hereunder.

32. *Binding Effect.* The benefits and obligations imposed pursuant to this Contract shall be binding and enforceable by and against the parties hereto.

33. *Severability.* Should any provision of this Contract or the applications of such provisions be rendered or declared invalid by a court action or by reason of any existing or subsequently enacted legislation, the remaining parts of provisions of this Contract shall remain in full force and effect.

THE REMAINDER OF THE PAGE IS INTENTIONALLY LEFT BLANK

“CITY”:

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed the day and year hereinabove written.

CITY OF POMPANO BEACH

By: _____
REX HARDIN, MAYOR

By: _____
GREGORY P. HARRISON, CITY MANAGER

Attest:

ASCELETA HAMMOND
CITY CLERK

(SEAL)

Approved As To From:

MARK E. BERMAN
CITY ATTORNEY

“RECIPIENT”

OUR FATHER'S HOUSE SOUP KITCHEN, INC.
(Print or type name of company here)

Witnesses:

Patricia A. Garity

PATRICIA A. GARTTY

(Print or Type Name)

James P. Garity

James P. Garity

(Print or Type Name)

By: Katie Crissy

Print Name: KATIE CRISSY

Title: PRESIDENT

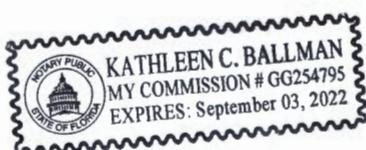
Business License No. 65-0150748

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this 15 day of September, 2021, by KATIE CRISSY as PRESIDENT of OUR FATHER'S HOUSE SOUP KITCHEN, INC., a Florida non for profit corporation. She is personally known to me or who has produced Florida drivers license (type of identification) as identification.

NOTARY'S SEAL:



Kathleen C. Ballman
NOTARY PUBLIC, STATE OF FLORIDA

KATHLEEN C. BALLMAN
(Name of Acknowledger Typed, Printed or Stamped)

GG 254795

Commission Number

Exhibit “A”

Recipients Requirements, Contractual Responsibilities and Program Description

1. RECIPIENT agrees to do as follows:
 - a) To accept the funds as appropriated in accordance with the terms of this Contract; and
 - b) If RECIPIENT intends on obtaining matching funds from another source at the time of the application for the CITY grant, the CITY reserves the right to request a copy of the matching fund contract along with a financial report; and
 - c) Prior to the award of any CITY funds, RECIPIENT shall provide documentation substantiating that RECIPIENT's corporation/organization falls within Section 501(c)(3) and Section 501(A) of the Internal Revenue Code and a W9 form; and
 - d) To abide by Chapter 119, Florida Statutes, as from time to time amended, and to comply with all applicable federal, state, county and municipal laws, ordinances, codes and regulations. Any difference between the above federal, state, county or municipal guidelines or regulations and this Contract shall be resolved in favor of the more restrictive guidelines; and
 - e) To utilize allotted funds under this Contract for the sole purpose set forth in this Contract – FRAUDULENT USE OF CITY FUNDS SHALL RESULT IN THE TERMINATION OF THIS CONTRACT AND THE RECIPIENT SHALL BE OBLIGATED TO RETURN ALL THE FUNDS AWARDED BY THIS CONTRACT. IN ADDITION, THE CITY RESERVES ANY AND ALL RIGHTS AFFORDED UNDER THE LAW INCLUDING PROSECUTION FOR SUCH FRAUDULENT USE OF CITY FUNDS IN A COURT OF COMPETENT JURISDICTION. ALL UNSPENT FUNDS MUST BE RETURNED TO THE CITY; and
 - f) To return to the CITY within fifteen (15) days of demand all CITY funds paid to said RECIPIENT under the terms of this Contract upon the finding that the terms of any contract executed by the RECIPIENT of the provisions or any applicable ordinance or law have been violated by the RECIPIENT; and
 - g) To return to the CITY all funds expended for disallowed expenditures as determined by the CITY which includes, but not limited to:
 - i. Personal digital assistants (PDAs), cell phones, smartphones, and similar devices
 - ii. Service costs to support PDAs, cell phones, smartphones, and similar devices such as wireless services and data plans
 - iii. Proposal preparation including the costs to develop, prepare or write the proposal
 - iv. Pre-award costs
 - v. Out-of-state travel; non-local travel expenses
 - vi. Gift cards
 - vii. Purchase/lease of facilities or vehicles (e.g., buildings, buses, vans, cars)
 - viii. Rentals – one day only (written justification and approval needed for additional time)

- ix. Entertainment – exceptions shall be made for community events (written justification and approval needed prior)
- x. Land acquisition
- xi. Furniture
- xii. Honorariums for presenters/speakers and any costs associated with travel expenses
- xiii. Kitchen appliances (e.g., refrigerators, microwaves, stoves, tabletop burners)
- xiv. Tuition/Scholarships
- xv. Capital improvements and permanent renovations (e.g., playgrounds, buildings, fences, wiring)
- xvi. Clothing or uniforms (written justification and approval needed)
- xvii. Project banquets/luncheons
- xviii. Costs for items/services already covered by indirect costs allocation (supplanting)
- xix. Out of state college tours
- xx. Out of county field trips
- xxi. Alcohol
- xxii. Airfare
- xxiii. Boat rentals
- xxiv. Family incentives
- xxv. Car mileage
- xxvi. Stipends
- xxvii. Payroll taxes
- xxviii. Laboratory fees
- xxix. Computers
- xxx. Health benefits
- xxxi. Appliances and home goods (written justification and approval needed)
- xxxii. Digital Cameras
- xxxiii. Plaques
- xxxiv. Hotel Costs
- xxxv. Housing - (written justification and approval needed based on programming)

- h) To maintain books, records and documents in accordance with generally accepted accounting procedures and practices to maintain adequate internal controls which, relating to the project(s), sufficiently and properly reflect all expenditures of funds provided by the CITY under this Contract; and

2) RECIPIENT agrees to provide the City Manager's Office or designee with a quarterly narrative and financial progress report, if applicable, on the program or activity described in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description.

Such reports shall include basic statistical information relative to the program or activity and a statement of expenditures made in each budget category and line item identified in the budget which is included in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description.

RECIPIENT shall receive the first wave of funding upon approval by the City Commission. A narrative and financial report shall be due on the dates listed below, as applicable.

However, following the completion of the first narrative and financial report and as indicated in Exhibit "B" Payment Schedule, the remaining distribution payment to the RECIPIENT shall be contingent upon prior receipt of the required progress narrative and financial report which is due during the preceding quarter. Narrative and financial reports for recipients receiving quarterly or monthly payments as indicated in Exhibit "B" Payment Schedule shall be due no later than the following dates:

1st Quarterly Narrative & Financial Report (October/November/December) - February 1st

2nd Quarterly Narrative & Financial Report (January/February/March) - May 1st

3rd Quarterly Narrative & Financial Report (April/May/June) - August 1st

4th Quarterly Narrative & Financial Report (July/August/September) - September 30th

If RECIPIENT receives a lump sum payment for a one-time event or an award amount of \$5,000 or less then the RECIPIENT shall be required to submit their narrative and financial report on a due date above as assigned by the CITY at a later date. The due date shall occurs after the program or activity described in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description has concluded.

However, if any of the above dates fall on a weekend, then the due date shall be extended to the next business day, thereafter, as long as it does not exceed the term of this contact.

When submitting the quarterly narrative reports, RECIPIENT shall track and report to the CITY the following:

- a. Current and final outcomes for the program based on the objectives provided in the RECIPIENT's grant application
- b. Include all available statistics and/or numbers regarding the demographics of individuals served by the program; such as the number of CITY of Pompano Beach residents served (include tracking method used)
 - i. Age
 - ii. Race
 - iii. Gender
 - iv. Zip Codes
 - v. Household income (if applicable)
- c. Describe accomplishments of the program to date
- d. Summary of the impact the program has had on its intended target audience; to include challenges faced, photographs of the project and success stories (How did the CITY's funding make a difference in a resident/recipient's life?)

Failure to provide the quarterly narrative reports shall render an organization ineligible to receive future payouts.

- 3) The approved budget for the RECIPIENT, included in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description and any changes in the budget which would affect expenditure of funds provided under the terms of this contract, must be approved in writing by the City Manager or his/her designee prior to the expenditure of such funds; provided, that nothing herein shall authorize or allow any expenditure or obligation of funds in excess of the total sum aforesaid.

RECIPIENT shall submit financial reports with all required documentation of expenditures (including original receipts/proofs of payments and itemized list).

Failure to provide a narrative and financial report as assigned by the CITY and/or failure to utilize all of the prior allocated funds from the first six months of the contract shall render an organization ineligible to receive additional payouts and render the organization ineligible for current and future funding from the CITY.

Failure from the RECIPIENT to provide a Quarterly or Final narrative or Monthly, Quarterly or Lump Sum, financial report shall forfeit all outstanding project funding and shall render the RECIPIENT ineligible for additional funding from the CITY.

- 4) RECIPIENT agrees that any funds provided by the CITY for the operation of the program or activity during the current CITY's fiscal year, which are residual funds remaining unspent or unencumbered by any existing (not contingent) legal obligation shall be returned to the CITY.
- 5) RECIPIENT shall not use the CITY's logo, materials, or testimony for promotion of the RECIPIENT's program without written authorization from the CITY Manager or its designee.
- 6) RECIPIENTS shall attend a mandatory Orientation provided by the CITY at a date to be determined by the CITY. Failure to attend said Orientation shall be grounds for termination of the contract.
- 7) In cases where a contract is terminated by the CITY for default by RECIPIENT, the CITY reserves the right to deny RECIPIENT's future applications for new funding for a time to be determined by the City Manager, and/or his or her designee, and/or the City Commission.

Organization Name: OUR FATHER'S HOUSE SOUP KITCHEN, INC.

Program Funded: Bike Academy

Amount Funded: \$5,000

Program Description: We provide a Bike Academy which accepts discarded bicycles and repair them to make them useful to those who need it for basic transportation needs. Recipients must "earn" the bicycle by either helping in the direct repair or in other parts of the ministry depending on the need. This may mean basic maintenance or using one of their special skills or trade.

Form Name: City of Pompano Beach Nonprofit Sponsorship Application
Submission Time: April 27, 2021 5:30 pm
Browser: Mozilla rv:11.0 / Windows
IP Address: 99.94.165.200
Unique ID: 799623417
Location: 26.271999359131, -80.258003234863

About Your Organization

Which Fiscal Year Is Your Organization Applying For? 2021-2022

Full Name of Nonprofit:	Our Father's House Soup Kitchen, Inc.
Mission of Nonprofit:	<p>The primary mission is to provide hot lunches Monday - Friday in a peaceful and sheltered environment and to provide other emergency food pantry items and clothing assistance on an as-needed basis.</p> <p>The overall goal is to provide nutrition and hope via a variety of programs to give guests a hand up rather than a handout.</p>
Brief Overview of Nonprofit:	<p>Our Father's House Soup Kitchen, Inc. is a charitable tax-exempt 501(c)3 organization located in Pompano Beach, Florida dedicated to feeding the homeless and needy without discrimination since 1989.</p> <p>Located on the western end of Martin Luther King Blvd., we are a very active supporter of the immediate community and use our local ties to not only fulfill our primary mission of the hot lunch program but</p>
Nonprofit Website:	ofhsoupkitchen.org
Which Funding Priority Does Your Nonprofit Qualify For:	Workforce Readiness
Type of Organization - select the one that best applies:	Human Services
Executive Summary of How Nonprofit will use City of Pompano Beach Funding:	<p>While our day-to-day mission is to provide lunch, we also have a "Bike Academy" which receives donated used bicycles that are repaired by those who are willing and able and can use the bicycle as a vital form of transportation. This endeavor takes a lot of manpower and spare parts and we have hired a part-time worker/manager to help. Funding is needed to help pay for his salary as well as provide for the parts and the building space.</p>
How Does Your Nonprofit/Program Fit the Guidelines and Funding Interests?	<p>We find that many of our guests are sometimes willing and able to work in the local community and that are reluctant to rely on public transportation or use a combination of bus/bicycle to travel to the workplace.</p> <p>Also, by requiring that they either help either in the bike academy or in some other part of the ministry, we feel they are very likely learning useful manual and technical skills to be used in another job.</p>

Statement of Need:	We are requesting \$5,000 for the purchase of bicycle tires, tubes, etc. as well as help pay the salary of our part-time bike academy manager (who was previously homeless).
Include a Description of the Geographic Area You Serve:	Our immediate area is the "Collier City" area in the far western reaches of Pompano Beach but we have guests from other areas as well.
About Your Board of Directors	
Board Disabled	1
Board Minorities	2
Board Seniors	6
Total Board Members	10
Program/Event Information #1	
Will your organization be hosting an event on City property?	No
Which are you applying for? (Program/Event)	Program
Program/Event Name	Bike Academy
Type of Program/Event	Nonprofit Program/Seminar/Workshop
Describe the program/event succinctly:	We provide a Bike Academy which accepts discarded bicycles and repair them to make them useful to those who need it for basic transportation needs. Recipients must "earn" the bicycle by either helping in the direct repair or in other parts of the ministry depending on the need. This may mean basic maintenance or using one of their special skills or trade.
Elaborate on your program/event objectives. How do you plan on using the funding to solve the problem?	We have found that bicycle parts and storage can be a challenge so the funding is needed to maintain a good supply of these parts which mostly means new tires/tubes. In addition, management is needed to purchase and organize and help with the distribution of the equipment and the space where the work is performed. The \$5,000 would be used directly for these two budget items.
What are the outcomes of your program/event?	We really hope that the recipients, by "working" for their bicycles will treat it well and use it to improve the opportunity to either seek new employment or become more productive in their present jobs.
Estimated # of Attendees at the Program/Event (select the one that best applies)	51-150

**Please Specify the Number of City of
Pompano Beach Residents Your
Organization will Serve if the
Program/Event is Funded:**

75

Describe the demographics of the population you are impacting with this program/event: Demographics: Socioeconomic characteristics of a population expressed statistically, such as age, sex, education level, income level, occupation.

Our area of Pompano Beach, along the western reaches of Martin Luther King Blvd. is among the poorest in Broward County and also the least educated so any help we can give, we do. The population is predominantly african american and increasingly hispanic and haitian.

Start Date of Program/Event: Jan 01, 2021

End Date of Program/Event: Dec 31, 2022

Does your program/event have a start time/end time? No

Name of Program/Event Venue: Our Father's House Soup Kitchen - Bike Academy

Address of Program/Event Venue Location: 2380 Martin Luther King Blvd.
Pompano Beach, FL 33069

Attire of Program/Event (select the one that best applies): Casual

List any Benefits or Amenities the City of Pompano Beach Receives: Lower unemployment and panhandling and hopefully homelessness.

Amount Requested: 5000

Are you applying for a second Program/Event? No

Additional Activities

Are there any additional activities associated with the primary sponsorship event (Examples include VIP event, Kickoff event, Awards Ceremony, Thank You/Recognition Party, etc...) No

Additional Information

What are your organization's credentials? Tell us why your organization does it better than anyone else.

We have a very strong and respected standing not only in the area we serve but also among several civic and religious organizations who support us whenever possible. We have been able to use those contacts to keep up a steady supply of used bicycles and even help finding employment.

Any other information you wish to share?

Our main bike academy worker, David Zook, is a military veteran and has unfortunately suffered homelessness as well and is very dedicated to using his many talents to help those in need. Much of this funding is to help with his salary.

City of Pompano Beach Funding History

Has your organization been funded before by City of Pompano Beach?

Yes

If yes, when was the most recent year? 20-21

What was the name of program/event funded? Bike Academy

How much was the funding for this program/event? 5000

Requested Budget Information

What is the total value your nonprofit is applying for? 5000

If you are not awarded the full funding requested for your event/program, will you be able to complete your project? Yes

Are you including the following:

Itemized Budget - Please provide a budget for the program/event you are applying for vs. the agency's annual budget = Yes
W9 = Yes
IRS Letter = Yes
List of Board of Directors = Yes
Articles of Incorporation = Yes
Most Recent 990 Form = Yes

Upload your documents: All items are mandatory.

Itemized Budget - Please provide a budget ONLY for the program/event you are applying for. Annual agency budgets will not be accepted. https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077528/799623417/72077528_ofh_itemized_budget.pdf

W9

https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077535/799623417/72077535_ofh_2018_w9.pdf

IRS Letter	https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077552/799623417/72077552_ofh_irs_letter.pdf
List of Board of Directors	https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077556/799623417/72077556_ofh_board_of_directors.pdf
Articles of Incorporation	https://s3.amazonaws.com/files.formstack.com/uploads/3276970/72077558/799623417/72077558_ofh_articles_of_incorporation.pdf
Most Recent 990 Form	https://s3.amazonaws.com/files.formstack.com/uploads/3276970/90960095/799623417/90960095_ofh_990_form.pdf

Upload your documents: Matching Gift Documentation

**Does Your Organization Receive
Matching Funds?** No

Primary Nonprofit Contact

Name	James Crissy
Title	Co-Director
Email	jfcrissy@aol.com
Phone Number	(954) 968-7550
Mailing Address (If awarded, your payment will be mailed to this address)	PO Box 668571 Coral Springs, FL 33066

Secondary Nonprofit Contact

Name	Patty Garity
Title	Board Secretary
Email	pattyg@ofhsoupkitchen.org
Phone Number	(954) 609-5939

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4077383720
Jan. 16, 2020 LTR 4168C 0
65-0150748 000000 00
00026026
BODC: TE

OUR FATHERS HOUSE SOUP KITCHEN INC
PO BOX 668571
POMPANO BEACH FL 33066-8571



002518

Employer ID number: 65-0150748
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Dec. 11, 2019, about your tax-exempt status.

We issued you a determination letter in January 1990, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

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Jan. 16, 2020 LTR 4168C 0
65-0150748 000000 00
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OUR FATHERS HOUSE SOUP KITCHEN INC
PO BOX 668571
POMPANO BEACH FL 33066-8571

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,

Stephen A. Martin

Stephen A. Martin
Director, EO Rulings & Agreements

ARTICLE OF INCORPORATION
OF
OUR FATHER'S HOUSE SOUP KITCHEN, INC.
A FLORIDA CORPORATION

4-3-89

SECRETARY
TALLAHASSEE
FLA
APR -3-1989
FILED

The name o th Corporation i OUR FATHER'S HOUSE SOUP
KITCHEN, INC. f e s

ARTICLE ONE
NAME

The name o th Corporation i OUR FATHER'S HOUSE SOUP
KITCHEN, INC. f e s

ARTICLE TWO
nuration

The term of existence of the corporation is perpetual; and the corporate existence will commence on the filing of these Articles with the Department of State.

ARTICLE THREE
Purpose

The purposes for which the corporation is organized are:

II) Said corporation is organized exclusively for charitable, religious, educational and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code,

(2) Primarily to develop, administer and operate a nonprofit food station exclusively for Charitable purposes. to wit, for the care and feeding of afflicted, infirm, disabled or destitute persons.

(3) To receive, catalog and disburse not for pecuniary profit, clothing. gifts and tangible personal property for the care of afflicted. infirm, disabled or destitute persons:

(4) Generally to engage in any lawful purpose or purposes not for pecuniary profit and to have an exercise all rights and powers conferred on nonprofit corporations under the laws of the State of Florida, or which may hereafter be conferred, including the power to contract. rent, buy or sell personal or real property; provided. however. that this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the primary charitable purposes of this corporation.

(5) Notwithstanding any of the above statements of purposes and powers, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the primary purpose of this corporation.

ARTICLE FOUR
Non-stock Corporation

This corporation shall be non-stock and no dividends or pecuniary profits shall be declared or paid to the members thereof.

ARTICLE FIVE
Directors

There shall be six (6) members of the initial Board of the Corporation. The names and addresses of the persons who are to serve as Directors until the first election thereof are as follows:

NAME	ADDRESS
Jimmy F. Rotonno	21910 Cricklewood Terrace Pres. Boca Raton, Florida 33428
Phyllis Rotonno	21910 Cricklewood Terrace v.pres. Boca Raton. Florida 33428
Barbara Rielly	23200 Camino Del Mar Sec. Apt. 198 Boca Raton, Florida
Paul D. Houle	512 W. Oakland Park Blvd. Treas. Fort Lauderdale, Fl. 33331
Winston Davis	1051 N. E. 43rd Ct. Oakland Park. Florida Treas.
MR. F.laine Nace	2780 Somerset Dr. Asst. Sec. Lauderdale Lakes, Fl.

The number of Directors may be increased or decreased from time to time by an amendment to the Bylaws of the Corporation but shall never be less than five (5).

ARTICLE SIX
Registered Office and Agent.

The initial registered office of the corporation shall be located at Beach. Florida. at that address e~Roa~_d~,~ The initial registered agent of the Corporation shall be JIMMY F. ROTONNO.

ARTICLE SEVEN
Mpmhc.T!':

The corporatioil sha~L have members. The cond~tions and
regulations of membership and the rights and other privileges of the classes of membership shall be fixed by the By-Laws

ARTICLE EIGHT

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o
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s

The names and residence addresses of the subscribers of these Articles of Incorporation are

NAME	ADDRESS
Jimmy F. Rotonno	21910 Cricklewood Terrace Boca Raton, Florida 33428
Phyllis Rotonno	21910 cricklewood Terrace Boca Raton, Florida 33428
Barbara Rielly	23000 Camino Del Mar Apt. 198 Boca Raton, Flor~da
Paul D. Houle	512 W. Oakland Park Blvd. Fort Lauderdale, Fl. 33331
Win~t~nn Davis	1051 N. F.. 41rd C~. Oakland Park, Florida
MR. F.lainp Nacc.	'7RO SmC.rRC.~ nr. Lauderdale Lakes, Fl.

ARTICLE NINE
Amendment of Articles of Incorporation.

The power to alter, amend or repeal the Articles of Incorporation of this corporation is vested in the Board of Directors and the members pursuant to a resolution approved by a Majority of the Directors and by a Majority of the Members.

ARTICLE TEN
No vested right, interest or privilege

Incorporators and members shall have no vested right, interest or privilege in or to assets, functions, affairs or franchises of the corporation. and no such right, interest or privilege may be transferred or inherited nor may it continue if membership ceases or while member is not in good standing.

ART 1 C.R. ELEVEN
Rlp.r.tion of
Directors

Directors shall be elected for a term of one year by a majority vote of the members upon a slate proposed by a nominating Committee composed of member(s) of the Board of Directors. Members may propose Directors to the Nominating Committee ten 10) days prior to any election of Directors.

ARTICLE TWELVE
Election of Officer

The officers shall be elected by the Directors who shall first be elected by the members of the corporation.

ARTICLE THIRTEEN
Corporate Officers and their Functions

The general officers of the corporation shall be president, vice-president secretary, and treasurer.

The principal duties of the president shall be to preside at **all meetings of the members** and the board of directors** and to have general supervision of the affairs of the corporation.**

The principal duties of the vice-president shall be to discharge the duties of the president in the event of absence or disability, for any cause whatsoever, of the president.

The principal duties of the secretary shall be to countersign all deeds, leases, and conveyances executed by the corporation, affix the seal of the corporation thereto and to such other papers as shall be required or directed to be sealed, and to keep a record of the proceedings of the board of directors, and to safely and systematically keep all books, papers, records and documents belonging to the corporation, or in any way pertaining to the business thereof, except the books and records incidental to the duties of the treasurer.

The prinCipal duties of the treasurer shall be to keep an account of all monies, credits, and property of any and every nature of the corporation which shall come into his hands, and to keep an **accurate account of all monies received and disbursed and of proper vouchers for monies disbursed, and to render such accounts, statements, and inventories of monies received and disbursed and of money and property on hand, and generally of all matters pertaining to his office.** as shall be required by the board of directors.

The board of directors may provide for the appointment of such additional officers as they may deem for the best interest of the corporation.

Whenever the board of directors may so order, any offices, the duties of which do not conflict with the person. ^{WQ} may be held by one

3.

The officers shall perform such additional or different duties as shall from time to time be imposed or required by the board of directors, or as may be prescribed from time to time by the bylaws.

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The ARTICLE FOURTEEN  
of the Limitation on member's  
liability private property  
members of this  
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shall not be liable for its corporate debts. V,,, ~ ~

Distribution A~ili~~e~~F;~: Dissolution :~t,A u,2>

In the event of the dissolution of this corporation, in the event it shall cease to carry out the objects and purposes herein set forth, the Board of Directors shall pay or make provisions for the payment of all liabilities of the corporation, whereupon all the business, property, and assets of the corporation shall go and be distributed to such nonprofit charitable corporation, municipal corporation, or corporations, as may be selected by the Board of Directors of this corporation so that the business properties and assets of this corporation shall then be used for, and devoted to, the purposes of carrying on a nonprofit charitable support for the indigent. In no way shall any of the assets or property of this corporation, or the proceeds of any of the assets or property, in the event of dissolution, go or be distributed to members, either for the reimbursement of any sums subscribed, donated, or contributed by such members, or for any other such purpose, it being the intent in the event of the dissolution of this corporation, or upon its ceasing to carry out the object and purposes herein set forth, that the property and assets then owned by the corporation shall be devoted to the following nonprofit charitable purpose, feeding, clothing and care of the indigent.

IN WITNESS WHEREOF, we have hereunto subscribed our names for the purposes set forth herein this 17th day of February, 1989.

---//7~

1/17/1989  
John R. Stoma

IncorporatorIncorporatorIncorporator

John R. Stoma  
Paul D. Houle, Jr.  
Paul D. Houle, Jr.

IncorporatorIncorporatorIncorporator

4.

State of Florida  
County of Broward

Witness My hand and  
in the County and State aforesaid  
on this 17th day of February, 1999.

Elaine Nace

official seal

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7.  
STATE OF FLORIDA  
COUNTY OF PALM BEACH

I HEREBY CERTIFY that on this OC, ~ day Of ~ 1989,  
before me, an officer duly authorized, personally appeared  
JIMMY F. ROTONNO known to be the person described in and who  
executed the foregoing instrument and he acknowledged before me  
that he executed said instrument.

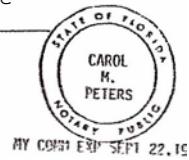
~?G  
r.c. 4.0

WITNESS my hand and official seal in  
aforesaid this the day and year last  
above

  
NOTARY PUBLIC

MY COMMISSION  
EXPIRES:

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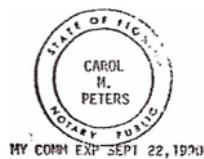
~6.~

(111 52 (11

STATE OF FLORIDA
COUNTY OF PALM BEACH

I HEREBY CERTIFY that on this h1:::111.day off~1"~"~
1989,
before me, an officer duly authorized, personally appeared
PHILLIS ROTONNO known to be the person described in and who
executed the foregoing instrument and she acknowledged before me
that she executed said instrument.

WITNESS my hand and official
County and State
this t-e da:~d year last
written.



seal in the
afore a-
above

~W/4, !(£f;:4"

MY COMMISSION
EXPIRES:

STATE OF FLORIDA
COUNTY OF BROWARD

I HEREBY CERTIFY that on this ~day of J#h'J.t..4t...v.19B9,
before me, an officer duly authorized, personally appeared
BARBARA RIELLY known to be the person described in and who
executed the foregoing instrument and she acknowledged before me
that she executed said instrument.

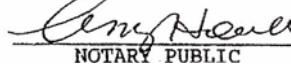
WITNESS my hand and official seal in the County and State
afores~s the day and year last above written.

NOT~

MY COMMISSION EXPIRES,

8.
STATE OF FLORIDA

WITNESS my
aforesaid, this


NOTARY PUBLIC

COUNTY OF BROWARD

I HEREBY CERTIFY that on this ~day of Jmrll ~1989,
before me, an officer duly authorized, personally appeared
PAUL D. HOULE known to be the person described in and who
executed the fore-going instrument and he ackncl;:ledged before me
that he executed said instrument.

hand and official seal in the county and State
the day and year last above written.

MY f;?~J~,~t3fc!

fi~lRES:

ttly (i: ~~~!r.i.;~ ~?;:r:~.fttl. 21, 1992
~~~.T~m~.cm...~

STATE OF FLORIDA  
COUNTY OF  
BROWARD

I HEREBY CERTIFY that on this 20th day of April, 1989,  
before me, an officer duly authorized,  
WINSTON DAVIS known to be the person described in and who  
executed the foregoing instrument and he acknowledged before me  
that he executed said instrument.

WITNESS my hand and official seal in the county and State  
of Florida, Las Vegas, Nevada, April 20, 1989.

NOTARY PUBLIC

HY YES:~f~'~,~o~,~ <f~J.RES:

FLY (1-1992) C.R. 21, 1992  
STATE OF FLORIDA  
COUNTY OF BROWARD

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I HEREBY CERTIFY that on this day of April 1989,  
before me, an officer duly authorized, personally appeared  
ELAINE NACE known to be the person described in and who executed  
the foregoing instrument and she acknowledged before me that she  
executed said instrument.

WITNESS my hand and official seal in the County and state  
foregoing day and year last above written.

NOTARY PUBLIC

MY ffI~t;lfH~~fg~ o!~'URES :

FLY (1-1992) C.R. 21, 1992  
ACCEPTANCE OF RESIDENCE AGENT

**Having been named to accept service of process for the above**  
stated corporation, at the place designated in this Certificate,  
I hereby agree to act in this capacity, and I further agree to  
comply with the provisions of all statutes relative to the  
proper  
and complete performance of  
my duties.

Dated: 1/1/1992

*Jimmy F. Rotondo*  
JIMMY F. ROTONDO

Our Father's House Soup Kitchen  
Board of Directors  
As of 4/27/20

Katherine Crissy – President and Program Director  
Jim Crissy – Vice-President  
Patty Garity - Secretary  
Brian Ingalls - Director  
Stefani Green-Issa, MD – Director  
Jessica Eisenfelder - Director  
Sergio DoRosario - Director  
Phyllis Rotonno – Honorary Director  
Sister Eileen Sizer, RSM – Honorary Director

RUDERMAN AND COMPANY, PA  
2637 E ATLANTIC BLVD, STE 155  
POMPANO BEACH, FL 33062-4939  
954-773-8291

JULY 7, 2020

OUR FATHER'S HOUSE SOUP KITCHEN, INC  
ATTN: KATHERINE CRISSY  
PO BOX 668571  
POMPANO BEACH, FL 33066

FEDERAL SUBMISSION ID: 650849202018303ep3wq

DEAR KATIE,

YOUR 2019 FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WAS ACKNOWLEDGED AS ACCEPTED BY THE INTERNAL REVENUE SERVICE ON JULY 1, 2020.

PLEASE CALL IF YOU HAVE ANY QUESTIONS.

SINCERELY,

GARY S. RUDERMAN, CPA  
RUDERMAN AND COMPANY, PA

RUDERMAN AND COMPANY, PA  
2637 E ATLANTIC BLVD, STE 155  
POMPANO BEACH, FL 33062-4939  
954-773-8291

JUNE 19, 2020

OUR FATHER'S HOUSE SOUP KITCHEN, INC  
ATTN: KATHERINE CRISSY  
PO BOX 668571  
POMPANO BEACH, FL 33066

DEAR KATIE,

YOUR 2019 FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WILL BE ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE UPON RECEIPT OF A SIGNED FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION.

NO TAX IS PAYABLE WITH THE FILING OF THIS RETURN.

PLEASE CALL IF YOU HAVE ANY QUESTIONS.

SINCERELY,

GARY S. RUDERMAN, CPA  
RUDERMAN AND COMPANY, PA

IRS e-file Signature Authorization  
for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2019, or fiscal year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20\_\_\_\_\_

- Do not send to the IRS. Keep for your records.
- Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

2019

Name of exempt organization

OUR FATHER'S HOUSE SOUP KITCHEN, INC

Employer identification number

65-0150748

Name and title of officer

KATHERINE CRISSY

PRESIDENT

## Part I | Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

|                                                                    |                                                                         |                      |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------|
| 1 a Form 990 check here .... ► <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12)..... | 1 b _____ 1,021,569. |
| 2 a Form 990-EZ check here .... ► <input type="checkbox"/>         | b Total revenue, if any (Form 990-EZ, line 9).....                      | 2 b _____            |
| 3 a Form 1120-POL check here .... ► <input type="checkbox"/>       | b Total tax (Form 1120-POL, line 22).....                               | 3 b _____            |
| 4 a Form 990-PF check here .... ► <input type="checkbox"/>         | b Tax based on investment income (Form 990-PF, Part VI, line 5)....     | 4 b _____            |
| 5 a Form 8868 check here .... ► <input type="checkbox"/>           | b Balance Due (Form 8868, line 3c).....                                 | 5 b _____            |

## Part II | Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

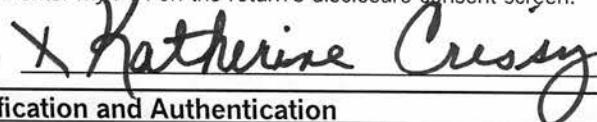
## Officer's PIN: check one box only

I authorize RUDERMAN AND COMPANY, PA to enter my PIN 74437 as my signature  
ERO firm name  
Enter five numbers, but  
do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature



Date ►



## Part III | Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

65084933062

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

► GARY S. RUDERMAN

Date ►

6/25/2020

ERO Must Retain This Form – See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2019

Open to Public  
Inspection

## A For the 2019 calendar year, or tax year beginning

, 2019, and ending

B Check if applicable:

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

C

OUR FATHER'S HOUSE SOUP KITCHEN, INC  
PO BOX 668571  
POMPANO BEACH, FL 33066

D Employer identification number

65-0150748

E Telephone number

954-968-7550

G Gross receipts \$ 1,036,220.

F Name and address of principal officer: KATHERINE CRISSY  
445 S OCEAN WAY 206 DEERFIELD BEACH, FL 33441H(a) Is this a group return for subordinates?  Yes  NoH(b) Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

H(c) Group exemption number ►

I Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527J Website: ► [WWW.OFHSOUPKITCHEN.ORG](http://WWW.OFHSOUPKITCHEN.ORG)K Form of organization:  Corporation  Trust  Association  Other ► L Year of formation: 1989 M State of legal domicile: FL

## Part I Summary

|                             |                                                                                                                                             |                           |              |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------|
| Activities & Governance     | 1 Briefly describe the organization's mission or most significant activities: PROVIDE HOT LUNCHES TO THE HOMELESS AND NEEDY.                |                           |              |
|                             | 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                           |              |
|                             | 3 Number of voting members of the governing body (Part VI, line 1a) .....                                                                   | 3                         | 9            |
|                             | 4 Number of independent voting members of the governing body (Part VI, line 1b) .....                                                       | 4                         | 4            |
|                             | 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) .....                                                        | 5                         | 6            |
|                             | 6 Total number of volunteers (estimate if necessary) .....                                                                                  | 6                         | 150          |
|                             | 7a Total unrelated business revenue from Part VIII, column (C), line 12 .....                                                               | 7a                        | 0.           |
| Revenue                     | 7b Net unrelated business taxable income from Form 990-T, line 39 .....                                                                     | 7b                        | 0.           |
|                             | 8 Contributions and grants (Part VIII, line 1h) .....                                                                                       | 1,055,078.                | 968,315.     |
|                             | 9 Program service revenue (Part VIII, line 2g) .....                                                                                        |                           |              |
|                             | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....                                                                      |                           | 229.         |
|                             | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....                                                           | 80,738.                   | 53,025.      |
|                             | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....                                                 | 1,135,816.                | 1,021,569.   |
|                             |                                                                                                                                             | Prior Year                | Current Year |
| Expenses                    | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....                                                                   |                           |              |
|                             | 14 Benefits paid to or for members (Part IX, column (A), line 4) .....                                                                      |                           |              |
|                             | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....                                                  | 127,781.                  | 128,789.     |
|                             | 16a Professional fundraising fees (Part IX, column (A), line 11e) .....                                                                     |                           |              |
|                             | b Total fundraising expenses (Part IX, column (D), line 25) ► .....                                                                         |                           |              |
|                             | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....                                                                       | 973,918.                  | 859,196.     |
|                             | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....                                                          | 1,101,699.                | 987,985.     |
| Net Assets or Fund Balances | 19 Revenue less expenses. Subtract line 18 from line 12 .....                                                                               | 34,117.                   | 33,584.      |
|                             | 20 Total assets (Part X, line 16) .....                                                                                                     | Beginning of Current Year | End of Year  |
|                             | 21 Total liabilities (Part X, line 26) .....                                                                                                | 474,445.                  | 505,593.     |
|                             | 22 Net assets or fund balances. Subtract line 21 from line 20 .....                                                                         | 22,181.                   | 19,745.      |
|                             |                                                                                                                                             | 452,264.                  | 485,848.     |

## Part II Signature Block

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                                                       |
|                        | ► <u>KATHERINE CRISSY</u>    | PRESIDENT                                                  |
|                        | Type or print name and title |                                                            |
| Paid Preparer Use Only | Print/Type preparer's name   | Preparer's signature                                       |
|                        | GARY S. RUDERMAN             | GARY S. RUDERMAN                                           |
|                        | Firm's name                  | ► RUDERMAN AND COMPANY, PA                                 |
|                        | Firm's address               | ► 2637 E ATLANTIC BLVD, STE 155<br>POMPANO BEACH, FL 33062 |
|                        |                              | Firm's EIN ► 26-0036268                                    |
|                        |                              | Phone no. 954-773-8291                                     |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ..... 1 Briefly describe the organization's mission:PROVIDE HOT LUNCHES TO THE HOMELESS AND NEEDY.2 Did the organization undertake any significant program services during the year which were not listed on the priorForm 990 or 990-EZ? .....  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? .....  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.4a (Code: \_\_\_\_\_) (Expenses \$ 964,119. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)PROVIDE MEALS, SHELTER, AND HOUSING ASSISTANCE TO THE HOMELESS AND NEEDY

4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services (Describe on Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► 964,119.

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                          | <b>Yes</b> | <b>No</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i> .....                                                                                                                                                                         | 1 X        |           |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? .....                                                                                                                                                                                                         | 2 X        |           |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i> .....                                                                                                                      | 3 X        |           |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i> .....                                                                                                       | 4 X        |           |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III</i> .....                                                                               | 5 X        |           |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i> .....                                                    | 6 X        |           |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> .....                                                                                            | 7 X        |           |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i> .....                                                                                                                                                         | 8 X        |           |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> .....            | 9 X        |           |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i> .....                                                                                                                               | 10 X       |           |
| 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.                                                                                                                                                                       |            |           |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> .....                                                                                                                                                                       | 11 a X     |           |
| b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i> .....                                                                                                  | 11 b X     |           |
| c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i> .....                                                                                                  | 11 c X     |           |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX</i> .....                                                                                                                     | 11 d X     |           |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i> .....                                                                                                                                                                                     | 11 e X     |           |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X</i> .....                                                            | 11 f X     |           |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII</i> .....                                                                                                                                                        | 12a X      |           |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....                                                                           | 12b X      |           |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i> .....                                                                                                                                                                                                        | 13 X       |           |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? .....                                                                                                                                                                                                                    | 14a X      |           |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i> ..... | 14b X      |           |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i> .....                                                                                                           | 15 X       |           |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i> .....                                                                                                     | 16 X       |           |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions) .....                                                                                            | 17 X       |           |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i> .....                                                                                                                           | 18 X       |           |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i> .....                                                                                                                                                     | 19 X       |           |
| 20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i> .....                                                                                                                                                                                                             | 20a X      |           |
| b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....                                                                                                                                                                                                     | 20b X      |           |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i> .....                                                                                            | 21 X       |           |

**Part IV Checklist of Required Schedules (continued)**

|                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Yes</b> | <b>No</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.....                                                                                                                                                                                        | <b>22</b>  | X         |
| <b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.....                                                                                                                             | <b>23</b>  | X         |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.....                                                                                                  | <b>24a</b> | X         |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.....                                                                                                                                                                                                                                                                                 | <b>24b</b> |           |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.....                                                                                                                                                                                                                                        | <b>24c</b> |           |
| <b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.....                                                                                                                                                                                                                                                                           | <b>24d</b> |           |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.....                                                                                                                                                               | <b>25a</b> | X         |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.....                                                                                                               | <b>25b</b> | X         |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.....                                                       | <b>26</b>  | X         |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III..... | <b>27</b>  | X         |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):                                                                                                                                                                                        |            |           |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.....                                                                                                                                                                                                                              | <b>28a</b> | X         |
| <b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.....                                                                                                                                                                                                                                                                                   | <b>28b</b> | X         |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 'Yes,' complete Schedule L, Part IV.....                                                                                                                                                                                                                                     | <b>28c</b> | X         |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.....                                                                                                                                                                                                                                                                         | <b>29</b>  | X         |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.....                                                                                                                                                                                                         | <b>30</b>  | X         |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.....                                                                                                                                                                                                                                                               | <b>31</b>  | X         |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.....                                                                                                                                                                                                                                             | <b>32</b>  | X         |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.....                                                                                                                                                                                             | <b>33</b>  | X         |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.....                                                                                                                                                                                                                                         | <b>34</b>  | X         |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?.....                                                                                                                                                                                                                                                                                         | <b>35a</b> | X         |
| <b>b</b> If 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2.....                                                                                                                                                                 | <b>35b</b> |           |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.....                                                                                                                                                                                                  | <b>36</b>  | X         |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.....                                                                                                                                                    | <b>37</b>  | X         |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.....                                                                                                                                                                                              | <b>38</b>  | X         |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V..... 

|                                                                                                                                                                        | <b>Yes</b> | <b>No</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.....                                                                            | <b>1a</b>  | 1         |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.....                                                                          | <b>1b</b>  | 0         |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?..... | <b>1c</b>  | X         |

**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

|                                                                                                                                                                                                                                                           |            | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.....                                                              | <b>2a</b>  | 6   |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.....                                                                                                                              | <b>2b</b>  | X   |    |
| <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                                                                                                                          |            |     |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?.....                                                                                                                                              | <b>3a</b>  | X   |    |
| <b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O.....                                                                                                                                 | <b>3b</b>  |     |    |
| <b>4a</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)?..... | <b>4a</b>  | X   |    |
| <b>b</b> If 'Yes,' enter the name of the foreign country►<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                          |            |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.....                                                                                                                                      | <b>5a</b>  | X   |    |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.....                                                                                                                            | <b>5b</b>  | X   |    |
| <b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?.....                                                                                                                                                                          | <b>5c</b>  |     |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?.....                                    | <b>6a</b>  | X   |    |
| <b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....                                                                                               | <b>6b</b>  |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                    |            |     |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?.....                                                                                             | <b>7a</b>  | X   |    |
| <b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?.....                                                                                                                                             | <b>7b</b>  |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?.....                                                                                                        | <b>7c</b>  | X   |    |
| <b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year.....                                                                                                                                                                           | <b>7d</b>  |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.....                                                                                                                             | <b>7e</b>  | X   |    |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.....                                                                                                                                | <b>7f</b>  | X   |    |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.....                                                                                                            | <b>7g</b>  |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.....                                                                                                          | <b>7h</b>  |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?.....                                                     |            |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                        |            |     |    |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?.....                                                                                                                                                          |            |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?.....                                                                                                                                           |            |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                         |            |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.....                                                                                                                                                                    | <b>10a</b> |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.....                                                                                                                                                 | <b>10b</b> |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                        |            |     |    |
| <b>a</b> Gross income from members or shareholders.....                                                                                                                                                                                                   | <b>11a</b> |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).....                                                                                                                | <b>11b</b> |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?.....                                                                                                                                |            |     |    |
| <b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.....                                                                                                                                                       | <b>12b</b> |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                |            |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?.....                                                                                                                                                        |            |     |    |
| <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                                                                                                                                                  |            |     |    |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.....                                                                                   | <b>13b</b> |     |    |
| <b>c</b> Enter the amount of reserves on hand.....                                                                                                                                                                                                        | <b>13c</b> |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?.....                                                                                                                                                |            |     |    |
| <b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.....                                                                                                                                   | <b>14a</b> | X   |    |
| <b>14b</b>                                                                                                                                                                                                                                                |            |     |    |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?.....                                                                                 |            |     |    |
| If 'Yes,' see instructions and file Form 4720, Schedule N.                                                                                                                                                                                                |            |     |    |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?.....                                                                                                                            |            |     |    |
| If 'Yes,' complete Form 4720, Schedule O.                                                                                                                                                                                                                 |            |     |    |

**Part VI Governance, Management, and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. ....

### Section A. Governing Body and Management

|    |                                                                                                                                                                                                                                                                                                                | Yes | No |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year. ....<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | 9   |    |
| 1b | Enter the number of voting members included on line 1a, above, who are independent. ....                                                                                                                                                                                                                       | 4   |    |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .... SEE SCHEDULE O                                                                                                                      | X   |    |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? ....                                                                                         | X   |    |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ....                                                                                                                                                                                          | X   |    |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets? ....                                                                                                                                                                                                | X   |    |
| 6  | Did the organization have members or stockholders? ....                                                                                                                                                                                                                                                        | X   |    |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ....                                                                                                                                                        | X   |    |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ....                                                                                                                                                 |     |    |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                              |     |    |
| a  | The governing body? ....                                                                                                                                                                                                                                                                                       |     |    |
| b  | Each committee with authority to act on behalf of the governing body? ....                                                                                                                                                                                                                                     |     |    |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.                                                                                                  |     | X  |

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

|     |                                                                                                                                                                                                                                                                                                   | Yes | No |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? ....                                                                                                                                                                                                                           | X   |    |
| b   | If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ....                                                                   |     |    |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ....                                                                                                                                                                  |     |    |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O                                                                                                                                                                                      |     |    |
| 12a | Did the organization have a written conflict of interest policy? If 'No,' go to line 13.                                                                                                                                                                                                          | X   |    |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ....                                                                                                                                                          |     |    |
| c   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. .... SEE SCHEDULE O                                                                                                                           |     |    |
| 13  | Did the organization have a written whistleblower policy? ....                                                                                                                                                                                                                                    |     |    |
| 14  | Did the organization have a written document retention and destruction policy? ....                                                                                                                                                                                                               |     |    |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                              |     |    |
| a   | The organization's CEO, Executive Director, or top management official. ....                                                                                                                                                                                                                      |     |    |
| b   | Other officers or key employees of the organization. ....                                                                                                                                                                                                                                         |     |    |
|     | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).                                                                                                                                                                                                               |     |    |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ....                                                                                                                                        | X   |    |
| b   | If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .... |     |    |
| 16b |                                                                                                                                                                                                                                                                                                   |     |    |

### Section C. Disclosure

|    |                                                                                                                                                                                                                                      |                                                        |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 17 | List the states with which a copy of this Form 990 is required to be filed ►                                                                                                                                                         | FL                                                     |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. |                                                        |
|    | <input type="checkbox"/> Own website                                                                                                                                                                                                 | <input type="checkbox"/> Another's website             |
|    | <input checked="" type="checkbox"/> Upon request                                                                                                                                                                                     | <input type="checkbox"/> Other (explain on Schedule O) |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. .... SEE SCHEDULE O                |                                                        |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records ►                                                                                                                     |                                                        |

KATHERINE CRISSY 2380 MARTIN LUTHER KING BLVD POMPANO BEACH FL 33061 954-968-7550

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII. ....

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title               | (B)<br>Average<br>hours<br>per<br>week<br>(list any<br>hours for<br>related<br>organi-<br>zations<br>below<br>dotted<br>line) | (C)<br>Position (do not check more<br>than one box, unless person<br>is both an officer and a<br>director/trustee) |                       |         |              | (D)<br>Reportable<br>compensation from<br>the organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related organizations<br>(W-2/1099-MISC) | (F)<br>Estimated amount<br>of other<br>compensation from<br>the organization<br>and related<br>organizations |    |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----|
|                                     |                                                                                                                               | Individual trustee<br>or director                                                                                  | Institutional trustee | Officer | Key employee | Highest compensated                                                           |                                                                                    |                                                                                                              |    |
| (1) KATHERINE CRISSY<br>PRESIDENT   | 40<br>0                                                                                                                       | X                                                                                                                  |                       | X       |              |                                                                               | 46,731.                                                                            | 0.                                                                                                           | 0. |
| (2) PATRICIA GARITTY<br>SECRETARY   | 5<br>0                                                                                                                        | X                                                                                                                  |                       | X       |              |                                                                               | 3,600.                                                                             | 0.                                                                                                           | 0. |
| (3) JAMES CRISSY<br>VICE PRESIDENT  | 40<br>0                                                                                                                       | X                                                                                                                  |                       | X       |              |                                                                               | 0.                                                                                 | 0.                                                                                                           | 0. |
| (4) BRIAN INGALLS<br>DIRECTOR       | 0<br>0                                                                                                                        |                                                                                                                    |                       | X       |              |                                                                               | 0.                                                                                 | 0.                                                                                                           | 0. |
| (5) SERGIO DOROSARIO<br>DIRECTOR    | 0<br>0                                                                                                                        |                                                                                                                    |                       | X       |              |                                                                               | 0.                                                                                 | 0.                                                                                                           | 0. |
| (6) EILEEN SIZER<br>DIRECTOR        | 0<br>0                                                                                                                        |                                                                                                                    |                       | X       |              |                                                                               | 0.                                                                                 | 0.                                                                                                           | 0. |
| (7) STEFANI GREEN-ISSA<br>DIRECTOR  | 0<br>0                                                                                                                        |                                                                                                                    |                       | X       |              |                                                                               | 0.                                                                                 | 0.                                                                                                           | 0. |
| (8) JESSICA EISENFELDER<br>DIRECTOR | 0<br>0                                                                                                                        |                                                                                                                    |                       | X       |              |                                                                               | 0.                                                                                 | 0.                                                                                                           | 0. |
| (9) BEVERLY CAPASSO<br>DIRECTOR     | 0<br>0                                                                                                                        |                                                                                                                    |                       | X       |              |                                                                               | 0.                                                                                 | 0.                                                                                                           | 0. |
| (10)                                |                                                                                                                               |                                                                                                                    |                       |         |              |                                                                               |                                                                                    |                                                                                                              |    |
| (11)                                |                                                                                                                               |                                                                                                                    |                       |         |              |                                                                               |                                                                                    |                                                                                                              |    |
| (12)                                |                                                                                                                               |                                                                                                                    |                       |         |              |                                                                               |                                                                                    |                                                                                                              |    |
| (13)                                |                                                                                                                               |                                                                                                                    |                       |         |              |                                                                               |                                                                                    |                                                                                                              |    |
| (14)                                |                                                                                                                               |                                                                                                                    |                       |         |              |                                                                               |                                                                                    |                                                                                                              |    |

**Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |         |                       |              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |    |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------|-----------------------|--------------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----|
|                                                                |                                                                                            | Individual trustee or director                                                                               | Officer | Institutional trustee | Key employee | Highest compensated employee                                         | Former                                                                    |                                                                                               |    |
| (15)                                                           |                                                                                            |                                                                                                              |         |                       |              |                                                                      |                                                                           |                                                                                               |    |
| (16)                                                           |                                                                                            |                                                                                                              |         |                       |              |                                                                      |                                                                           |                                                                                               |    |
| (17)                                                           |                                                                                            |                                                                                                              |         |                       |              |                                                                      |                                                                           |                                                                                               |    |
| (18)                                                           |                                                                                            |                                                                                                              |         |                       |              |                                                                      |                                                                           |                                                                                               |    |
| (19)                                                           |                                                                                            |                                                                                                              |         |                       |              |                                                                      |                                                                           |                                                                                               |    |
| (20)                                                           |                                                                                            |                                                                                                              |         |                       |              |                                                                      |                                                                           |                                                                                               |    |
| (21)                                                           |                                                                                            |                                                                                                              |         |                       |              |                                                                      |                                                                           |                                                                                               |    |
| (22)                                                           |                                                                                            |                                                                                                              |         |                       |              |                                                                      |                                                                           |                                                                                               |    |
| (23)                                                           |                                                                                            |                                                                                                              |         |                       |              |                                                                      |                                                                           |                                                                                               |    |
| (24)                                                           |                                                                                            |                                                                                                              |         |                       |              |                                                                      |                                                                           |                                                                                               |    |
| (25)                                                           |                                                                                            |                                                                                                              |         |                       |              |                                                                      |                                                                           |                                                                                               |    |
| <b>1 b Subtotal</b>                                            |                                                                                            |                                                                                                              |         |                       |              |                                                                      | ► 50,331.                                                                 | 0.                                                                                            | 0. |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                              |         |                       |              |                                                                      | ► 0.                                                                      | 0.                                                                                            | 0. |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                              |         |                       |              |                                                                      | ► 50,331.                                                                 | 0.                                                                                            | 0. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

|                                                                                                                                                                                                                                 | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.                                          | 3   | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual. | 4   | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.                       | 5   | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address                                                                                                                                              | (B)<br>Description of services | (C)<br>Compensation |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
|                                                                                                                                                                               |                                |                     |
|                                                                                                                                                                               |                                |                     |
|                                                                                                                                                                               |                                |                     |
|                                                                                                                                                                               |                                |                     |
|                                                                                                                                                                               |                                |                     |
| <b>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0</b> |                                |                     |

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

|                                                                   |                                                                                                                                                   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b> | <b>1 a</b> Federated campaigns .....                                                                                                              | <b>1a</b>            |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> Membership dues.....                                                                                                                     | <b>1b</b>            |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> Fundraising events.....                                                                                                                  | <b>1c</b>            |                                                    |                                         |                                                                  |
|                                                                   | <b>d</b> Related organizations.....                                                                                                               | <b>1d</b>            |                                                    |                                         |                                                                  |
|                                                                   | <b>e</b> Government grants (contributions).....                                                                                                   | <b>1e</b>            |                                                    |                                         |                                                                  |
|                                                                   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....                                                  | <b>1f</b> 968,315.   |                                                    |                                         |                                                                  |
|                                                                   | <b>g</b> Noncash contributions included in<br>lines 1a-1f.....                                                                                    | <b>1g</b> 729,500.   |                                                    |                                         |                                                                  |
|                                                                   | <b>h Total.</b> Add lines 1a-1f.....                                                                                                              |                      | <b>968,315.</b>                                    |                                         |                                                                  |
| <b>Program Service Revenue</b>                                    |                                                                                                                                                   | <b>Business Code</b> |                                                    |                                         |                                                                  |
|                                                                   | <b>2 a</b> - - -                                                                                                                                  |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> - - -                                                                                                                                    |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> - - -                                                                                                                                    |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>d</b> - - -                                                                                                                                    |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>e</b> - - -                                                                                                                                    |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>f</b> All other program service revenue.....                                                                                                   |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>g Total.</b> Add lines 2a-2f.....                                                                                                              |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....                                                    |                      |                                                    | <b>229.</b>                             | <b>229.</b>                                                      |
|                                                                   | <b>4</b> Income from investment of tax-exempt bond proceeds..                                                                                     |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>5</b> Royalties.....                                                                                                                           |                      |                                                    |                                         |                                                                  |
|                                                                   |                                                                                                                                                   | (i) Real             | (ii) Personal                                      |                                         |                                                                  |
|                                                                   | <b>6a</b> Gross rents .....                                                                                                                       | <b>6a</b> 9,600.     |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> Less: rental expenses                                                                                                                    | <b>6b</b> 3,300.     |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> Rental income or (loss)                                                                                                                  | <b>6c</b> 6,300.     |                                                    |                                         |                                                                  |
|                                                                   | <b>d</b> Net rental income or (loss).....                                                                                                         |                      | <b>6,300.</b>                                      |                                         | <b>6,300.</b>                                                    |
|                                                                   |                                                                                                                                                   | (i) Securities       | (ii) Other                                         |                                         |                                                                  |
|                                                                   | <b>7a</b> Gross amount from<br>sales of assets<br>other than inventory                                                                            |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> Less: cost or other basis<br>and sales expenses                                                                                          |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> Gain or (loss).....                                                                                                                      |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>d</b> Net gain or (loss).....                                                                                                                  |                      |                                                    |                                         |                                                                  |
| <b>Other Revenue</b>                                              | <b>8a</b> Gross income from fundraising events<br>(not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 ..... | <b>8a</b>            |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> Less: direct expenses.....                                                                                                               | <b>8b</b> 58,076.    |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> Net income or (loss) from fundraising events .....                                                                                       |                      | <b>11,351.</b>                                     |                                         | <b>46,725.</b>                                                   |
|                                                                   | <b>46,725.</b>                                                                                                                                    |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 .....                                                                      | <b>9a</b>            |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> Less: direct expenses.....                                                                                                               | <b>9b</b>            |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> Net income or (loss) from gaming activities.....                                                                                         |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>10a</b> Gross sales of inventory, less.....<br>returns and allowances                                                                          | <b>10a</b>           |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> Less: cost of goods sold....                                                                                                             | <b>10b</b>           |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> Net income or (loss) from sales of inventory.....                                                                                        |                      |                                                    |                                         |                                                                  |
| <b>Miscellaneous<br/>Revenue</b>                                  |                                                                                                                                                   | <b>Business Code</b> |                                                    |                                         |                                                                  |
|                                                                   | <b>11a</b> - - -                                                                                                                                  |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>b</b> - - -                                                                                                                                    |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>c</b> - - -                                                                                                                                    |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>d</b> All other revenue.....                                                                                                                   |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>e Total.</b> Add lines 11a-11d.....                                                                                                            |                      |                                                    |                                         |                                                                  |
|                                                                   | <b>12 Total revenue.</b> See instructions.....                                                                                                    |                      | <b>1,021,569.</b>                                  | <b>0.</b>                               | <b>0.</b>                                                        |
|                                                                   |                                                                                                                                                   |                      |                                                    |                                         | <b>53,254.</b>                                                   |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX. 

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>                                                                                                                                                                    | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------------|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....                                                                                                                                              |                              |                                        |                                               |                                    |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....                                                                                                                                                                        |                              |                                        |                                               |                                    |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16                                                                                                                       |                              |                                        |                                               |                                    |
| 4 Benefits paid to or for members .....                                                                                                                                                                                                                  |                              |                                        |                                               |                                    |
| 5 Compensation of current officers, directors, trustees, and key employees .....                                                                                                                                                                         | 46,731.                      | 35,048.                                | 11,683.                                       | 0.                                 |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....                                                                                                      | 0.                           | 0.                                     | 0.                                            | 0.                                 |
| 7 Other salaries and wages .....                                                                                                                                                                                                                         | 72,607.                      | 72,607.                                |                                               |                                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....                                                                                                                                                |                              |                                        |                                               |                                    |
| 9 Other employee benefits .....                                                                                                                                                                                                                          |                              |                                        |                                               |                                    |
| 10 Payroll taxes .....                                                                                                                                                                                                                                   | 9,451.                       | 8,545.                                 | 906.                                          |                                    |
| 11 Fees for services (nonemployees):                                                                                                                                                                                                                     |                              |                                        |                                               |                                    |
| a Management .....                                                                                                                                                                                                                                       |                              |                                        |                                               |                                    |
| b Legal .....                                                                                                                                                                                                                                            |                              |                                        |                                               |                                    |
| c Accounting.....                                                                                                                                                                                                                                        | 5,750.                       | 2,875.                                 | 2,875.                                        |                                    |
| d Lobbying.....                                                                                                                                                                                                                                          |                              |                                        |                                               |                                    |
| e Professional fundraising services. See Part IV, line 17...                                                                                                                                                                                             |                              |                                        |                                               |                                    |
| f Investment management fees .....                                                                                                                                                                                                                       |                              |                                        |                                               |                                    |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.).....                                                                                                                                      |                              |                                        |                                               |                                    |
| 12 Advertising and promotion.....                                                                                                                                                                                                                        |                              |                                        |                                               |                                    |
| 13 Office expenses .....                                                                                                                                                                                                                                 | 1,101.                       | 1,006.                                 | 95.                                           |                                    |
| 14 Information technology.....                                                                                                                                                                                                                           |                              |                                        |                                               |                                    |
| 15 Royalties.....                                                                                                                                                                                                                                        |                              |                                        |                                               |                                    |
| 16 Occupancy.....                                                                                                                                                                                                                                        | 17,877.                      | 16,089.                                | 1,788.                                        |                                    |
| 17 Travel.....                                                                                                                                                                                                                                           |                              |                                        |                                               |                                    |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....                                                                                                                                                   |                              |                                        |                                               |                                    |
| 19 Conferences, conventions, and meetings.....                                                                                                                                                                                                           |                              |                                        |                                               |                                    |
| 20 Interest.....                                                                                                                                                                                                                                         | 550.                         | 550.                                   |                                               |                                    |
| 21 Payments to affiliates.....                                                                                                                                                                                                                           |                              |                                        |                                               |                                    |
| 22 Depreciation, depletion, and amortization .....                                                                                                                                                                                                       | 22,341.                      | 22,341.                                |                                               |                                    |
| 23 Insurance.....                                                                                                                                                                                                                                        | 10,332.                      | 10,332.                                |                                               |                                    |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).....                                                |                              |                                        |                                               |                                    |
| a <u>FOOD &amp; SUPPLIES IN KIND</u> .....                                                                                                                                                                                                               | 729,500.                     | 729,500.                               |                                               |                                    |
| b <u>FOOD &amp; SUPPLIES</u> .....                                                                                                                                                                                                                       | 26,543.                      | 26,543.                                |                                               |                                    |
| c <u>CLIENT ASSISTANCE</u> .....                                                                                                                                                                                                                         | 11,329.                      | 11,329.                                |                                               |                                    |
| d <u>AUTO/TRUCK EXPENSE</u> .....                                                                                                                                                                                                                        | 10,070.                      | 9,063.                                 | 1,007.                                        |                                    |
| e All other expenses.....                                                                                                                                                                                                                                | 23,803.                      | 18,291.                                | 5,512.                                        |                                    |
| 25 Total functional expenses. Add lines 1 through 24e.....                                                                                                                                                                                               | 987,985.                     | 964,119.                               | 23,866.                                       | 0.                                 |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). .... |                              |                                        |                                               |                                    |

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

|                                    |                                                                                                                                                                                                                      | (A)<br>Beginning of year |     | (B)<br>End of year |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|--------------------|
| <b>Assets</b>                      |                                                                                                                                                                                                                      |                          |     |                    |
| 1                                  | Cash – non-interest-bearing.....                                                                                                                                                                                     | 187,934.                 | 1   | 176,808.           |
| 2                                  | Savings and temporary cash investments.....                                                                                                                                                                          |                          | 2   | 50,229.            |
| 3                                  | Pledges and grants receivable, net.....                                                                                                                                                                              |                          | 3   |                    |
| 4                                  | Accounts receivable, net .....                                                                                                                                                                                       |                          | 4   |                    |
| 5                                  | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons..... |                          | 5   |                    |
| 6                                  | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....                                                              |                          | 6   |                    |
| 7                                  | Notes and loans receivable, net.....                                                                                                                                                                                 |                          | 7   |                    |
| 8                                  | Inventories for sale or use.....                                                                                                                                                                                     |                          | 8   |                    |
| 9                                  | Prepaid expenses and deferred charges.....                                                                                                                                                                           | 3,771.                   | 9   | 4,789.             |
| 10a                                | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....                                                                                                                             | 535,793.                 |     |                    |
| b                                  | Less: accumulated depreciation.....                                                                                                                                                                                  | 262,533.                 | 10c | 273,260.           |
| 11                                 | Investments – publicly traded securities.....                                                                                                                                                                        |                          | 11  |                    |
| 12                                 | Investments – other securities. See Part IV, line 11.....                                                                                                                                                            |                          | 12  |                    |
| 13                                 | Investments – program-related. See Part IV, line 11.....                                                                                                                                                             |                          | 13  |                    |
| 14                                 | Intangible assets.....                                                                                                                                                                                               |                          | 14  |                    |
| 15                                 | Other assets. See Part IV, line 11.....                                                                                                                                                                              | 507.                     | 15  | 507.               |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 33).....                                                                                                                                                | 474,445.                 | 16  | 505,593.           |
| <b>Liabilities</b>                 |                                                                                                                                                                                                                      |                          |     |                    |
| 17                                 | Accounts payable and accrued expenses.....                                                                                                                                                                           |                          | 17  |                    |
| 18                                 | Grants payable .....                                                                                                                                                                                                 |                          | 18  |                    |
| 19                                 | Deferred revenue .....                                                                                                                                                                                               |                          | 19  |                    |
| 20                                 | Tax-exempt bond liabilities.....                                                                                                                                                                                     |                          | 20  |                    |
| 21                                 | Escrow or custodial account liability. Complete Part IV of Schedule D.....                                                                                                                                           |                          | 21  |                    |
| 22                                 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....      |                          | 22  |                    |
| 23                                 | Secured mortgages and notes payable to unrelated third parties.....                                                                                                                                                  |                          | 23  |                    |
| 24                                 | Unsecured notes and loans payable to unrelated third parties.....                                                                                                                                                    | 17,898.                  | 24  | 13,652.            |
| 25                                 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....                                           | 4,283.                   | 25  | 6,093.             |
| 26                                 | <b>Total liabilities.</b> Add lines 17 through 25.....                                                                                                                                                               | 22,181.                  | 26  | 19,745.            |
| <b>Net Assets or Fund Balances</b> |                                                                                                                                                                                                                      |                          |     |                    |
|                                    | <b>Organizations that follow FASB ASC 958, check here ►</b> <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.                                                                               |                          |     |                    |
| 27                                 | Net assets without donor restrictions.....                                                                                                                                                                           | 452,264.                 | 27  | 480,848.           |
| 28                                 | Net assets with donor restrictions.....                                                                                                                                                                              |                          | 28  | 5,000.             |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here ►</b> <input type="checkbox"/> and complete lines 29 through 33.                                                                                        |                          |     |                    |
| 29                                 | Capital stock or trust principal, or current funds.....                                                                                                                                                              |                          | 29  |                    |
| 30                                 | Paid-in or capital surplus, or land, building, or equipment fund.....                                                                                                                                                |                          | 30  |                    |
| 31                                 | Retained earnings, endowment, accumulated income, or other funds.....                                                                                                                                                |                          | 31  |                    |
| 32                                 | Total net assets or fund balances.....                                                                                                                                                                               | 452,264.                 | 32  | 485,848.           |
| 33                                 | Total liabilities and net assets/fund balances.....                                                                                                                                                                  | 474,445.                 | 33  | 505,593.           |

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. 

|                                                                                                                        |    |            |
|------------------------------------------------------------------------------------------------------------------------|----|------------|
| 1 Total revenue (must equal Part VIII, column (A), line 12).....                                                       | 1  | 1,021,569. |
| 2 Total expenses (must equal Part IX, column (A), line 25).....                                                        | 2  | 987,985.   |
| 3 Revenue less expenses. Subtract line 2 from line 1.....                                                              | 3  | 33,584.    |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).....                       | 4  | 452,264.   |
| 5 Net unrealized gains (losses) on investments.....                                                                    | 5  |            |
| 6 Donated services and use of facilities.....                                                                          | 6  |            |
| 7 Investment expenses.....                                                                                             | 7  |            |
| 8 Prior period adjustments.....                                                                                        | 8  |            |
| 9 Other changes in net assets or fund balances (explain on Schedule O).....                                            | 9  | 0.         |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))..... | 10 | 485,848.   |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. 

|                                                                                                                                                                                                                                  | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____                                                                 |     |    |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.                                                                                                                |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?.....                                                                                                                          | 2a  | X  |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:                                                                |     |    |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                                                                     |     |    |
| 2b Were the organization's financial statements audited by an independent accountant?.....                                                                                                                                       | 2b  | X  |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:                                                                             |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                                                                                |     |    |
| 2c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?..... | 2c  | X  |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                                                        |     |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.....                                                                 | 3a  | X  |
| 3b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.....     | 3b  |    |

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

OUR FATHER'S HOUSE SOUP KITCHEN, INC

Employer identification number

65-0150748

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

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

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

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

**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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') .....                                                                                                  |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. ....                                                                                                     |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge. ....                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....                                                                                                                                                                 |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4 .....                                                                                                                                                  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                        | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 .....                                                                                                                                                                          |          |          |          |          |          |                          |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....                                                              |          |          |          |          |          |                          |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. ....                                                                                           |          |          |          |          |          |                          |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                                                                             |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10 .....                                                                                                                                                |          |          |          |          |          |                          |
| 12 Gross receipts from related activities, etc. (see instructions) .....                                                                                                                             |          |          |          |          |          | 12                       |
| <b>13 First five years.</b> 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 <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....                                                                                                                                                                                                                                                                                                                   | 14                       | % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 .....                                                                                                                                                                                                                                                                                                                                         | 15                       | % |
| <b>16a 33-1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. ....                                                                                                                                                                           | <input type="checkbox"/> |   |
| <b>b 33-1/3% support test—2018.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization. ....                                                                                                                                                                        | <input type="checkbox"/> |   |
| <b>17a 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions... .....                                                                                                                                                                                                                                                             | <input type="checkbox"/> |   |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                   | (a) 2015        | (b) 2016        | (c) 2017        | (d) 2018          | (e) 2019          | (f) Total         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------|-------------------|-------------------|-------------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').....                                                                       | 162,966.        | 164,315.        | 250,077.        | 1,055,078.        | 963,315.          | 2,595,751.        |
| 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..... |                 | 9,150.          |                 |                   |                   | 9,150.            |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513.                                                                                 |                 | 28,912.         | 75,965.         | 91,946.           | 58,076.           | 254,899.          |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.....                                                                          |                 |                 |                 |                   |                   | 0.                |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge.....                                                                  |                 |                 |                 |                   |                   | 0.                |
| <b>6 Total.</b> Add lines 1 through 5.....                                                                                                                                      | <b>172,116.</b> | <b>193,227.</b> | <b>326,042.</b> | <b>1,147,024.</b> | <b>1,021,391.</b> | <b>2,859,800.</b> |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.....                                                                                         | 0.              | 0.              | 0.              | 0.                | 0.                | 0.                |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.....    | 0.              | 0.              | 0.              | 0.                | 0.                | 0.                |
| <b>c</b> Add lines 7a and 7b.....                                                                                                                                               | 0.              | 0.              | 0.              | 0.                | 0.                | 0.                |
| <b>8 Public support.</b> (Subtract line 7c from line 6).....                                                                                                                    |                 |                 |                 |                   |                   | <b>2,859,800.</b> |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                                   | (a) 2015        | (b) 2016        | (c) 2017        | (d) 2018          | (e) 2019          | (f) Total         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------|-------------------|-------------------|-------------------|
| <b>9</b> Amounts from line 6.....                                                                                                                                                                                               | <b>172,116.</b> | <b>193,227.</b> | <b>326,042.</b> | <b>1,147,024.</b> | <b>1,021,391.</b> | <b>2,859,800.</b> |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.....                                                                                 |                 | 18,000.         | 9,605.          | 9,200.            | 9,600.            | 56,234.           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                                                                                                          |                 |                 |                 |                   |                   | 0.                |
| <b>c</b> Add lines 10a and 10b .....                                                                                                                                                                                            | 18,000.         | 9,605.          | 9,200.          | 9,600.            | 9,829.            | 56,234.           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.....                                                                                      |                 |                 |                 |                   |                   | 0.                |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).....                                                                                                                  |                 |                 |                 |                   |                   | 0.                |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.).....                                                                                                                                                                   | <b>190,116.</b> | <b>202,832.</b> | <b>335,242.</b> | <b>1,156,624.</b> | <b>1,031,220.</b> | <b>2,916,034.</b> |
| <b>14 First five years.</b> 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 <b>stop here</b> ..... ► <input type="checkbox"/> |                 |                 |                 |                   |                   |                   |

**Section C. Computation of Public Support Percentage**

|                                                                                                 |    |         |
|-------------------------------------------------------------------------------------------------|----|---------|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))..... | 15 | 98.07 % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15.....                       | 16 | 96.87 % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                                                                                                                                                                                                                       |    |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 17 Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)).....                                                                                                                                                                                                           | 17 | 1.93 % |
| 18 Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 .....                                                                                                                                                                                                                                  | 18 | 3.13 % |
| <b>19a 33-1/3% support tests—2019.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization..... ► <input checked="" type="checkbox"/> |    |        |
| <b>b 33-1/3% support tests—2018.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization .....                              |    |        |
| <b>20 Private foundation.</b> 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.                                                                                                                                                                                                                 | 1   |    |
| 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).                                                                                                                                                                                                                                              | 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.                                                                                                                                                                                                                                                                                                                                                                                               | 3a  |    |
| 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 <b>Part VI</b> when and how the organization made the determination.                                                                                                                                                                                                                                                            | 3b  |    |
| 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 <b>Part VI</b> what controls the organization put in place to ensure such use.                                                                                                                                                                                                                                                                                                     | 3c  |    |
| 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                                 | 4a  |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.                                                                                                                                                                                                         | 4b  |    |
| 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 <b>Part VI</b> 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.                                                                                                                                                                            | 4c  |    |
| 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 <b>Part VI</b> , 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). | 5a  |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                   | 5b  |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                          | 5c  |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .                                                          | 6   |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).                                                                                                                                                                                            | 7   |    |
| 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 or 990-EZ).                                                                                                                                                                                                                                                                                                                                                      | 8   |    |
| 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 <b>Part VI</b> .                                                                                                                                                                                                                                      | 9a  |    |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                          | 9b  |    |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                               | 9c  |    |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.                                                                                                                                                                                                                                                           | 10a |    |
| 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.)                                                                                                                                                                                                                                                                                                                                                           | 10b |    |

**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? | 11a |    |
| b A family member of a person described in (a) above?                                                                                                                 | 11b |    |
| c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in <b>Part VI</b> .                                       | 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 <b>Part VI</b> 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. | 1   |    |
| 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.                                                                                                                                                                                                                                                                             | 2   |    |

**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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1   |    |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1   |    |
| 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                       | 2   |    |
| 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                          | 3   |    |

**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  The organization satisfied the Activities Test. Complete **line 2** below.

b  The organization is the parent of each of its supported organizations. Complete **line 3** below.

c  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.

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.

|    | Yes | No |
|----|-----|----|
| 2a |     |    |
| 2b |     |    |
| 3a |     |    |
| 3b |     |    |

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

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

**Section A – Adjusted Net Income**

|                                                                                                                                                                                                            | (A) Prior Year | (B) Current Year<br>(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              |                                |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | <b>8</b>       |                                |

**Section B – Minimum Asset Amount**

|                                                                                                                                   | (A) Prior Year | (B) Current Year<br>(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 <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | <b>1d</b>      |                                |
| e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                                |
| 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              |                                |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)                                                                              | <b>8</b>       |                                |

**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        |              |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | <b>6</b> |              |

7  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

| <b>SECTION D - DISTRIBUTIONS</b> |                                                                                                                                                    |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes                                                                              |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                              |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets                                                                                                          |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required)                                                                                          |
| <b>6</b>                         | Other distributions (describe in <b>Part VI</b> ). See instructions.                                                                               |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                          |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |
| <b>9</b>                         | Distributable amount for 2019 from Section C, line 6                                                                                               |
| <b>10</b>                        | Line 8 amount divided by line 9 amount                                                                                                             |

#### Section E – Distribution Allocations (see instructions)

| Section E – Distribution Allocations (see instructions)                                                                                                                   | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2019 from Section C, line 6                                                                                                                    |                                |                                        |                                           |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.                                                 |                                |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2019                                                                                                                         |                                |                                        |                                           |
| a From 2014 .....                                                                                                                                                         |                                |                                        |                                           |
| b From 2015 .....                                                                                                                                                         |                                |                                        |                                           |
| c From 2016 .....                                                                                                                                                         |                                |                                        |                                           |
| d From 2017 .....                                                                                                                                                         |                                |                                        |                                           |
| e From 2018 .....                                                                                                                                                         |                                |                                        |                                           |
| <b>f Total</b> of lines 3a through e                                                                                                                                      |                                |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                                            |                                |                                        |                                           |
| h Applied to 2019 distributable amount                                                                                                                                    |                                |                                        |                                           |
| i Carryover from 2014 not applied (see instructions)                                                                                                                      |                                |                                        |                                           |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.                                                                                                                       |                                |                                        |                                           |
| 4 Distributions for 2019 from Section D, line 7: \$                                                                                                                       |                                |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                                            |                                |                                        |                                           |
| b Applied to 2019 distributable amount                                                                                                                                    |                                |                                        |                                           |
| c Remainder. Subtract lines 4a and 4b from 4.                                                                                                                             |                                |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                                |                                        |                                           |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                                |                                        |                                           |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.                                                                                                     |                                |                                        |                                           |
| 8 Breakdown of line 7:                                                                                                                                                    |                                |                                        |                                           |
| a Excess from 2015 .....                                                                                                                                                  |                                |                                        |                                           |
| b Excess from 2016 .....                                                                                                                                                  |                                |                                        |                                           |
| c Excess from 2017 .....                                                                                                                                                  |                                |                                        |                                           |
| d Excess from 2018 .....                                                                                                                                                  |                                |                                        |                                           |
| e Excess from 2019 .....                                                                                                                                                  |                                |                                        |                                           |

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**BAA**

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Schedule A (Form 990 or 990-EZ) 2019

**Part VI**

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

E-FILED

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**Schedule of Contributors****2019**

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

OUR FATHER'S HOUSE SOUP KITCHEN, INC

Employer identification number

65-0150748

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

Form 990-PF

 527 political organization 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

OUR FATHER'S HOUSE SOUP KITCHEN, INC

Employer identification number

65-0150748

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                             | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                                    |
|------------|-----------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | LAWRENCE A SANDERS FOUNDATION, INC<br>1900 N CORPORATE BLVD, STE 201E<br>BOCA RATON, FL 33431 | \$ 20,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 2          | DISCAGAVE FAMILY FOUNDATION<br>6840 NW 65TH TERRACE<br>PARKLAND, FL 33067                     | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 3          | EDWARD KAMINSKI<br>2318 NORTH 17 AVENUE<br>PENSACOLA, FL 32503                                | \$ 26,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 4          | FRED & LAURA MACCLEAN<br>3308 NE 29TH AVENUE<br>LIGHTHOUSE POINT, FL 33064                    | \$ 10,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 5          | JOHN & GEORGIANA WRIGHT<br>1951 NE 55TH COURT<br>FORT LAUDERDALE, FL 33308                    | \$ 40,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 6          | ST JUDE CATHOLIC CHURCH<br>21689 TOLDEO ROAD<br>BOCA RATON, FL 33433                          | \$ 20,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

OUR FATHER'S HOUSE SOUP KITCHEN, INC

Employer identification number

65-0150748

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                            | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                                    |
|------------|------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7          | FRED & ELIZABETH BLOSSER<br>1392 CASCADE CIRCLE NW<br>CANTON, OH 44708       | \$ 6,500.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 8          | KNIGHTS OF COLUMBUS 14698<br>1500 S ANDREWS AVE<br>POMPANO BEACH, FL 33069   | \$ 6,000.                     | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 9          | THE ZARLEY FAMILY FOUNDATION<br>PO BOX 17675<br>BEVERLY HILLS, CA 90209      | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 10         | EDIBLE EXTRAS FOOD PANTRY<br>4700 NW 59TH WAY<br>CORAL SPRINGS, FL 33067     | \$ 136,000.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | PUBlix SUPER MARKETS<br>PO BOX 407<br>LAKELAND, FL 33802                     | \$ 226,000.                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 12         | ST COLEMAN CATHOLIC CHURCH<br>2250 SE 12TH STREET<br>POMPANO BEACH, FL 33062 | \$ 25,000.                    | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization

OUR FATHER'S HOUSE SOUP KITCHEN, INC

Employer identification number

65-0150748

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13         | ST GABRIEL CATHOLIC CHURCH<br>731 N OCEAN BLVD<br>POMPANO BEACH, FL 33062     | \$ 115,000.                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | CALVARY CHAPEL CHURCH<br>2401 W CYPRESS CREEK RD<br>FORT LAUDERDALE, FL 33309 | \$ 42,000.                    | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | ST HENRY CATHOLIC CHURCH<br>1500 S ANDREWS AVE<br>POMPANO BEACH, FL 33069     | \$ 15,000.                    | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         | CORAL SPRINGS NEW COMERS CLUB<br>PO BOX 8012<br>CORAL SPRINGS, FL 33075       | \$ 10,000.                    | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         | JOE & LINDA AUGUSTINE<br>1241 SE 5TH COURT<br>DEERFIELD BEACH, FL 33441       | \$ 15,000.                    | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         | FARM SHARE<br>1255 W ATLANTIC BLVD<br>POMPANO BEACH, FL 33069                 | \$ 13,000.                    | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

OUR FATHER'S HOUSE SOUP KITCHEN, INC

Employer identification number

65-0150748

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                     | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|---------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 19         | CHILDREN'S AID SOCIETY<br>3296 N FEDERL HWY 11503<br>FORT LAUDERDALE, FL 33339        | \$ 45,000.                    | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         | WINN DIXIE<br>PO BOX B<br>JACKSONVILLE, FL 32203-0297                                 | \$ 5,000.                     | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         | EXCHANGE CLUB<br>2701 NE 42ND STREET<br>LIGHTHOUSE POINT, FL 33064                    | \$ 10,000.                    | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         | FATHER LIAM QUINN<br>731 N OCEAN BLVD<br>POMPANO BEACH, FL 33062                      | \$ 15,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         | ERIC R TARMY MEMORIAL FOUNDATION<br>2611 NE 43RD STREET<br>LIGHTHOUSE POINT, FL 33064 | \$ 10,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         | BROWARD HEALTH<br>1201 S ANDREWS AVE<br>FORT LAUDERDALE, FL 33316                     | \$ 7,500.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

OUR FATHER'S HOUSE SOUP KITCHEN, INC

Employer identification number

65-0150748

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                       | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 25         | CITY OF POMPANO BEACH<br>100 W ATLANTIC BLVD<br>POMPANO BEACH, FL 33060 | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                       | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                         |
| -----      | -----                                                                   | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                       | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                         |
| -----      | -----                                                                   | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                       | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                         |
| -----      | -----                                                                   | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                       | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                         |
| -----      | -----                                                                   | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                       | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                         |
| -----      | -----                                                                   | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                       | (c)<br>Total<br>contributions | (d)<br>Type of contribution                                                                                                                                         |
| -----      | -----                                                                   | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization

OUR FATHER'S HOUSE SOUP KITCHEN, INC

Employer identification number

65-0150748

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------|-------------------------------------------|-------------------------------------------|-------------------|
| 6                   | FOOD                                      | \$ 13,500.                                |                   |
| 8                   | FOOD                                      | \$ 6,000.                                 |                   |
| 10                  | FOOD                                      | \$ 126,000.                               |                   |
| 11                  | FOOD                                      | \$ 226,000.                               |                   |
| 12                  | FOOD                                      | \$ 25,000.                                |                   |
| 13                  | FOOD                                      | \$ 115,000.                               |                   |

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

OUR FATHER'S HOUSE SOUP KITCHEN, INC

Employer identification number

65-0150748

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------|-------------------------------------------|-------------------------------------------|-------------------|
| 14                  | FOOD                                      | \$ 42,000.                                |                   |
| 15                  | FOOD                                      | \$ 15,000.                                |                   |
| 16                  | FOOD                                      | \$ 10,000.                                |                   |
| 17                  | RAZOR BLADES/SOCKS                        | \$ 15,000.                                |                   |
| 18                  | FOOD                                      | \$ 13,000.                                |                   |
| 19                  | FOOD                                      | \$ 45,000.                                |                   |

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

OUR FATHER'S HOUSE SOUP KITCHEN, INC

Employer identification number

65-0150748

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------|-------------------------------------------|-------------------------------------------|-------------------|
| 20                  | FOOD                                      | \$ 5,000.                                 |                   |
| 21                  | FOOD                                      | \$ 10,000.                                |                   |
|                     |                                           | \$                                        |                   |
|                     |                                           | \$                                        |                   |
|                     |                                           | \$                                        |                   |
|                     |                                           | \$                                        |                   |

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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**Name of organization**

NAME OF ORGANIZATION  
**OUR FATHER'S HOUSE SOUP KITCHEN, INC**

**Employer identification number**

65-0150748

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... ► \$ \_\_\_\_\_ N/A  
Use duplicate copies of Part III if additional space is needed.

| (a)<br>No. from<br>Part I                                          | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held   |
|--------------------------------------------------------------------|------------------------|--------------------|------------------------------------------|
| N/A                                                                |                        |                    |                                          |
| (e)<br>Transfer of gift<br>Transferee's name, address, and ZIP + 4 |                        |                    | Relationship of transferor to transferee |
|                                                                    |                        |                    |                                          |
|                                                                    |                        |                    |                                          |
|                                                                    |                        |                    |                                          |
|                                                                    |                        |                    |                                          |
| (a)<br>No. from<br>Part I                                          | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held   |
| (e)<br>Transfer of gift<br>Transferee's name, address, and ZIP + 4 |                        |                    |                                          |
|                                                                    |                        |                    |                                          |
|                                                                    |                        |                    |                                          |
|                                                                    |                        |                    |                                          |
|                                                                    |                        |                    |                                          |
| (a)<br>No. from<br>Part I                                          | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held   |
| (e)<br>Transfer of gift<br>Transferee's name, address, and ZIP + 4 |                        |                    |                                          |
|                                                                    |                        |                    |                                          |
|                                                                    |                        |                    |                                          |
|                                                                    |                        |                    |                                          |
|                                                                    |                        |                    |                                          |
| (a)<br>No. from<br>Part I                                          | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held   |
| (e)<br>Transfer of gift<br>Transferee's name, address, and ZIP + 4 |                        |                    |                                          |
|                                                                    |                        |                    |                                          |
|                                                                    |                        |                    |                                          |
|                                                                    |                        |                    |                                          |
|                                                                    |                        |                    |                                          |
| (a)<br>No. from<br>Part I                                          | (b)<br>Purpose of gift | (c)<br>Use of gift | (d)<br>Description of how gift is held   |
| (e)<br>Transfer of gift<br>Transferee's name, address, and ZIP + 4 |                        |                    |                                          |
|                                                                    |                        |                    |                                          |
|                                                                    |                        |                    |                                          |
|                                                                    |                        |                    |                                          |
|                                                                    |                        |                    |                                          |

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

OUR FATHER'S HOUSE SOUP KITCHEN, INC

65-0150748

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

|                                                           | (a) Donor advised funds | (b) Funds and other accounts |
|-----------------------------------------------------------|-------------------------|------------------------------|
| 1 Total number at end of year .....                       |                         |                              |
| 2 Aggregate value of contributions to (during year) ..... |                         |                              |
| 3 Aggregate value of grants from (during year) .....      |                         |                              |
| 4 Aggregate value at end of year .....                    |                         |                              |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....  Yes  No

**Part II Conservation Easements.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

| 1 | Purpose(s) of conservation easements held by the organization (check all that apply).                                                                                                                                                                                                                       | Held at the End of the Tax Year                                             |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
|   | <input type="checkbox"/> Preservation of land for public use (for example, recreation or education)                                                                                                                                                                                                         | <input type="checkbox"/> Preservation of a historically important land area |
|   | <input type="checkbox"/> Protection of natural habitat                                                                                                                                                                                                                                                      | <input type="checkbox"/> Preservation of a certified historic structure     |
|   | <input type="checkbox"/> Preservation of open space                                                                                                                                                                                                                                                         |                                                                             |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.                                                                                                                                         |                                                                             |
| a | Total number of conservation easements .....                                                                                                                                                                                                                                                                | 2a                                                                          |
| b | Total acreage restricted by conservation easements .....                                                                                                                                                                                                                                                    | 2b                                                                          |
| c | Number of conservation easements on a certified historic structure included in (a) .....                                                                                                                                                                                                                    | 2c                                                                          |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....                                                                                                                                                              | 2d                                                                          |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____                                                                                                                                                               |                                                                             |
| 4 | Number of states where property subject to conservation easement is located ► _____                                                                                                                                                                                                                         |                                                                             |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....                                                                                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                    |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____                                                                                                                                                           |                                                                             |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____                                                                                                                                                              |                                                                             |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....                                                                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No                    |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. |                                                                             |

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ..... ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

**a**  Public exhibition  
**b**  Scholarly research  
**c**  Preservation for future generations

**d**  Loan or exchange program  
**e**  Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If 'Yes,' explain the arrangement in Part XIII and complete the following table:

|                                             | Amount |
|---------------------------------------------|--------|
| <b>c</b> Beginning balance.....             | 1c     |
| <b>d</b> Additions during the year.....     | 1d     |
| <b>e</b> Distributions during the year..... | 1e     |
| <b>f</b> Ending balance.....                | 1f     |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

|                                                              | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance.....                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions.....                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses.....     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships.....                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs..... |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses.....                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance.....                            |                  |                |                    |                      |                     |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment ►  %

**b** Permanent endowment ►  %

**c** Term endowment ►  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| Yes    | No |
|--------|----|
| 3a(i)  |    |
| 3a(ii) |    |
| 3b     |    |

**b** If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? .....

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property              | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land.....                  |                                      | 50,000.                         |                              | 50,000.        |
| <b>b</b> Buildings.....              |                                      | 308,908.                        | 132,295.                     | 176,613.       |
| <b>c</b> Leasehold improvements..... |                                      | 20,700.                         | 13,261.                      | 7,439.         |
| <b>d</b> Equipment.....              |                                      | 141,818.                        | 110,953.                     | 30,865.        |
| <b>e</b> Other.....                  |                                      | 14,367.                         | 6,024.                       | 8,343.         |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ►  273,260.

BAA

Schedule D (Form 990) 2019

**Part VII Investments – Other Securities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)          | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) Financial derivatives .....                                               |                |                                                           |
| (2) Closely held equity interests .....                                       |                |                                                           |
| (3) Other                                                                     |                |                                                           |
| (A) _____                                                                     |                |                                                           |
| (B) _____                                                                     |                |                                                           |
| (C) _____                                                                     |                |                                                           |
| (D) _____                                                                     |                |                                                           |
| (E) _____                                                                     |                |                                                           |
| (F) _____                                                                     |                |                                                           |
| (G) _____                                                                     |                |                                                           |
| (H) _____                                                                     |                |                                                           |
| (I) _____                                                                     |                |                                                           |
| <b>Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►</b> |                |                                                           |

**Part VIII Investments – Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                                 | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1)                                                                           |                |                                                           |
| (2)                                                                           |                |                                                           |
| (3)                                                                           |                |                                                           |
| (4)                                                                           |                |                                                           |
| (5)                                                                           |                |                                                           |
| (6)                                                                           |                |                                                           |
| (7)                                                                           |                |                                                           |
| (8)                                                                           |                |                                                           |
| (9)                                                                           |                |                                                           |
| (10)                                                                          |                |                                                           |
| <b>Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►</b> |                |                                                           |

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description                                                               | (b) Book value |
|-------------------------------------------------------------------------------|----------------|
| (1)                                                                           |                |
| (2)                                                                           |                |
| (3)                                                                           |                |
| (4)                                                                           |                |
| (5)                                                                           |                |
| (6)                                                                           |                |
| (7)                                                                           |                |
| (8)                                                                           |                |
| (9)                                                                           |                |
| (10)                                                                          |                |
| <b>Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) ►</b> |                |

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability                                               | (b) Book value |
|-------------------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                                      |                |
| (2) OTHER PAYABLES                                                            | 2,091.         |
| (3) PAYROLL TAX PAYABLE                                                       | 2,654.         |
| (4) ROUNDING                                                                  | 1.             |
| (5) SECURITY DEPOSITS                                                         | 800.           |
| (6) STATE GARNISHMENTS                                                        | 547.           |
| (7)                                                                           |                |
| (8)                                                                           |                |
| (9)                                                                           |                |
| (10)                                                                          |                |
| (11)                                                                          |                |
| <b>Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ►</b> | 6,093.         |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|                                                                                        |    |  |
|----------------------------------------------------------------------------------------|----|--|
| 1 Total revenue, gains, and other support per audited financial statements.....        | 1  |  |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:                  |    |  |
| a Net unrealized gains (losses) on investments.....                                    | 2a |  |
| b Donated services and use of facilities.....                                          | 2b |  |
| c Recoveries of prior year grants.....                                                 | 2c |  |
| d Other (Describe in Part XIII.).....                                                  | 2d |  |
| e Add lines 2a through 2d.....                                                         | 2e |  |
| 3 Subtract line 2e from line 1.....                                                    | 3  |  |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:                 |    |  |
| a Investment expenses not included on Form 990, Part VIII, line 7b.....                | 4a |  |
| b Other (Describe in Part XIII.).....                                                  | 4b |  |
| c Add lines 4a and 4b.....                                                             | 4c |  |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)..... | 5  |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|                                                                                         |    |  |
|-----------------------------------------------------------------------------------------|----|--|
| 1 Total expenses and losses per audited financial statements.....                       | 1  |  |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:                     |    |  |
| a Donated services and use of facilities.....                                           | 2a |  |
| b Prior year adjustments.....                                                           | 2b |  |
| c Other losses.....                                                                     | 2c |  |
| d Other (Describe in Part XIII.).....                                                   | 2d |  |
| e Add lines 2a through 2d.....                                                          | 2e |  |
| 3 Subtract line 2e from line 1.....                                                     | 3  |  |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:                    |    |  |
| a Investment expenses not included on Form 990, Part VIII, line 7b.....                 | 4a |  |
| b Other (Describe in Part XIII.).....                                                   | 4b |  |
| c Add lines 4a and 4b.....                                                              | 4c |  |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)..... | 5  |  |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE G**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

- Attach to Form 990 or Form 990-EZ.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019****Open to Public  
Inspection**

Name of the organization

**OUR FATHER'S HOUSE SOUP KITCHEN, INC**

Employer identification number

65-0150748

**Part I** **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? .....  Yes  No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|---------------------------------------------------------------------|---------------------------------------------------|
| 1                                                         |               | Yes                                                            | No |                                   |                                                                     |                                                   |
| 2                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 3                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 4                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 5                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 6                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 7                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 8                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 9                                                         |               |                                                                |    |                                   |                                                                     |                                                   |
| 10                                                        |               |                                                                |    |                                   |                                                                     |                                                   |
| <b>Total</b> .....                                        |               |                                                                |    |                                   |                                                                     | 0.                                                |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| REVENUE         |                                                                      | (a) Event #1<br><u>FUNDRAISING</u><br>(event type) | (b) Event #2<br>_____ | (c) Other events<br><u>NONE</u><br>(total number) | (d) Total events<br>(add column (a) through column (c)) |
|-----------------|----------------------------------------------------------------------|----------------------------------------------------|-----------------------|---------------------------------------------------|---------------------------------------------------------|
|                 |                                                                      | (event type)                                       |                       |                                                   |                                                         |
|                 | 1 Gross receipts.....                                                | 58,076.                                            |                       |                                                   | 58,076.                                                 |
|                 | 2 Less: Contributions.....                                           |                                                    |                       |                                                   |                                                         |
|                 | 3 Gross income (line 1 minus line 2).....                            | 58,076.                                            |                       |                                                   | 58,076.                                                 |
| DIRECT EXPENSES | 4 Cash prizes.....                                                   |                                                    |                       |                                                   |                                                         |
|                 | 5 Noncash prizes.....                                                |                                                    |                       |                                                   |                                                         |
|                 | 6 Rent/facility costs.....                                           |                                                    |                       |                                                   |                                                         |
|                 | 7 Food and beverages.....                                            | 7,903.                                             |                       |                                                   | 7,903.                                                  |
|                 | 8 Entertainment.....                                                 |                                                    |                       |                                                   |                                                         |
|                 | 9 Other direct expenses.....                                         | 3,448.                                             |                       |                                                   | 3,448.                                                  |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d).....  |                                                    |                       |                                                   | 11,351.                                                 |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d)..... |                                                    |                       |                                                   | 46,725.                                                 |

**Part III Gaming.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| REVENUE         |                                                                           | (a) Bingo                                                           | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming                                                    | (d) Total gaming<br>(add column (a) through column (c)) |
|-----------------|---------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------|
|                 |                                                                           |                                                                     |                                                                     |                                                                     |                                                         |
|                 | 1 Gross revenue.....                                                      |                                                                     |                                                                     |                                                                     |                                                         |
| DIRECT EXPENSES | 2 Cash prizes.....                                                        |                                                                     |                                                                     |                                                                     |                                                         |
|                 | 3 Noncash prizes.....                                                     |                                                                     |                                                                     |                                                                     |                                                         |
|                 | 4 Rent/facility costs.....                                                |                                                                     |                                                                     |                                                                     |                                                         |
|                 | 5 Other direct expenses.....                                              |                                                                     |                                                                     |                                                                     |                                                         |
|                 | 6 Volunteer labor.....                                                    | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                         |
|                 | 7 Direct expense summary. Add lines 2 through 5 in column (d).....        |                                                                     |                                                                     |                                                                     |                                                         |
|                 | 8 Net gaming income summary. Subtract line 7 from line 1, column (d)..... |                                                                     |                                                                     |                                                                     |                                                         |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? .....  Yes  No

b If 'No,' explain: \_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .....  Yes  No

b If 'Yes,' explain: \_\_\_\_\_  
\_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers? .....  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? .....  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility .....  13a  %

b An outside facility .....  13b  %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....  Yes  No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If 'Yes,' enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

OUR FATHER'S HOUSE SOUP KITCHEN, INC

Employer identification number

65-0150748

**Part I Types of Property**

|                                                                                                                                                                                 | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported<br>on Form 990,<br>Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art – Works of art.....                                                                                                                                                       |                               |                                                           |                                                                                       |                                                              |
| 2 Art – Historical treasures.....                                                                                                                                               |                               |                                                           |                                                                                       |                                                              |
| 3 Art – Fractional interests.....                                                                                                                                               |                               |                                                           |                                                                                       |                                                              |
| 4 Books and publications.....                                                                                                                                                   |                               |                                                           |                                                                                       |                                                              |
| 5 Clothing and household goods.....                                                                                                                                             |                               |                                                           |                                                                                       |                                                              |
| 6 Cars and other vehicles.....                                                                                                                                                  |                               |                                                           |                                                                                       |                                                              |
| 7 Boats and planes.....                                                                                                                                                         |                               |                                                           |                                                                                       |                                                              |
| 8 Intellectual property.....                                                                                                                                                    |                               |                                                           |                                                                                       |                                                              |
| 9 Securities – Publicly traded.....                                                                                                                                             |                               |                                                           |                                                                                       |                                                              |
| 10 Securities – Closely held stock.....                                                                                                                                         |                               |                                                           |                                                                                       |                                                              |
| 11 Securities – Partnership, LLC, or trust interests.....                                                                                                                       |                               |                                                           |                                                                                       |                                                              |
| 12 Securities – Miscellaneous.....                                                                                                                                              |                               |                                                           |                                                                                       |                                                              |
| 13 Qualified conservation contribution –<br>Historic structures.....                                                                                                            |                               |                                                           |                                                                                       |                                                              |
| 14 Qualified conservation contribution – Other.....                                                                                                                             |                               |                                                           |                                                                                       |                                                              |
| 15 Real estate – Residential.....                                                                                                                                               |                               |                                                           |                                                                                       |                                                              |
| 16 Real estate – Commercial.....                                                                                                                                                |                               |                                                           |                                                                                       |                                                              |
| 17 Real estate – Other.....                                                                                                                                                     |                               |                                                           |                                                                                       |                                                              |
| 18 Collectibles.....                                                                                                                                                            |                               |                                                           |                                                                                       |                                                              |
| 19 Food inventory.....                                                                                                                                                          | X                             | 14                                                        | 729,500.                                                                              |                                                              |
| 20 Drugs and medical supplies.....                                                                                                                                              |                               |                                                           |                                                                                       |                                                              |
| 21 Taxidermy.....                                                                                                                                                               |                               |                                                           |                                                                                       |                                                              |
| 22 Historical artifacts.....                                                                                                                                                    |                               |                                                           |                                                                                       |                                                              |
| 23 Scientific specimens.....                                                                                                                                                    |                               |                                                           |                                                                                       |                                                              |
| 24 Archeological artifacts.....                                                                                                                                                 |                               |                                                           |                                                                                       |                                                              |
| 25 Other ► ( _____ ).....                                                                                                                                                       |                               |                                                           |                                                                                       |                                                              |
| 26 Other ► ( _____ ).....                                                                                                                                                       |                               |                                                           |                                                                                       |                                                              |
| 27 Other ► ( _____ ).....                                                                                                                                                       |                               |                                                           |                                                                                       |                                                              |
| 28 Other ► ( _____ ).....                                                                                                                                                       |                               |                                                           |                                                                                       |                                                              |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... |                               | 29                                                        |                                                                                       |                                                              |

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?.....

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?.....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.....

b If 'Yes,' describe the arrangement in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

|     | Yes | No |
|-----|-----|----|
| 30a | X   |    |
| 31  | X   |    |
| 32a | X   |    |

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

E-FILED

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

OUR FATHER'S HOUSE SOUP KITCHEN, INC

Employer identification number

65-0150748

**FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.**

KATHERINE CRISSY PRESIDENT AND JAMES CRISSY VICE PRESIDENT ARE MARRIED.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE BOARD OF DIRECTORS REVIEWS THE RETURN BEFORE SUBMISSION

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

ALL BUSINESS TRANSACTIONS ARE REVIEWED FOR CONFLICTS BY THE EXECUTIVE DIRECTOR  
AND/OR BOARD OF DIRECTORS. PROPER DOCUMENTATION IS REQUIRED UPON THE DISCOVERY OF  
CONFLICTS AND A BOARD RESOLUTION IS PROPOSED

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

DOCUMENTS ARE AVAILABLE AT THE ORGANIZATION'S OFFICE UPON REQUEST

**E-FILE**

**SUPPLEMENTAL WORKSHEETS**  
**NOT INCLUDED WITH FILED**  
**COPY OF RETURN**

2019

## FEDERAL EXEMPT ORGANIZATION TAX SUMMARY

PAGE 1

OUR FATHER'S HOUSE SOUP KITCHEN, INC

65-0150748

|                                              | 2019      | 2018      | DIFF     |
|----------------------------------------------|-----------|-----------|----------|
| <b>REVENUE</b>                               |           |           |          |
| CONTRIBUTIONS AND GRANTS.....                | 968,315   | 1,055,078 | -86,763  |
| INVESTMENT INCOME.....                       | 229       | 0         | 229      |
| OTHER REVENUE.....                           | 53,025    | 80,738    | -27,713  |
| TOTAL REVENUE.....                           | 1,021,569 | 1,135,816 | -114,247 |
| <b>EXPENSES</b>                              |           |           |          |
| SALARIES, OTHER COMPEN., EMP. BENEFITS...    | 128,789   | 127,781   | 1,008    |
| OTHER EXPENSES.....                          | 859,196   | 973,918   | -114,722 |
| TOTAL EXPENSES.....                          | 987,985   | 1,101,699 | -113,714 |
| <b>NET ASSETS OR FUND BALANCES</b>           |           |           |          |
| REVENUE LESS EXPENSES.....                   | 33,584    | 34,117    | -533     |
| TOTAL ASSETS AT END OF YEAR.....             | 505,593   | 474,445   | 31,148   |
| TOTAL LIABILITIES AT END OF YEAR.....        | 19,745    | 22,181    | -2,436   |
| NET ASSETS/FUND BALANCES AT END OF YEAR..... | 485,848   | 452,264   | 33,584   |

**RENTAL INCOME WORKSHEET  
FORM 990**
**BAYS 2 & 3**

|                                            |           |
|--------------------------------------------|-----------|
| GROSS RENTAL INCOME.....                   | \$ 9,600. |
| EXPENSES                                   |           |
| DEPRECIATION.....                          | 1,500.    |
| INSURANCE.....                             | 725.      |
| UTILITIES.....                             | 1,075.    |
| TOTAL EXPENSES.....                        | \$ 3,300. |
| NET RENTAL INCOME OR LOSS \$ <u>6,300.</u> |           |

**FORM 990, PART III, LINE 4E  
PROGRAM SERVICES TOTALS**

|                | PROGRAM<br>SERVICES<br>TOTAL | FORM 990 | SOURCE                     |
|----------------|------------------------------|----------|----------------------------|
| TOTAL EXPENSES | 964,119.                     | 964,119. | PART IX, LINE 25, COL. B   |
| GRANTS         | 0.                           | 0.       | PART IX, LINES 1-3, COL. B |
| REVENUE        | 0.                           | 0.       | PART VIII, LINE 2, COL. A  |

**FORM 990, PART IX, LINE 24E  
OTHER EXPENSES**

|                       | (A)<br>TOTAL      | (B)<br>PROGRAM<br>SERVICES | (C)<br>MANAGEMENT<br>& GENERAL | (D)<br>FUNDRAISING |
|-----------------------|-------------------|----------------------------|--------------------------------|--------------------|
| CONTRACT LABOR        | 3,600.            | 3,240.                     | 360.                           |                    |
| OTHER                 | 9,830.            | 7,716.                     | 2,114.                         |                    |
| REPAIRS & MAINTENANCE | 5,890.            | 2,945.                     | 2,945.                         |                    |
| SUPPLIES              | 930.              | 837.                       | 93.                            |                    |
| TEMPORARY HELP        | 3,553.            | 3,553.                     |                                |                    |
| TOTAL                 | <u>\$ 23,803.</u> | <u>\$ 18,291.</u>          | <u>\$ 5,512.</u>               | <u>\$ 0.</u>       |

12/31/19

## 2019 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

## OUR FATHER'S HOUSE SOUP KITCHEN, INC

65-0150748

| NO.                          | DESCRIPTION             | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. |
|------------------------------|-------------------------|---------------|-----------|-------------|-----------|---------------|---------------------|-----------------------------|----------------------|----------------------|-------------|-------------|--------|------|------|---------------|
| FORM 990/990-PF              |                         |               |           |             |           |               |                     |                             |                      |                      |             |             |        |      |      |               |
| AUTO / TRANSPORT EQUIPMENT   |                         |               |           |             |           |               |                     |                             |                      |                      |             |             |        |      |      |               |
|                              |                         |               |           |             |           |               |                     |                             |                      |                      |             |             |        |      |      |               |
| 28                           | 2011 HONDA ODYSSEY      | 6/19/14       |           | 25,457      |           |               |                     |                             |                      |                      | 25,457      | 22,910      | S/L    | 5    |      | 2,547         |
| 33                           | BICYCLE TRAILER         | 10/15/15      |           | 400         |           |               |                     |                             |                      |                      | 400         | 260         | S/L    | 5    |      | 80            |
| 47                           | 2012 GMC SIERRA         | 12/15/17      |           | 28,001      |           |               |                     |                             |                      |                      | 28,001      | 6,067       | S/L    | 5    |      | 5,600         |
| TOTAL AUTO / TRANSPORT EQUIP |                         |               |           | 53,858      |           | 0             | 0                   | 0                           | 0                    | 0                    | 53,858      | 29,237      |        |      |      | 8,227         |
| BUILDINGS                    |                         |               |           |             |           |               |                     |                             |                      |                      |             |             |        |      |      |               |
|                              |                         |               |           |             |           |               |                     |                             |                      |                      |             |             |        |      |      |               |
| 2                            | BUILDING - BAY 1        | 1/23/00       |           | 30,000      |           |               |                     |                             |                      |                      | 30,000      | 14,205      | S/L    | 40   |      | 750           |
| 4                            | BUILDING - BAY 4        | 1/23/00       |           | 40,000      |           |               |                     |                             |                      |                      | 40,000      | 18,940      | S/L    | 40   |      | 1,000         |
| 6                            | BUILDING - BAY 5        | 1/23/00       |           | 40,000      |           |               |                     |                             |                      |                      | 40,000      | 18,940      | S/L    | 40   |      | 1,000         |
| 8                            | BUILDING - BAY 6        | 1/23/00       |           | 30,000      |           |               |                     |                             |                      |                      | 30,000      | 14,205      | S/L    | 40   |      | 750           |
| 10                           | CONTRACTRO IMPROVEMENTS | 6/30/01       |           | 46,718      |           |               |                     |                             |                      |                      | 46,718      | 20,447      | S/L    | 40   |      | 1,168         |
| 11                           | AIR CONDITIONER         | 6/30/01       |           | 1,915       |           |               |                     |                             |                      |                      | 1,915       | 1,915       | S/L    | 7    |      | 0             |
| 12                           | BOUTIQUE                | 6/30/01       |           | 324         |           |               |                     |                             |                      |                      | 324         | 141         | S/L    | 40   |      | 8             |
| 13                           | OUTSIDE IMPROVEMENTS    | 6/30/01       |           | 4,050       |           |               |                     |                             |                      |                      | 4,050       | 1,770       | S/L    | 40   |      | 101           |
| 32                           | CHAPEL WALLS & DOOR     | 10/29/15      |           | 5,439       |           |               |                     |                             |                      |                      | 5,439       | 335         | S/L    | 40   |      | 136           |
| 41                           | OUTSIDE IMPROVEMENTS    | 9/30/16       |           | 5,763       |           |               |                     |                             |                      |                      | 5,763       | 324         | S/L    | 40   |      | 144           |
| 43                           | ROOF                    | 5/03/17       |           | 30,175      |           |               |                     |                             |                      |                      | 30,175      | 1,257       | S/L    | 40   |      | 754           |
| 44                           | ROOF                    | 5/17/17       |           | 7,542       |           |               |                     |                             |                      |                      | 7,542       | 1,706       | S/L    | 7    |      | 1,077         |
| 46                           | NEW A/C                 | 10/19/17      |           | 2,800       |           |               |                     |                             |                      |                      | 2,800       | 467         | S/L    | 7    |      | 400           |
| 51                           | NEW A/C 2               | 7/22/19       |           | 6,025       |           |               |                     |                             |                      |                      | 6,025       |             | S/L    | 7    |      | 359           |
| 52                           | NEW A/C                 | 11/08/19      |           | 3,596       |           |               |                     |                             |                      |                      | 3,596       |             | S/L    | 7    |      | 86            |
| TOTAL BUILDINGS              |                         |               |           | 254,347     |           | 0             | 0                   | 0                           | 0                    | 0                    | 254,347     | 94,652      |        |      |      | 7,733         |

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## OUR FATHER'S HOUSE SOUP KITCHEN, INC

65-0150748

| NO.                            | DESCRIPTION              | DATE ACQUIRED | DATE SOLD | COST/<br>BASIS | BUS.<br>PCT. | CUR<br>179<br>BONUS | SPECIAL<br>DEPR.<br>ALLOW. | PRIOR<br>179/<br>BONUS/<br>SP. DEPR. | PRIOR<br>DEC. BAL<br>DEPR. | SALVAG<br>/BASIS<br>REDUCT. | DEPR.<br>BASIS | PRIOR<br>DEPR. | METHOD | LIFE | RATE | CURRENT<br>DEPR. |
|--------------------------------|--------------------------|---------------|-----------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|-----------------------------|----------------|----------------|--------|------|------|------------------|
| <b>FURNITURE AND FIXTURES</b>  |                          |               |           |                |              |                     |                            |                                      |                            |                             |                |                |        |      |      |                  |
| 25                             | ROOF HATCH               | 2/25/09       |           | 1,158          |              |                     |                            |                                      |                            |                             | 1,158          | 946            | 150DB  | 15   |      | 21               |
| 27                             | SECURITY GATE            | 11/15/11      |           | 2,500          |              |                     |                            |                                      |                            |                             | 2,500          | 2,500          | 200DB  | 5    |      | 0                |
| 39                             | SIGN                     | 12/01/15      |           | 1,643          |              |                     |                            |                                      |                            |                             | 1,643          | 725            | S/L    | 7    |      | 235              |
| 40                             | DOOR                     | 12/12/16      |           | 3,627          |              |                     |                            |                                      |                            |                             | 3,627          | 1,079          | S/L    | 7    |      | 518              |
| TOTAL FURNITURE AND FIXTURE    |                          |               |           | 8,928          |              | 0                   | 0                          | 0                                    | 0                          | 0                           | 8,928          | 5,250          |        |      |      | 774              |
| <b>IMPROVEMENTS</b>            |                          |               |           |                |              |                     |                            |                                      |                            |                             |                |                |        |      |      |                  |
| 26                             | PARKING LOT IMPROVEMENTS | 6/15/09       |           | 4,700          |              |                     |                            |                                      |                            |                             | 4,700          | 3,841          | 150DB  | 15   |      | 86               |
| 38                             | FENCE                    | 12/01/15      |           | 16,000         |              |                     |                            |                                      |                            |                             | 16,000         | 7,048          | S/L    | 7    |      | 2,286            |
| TOTAL IMPROVEMENTS             |                          |               |           | 20,700         |              | 0                   | 0                          | 0                                    | 0                          | 0                           | 20,700         | 10,889         |        |      |      | 2,372            |
| <b>LAND</b>                    |                          |               |           |                |              |                     |                            |                                      |                            |                             |                |                |        |      |      |                  |
| 1                              | LAND - BAY 1             | 1/23/00       |           | 7,500          |              |                     |                            |                                      |                            |                             | 7,500          |                |        |      |      | 0                |
| 3                              | LAND - BAY 4             | 1/23/00       |           | 10,000         |              |                     |                            |                                      |                            |                             | 10,000         |                |        |      |      | 0                |
| 5                              | LAND - BAY 5             | 1/23/00       |           | 10,000         |              |                     |                            |                                      |                            |                             | 10,000         |                |        |      |      | 0                |
| 7                              | LAND - BAY 6             | 1/23/00       |           | 7,500          |              |                     |                            |                                      |                            |                             | 7,500          |                |        |      |      | 0                |
| TOTAL LAND                     |                          |               |           | 35,000         |              | 0                   | 0                          | 0                                    | 0                          | 0                           | 35,000         | 0              |        |      |      | 0                |
| <b>MACHINERY AND EQUIPMENT</b> |                          |               |           |                |              |                     |                            |                                      |                            |                             |                |                |        |      |      |                  |
| 9                              | KITCHEN EQUIPMENT        | 12/31/00      |           | 23,324         |              |                     |                            |                                      |                            |                             | 23,324         | 23,324         | 200DB  | 7    |      | 0                |
| 14                             | COOLER                   | 6/30/01       |           | 9,283          |              |                     |                            |                                      |                            |                             | 9,283          | 9,283          | 200DB  | 7    |      | 0                |
| 15                             | GAS LINE                 | 6/30/01       |           | 1,415          |              |                     |                            |                                      |                            |                             | 1,415          | 1,415          | 200DB  | 7    |      | 0                |
| 16                             | KITCHEN EQUIPMENT        | 6/30/01       |           | 13,754         |              |                     |                            |                                      |                            |                             | 13,754         | 13,754         | 200DB  | 7    |      | 0                |

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## OUR FATHER'S HOUSE SOUP KITCHEN, INC

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| NO.                          | DESCRIPTION           | DATE ACQUIRED | DATE SOLD | COST/<br>BASIS | BUS.<br>PCT. | CUR<br>179<br>BONUS | SPECIAL<br>DEPR.<br>ALLOW. | PRIOR<br>179/<br>BONUS/<br>SP. DEPR. | PRIOR<br>DEC. BAL<br>DEPR. | SALVAG<br>/BASIS<br>REDUCT | DEPR.<br>BASIS | PRIOR<br>DEPR. | METHOD | LIFE | RATE | CURRENT<br>DEPR. |
|------------------------------|-----------------------|---------------|-----------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|------|------|------------------|
| 17                           | EQUIPMENT             | 6/30/02       |           | 4,086          |              |                     |                            |                                      |                            |                            | 4,086          | 4,086          | 200DB  | 7    |      | 0                |
| 18                           | EQUIPMENT             | 1/12/05       |           | 717            |              |                     |                            |                                      |                            |                            | 717            | 717            | 200DB  | 7    |      | 0                |
| 19                           | EQUIPMENT             | 10/19/05      |           | 728            |              |                     |                            |                                      |                            |                            | 728            | 728            | 200DB  | 7    |      | 0                |
| 20                           | EQUIPMENT             | 2/17/06       |           | 1,100          |              |                     |                            |                                      |                            |                            | 1,100          | 1,100          | 200DB  | 7    |      | 0                |
| 21                           | POLAR ICE             | 5/02/06       |           | 2,700          |              |                     |                            |                                      |                            |                            | 2,700          | 2,700          | 200DB  | 7    |      | 0                |
| 22                           | TOTAL COMFORT A/C     | 6/12/06       |           | 3,568          |              |                     |                            |                                      |                            |                            | 3,568          | 3,568          | 200DB  | 7    |      | 0                |
| 23                           | CREASE TRAP           | 6/30/01       |           | 2,988          |              |                     |                            |                                      |                            |                            | 2,988          | 2,988          | 200DB  | 7    |      | 0                |
| 24                           | IMPERIAL OVER/RANGE 2 | 9/25/07       |           | 2,180          |              |                     |                            |                                      |                            |                            | 2,180          | 2,180          | 200DB  | 7    |      | 0                |
| 29                           | COMPUTERS 2           | 11/17/14      |           | 600            |              |                     |                            |                                      |                            |                            | 600            | 490            | S/L    | 5    |      | 110              |
| 30                           | ICE MAKER             | 4/03/15       |           | 1,249          |              |                     |                            |                                      |                            |                            | 1,249          | 668            | S/L    | 7    |      | 178              |
| 31                           | DELL COMPUTER         | 5/14/15       |           | 921            |              |                     |                            |                                      |                            |                            | 921            | 675            | S/L    | 5    |      | 184              |
| 42                           | WALK-IN-FRIDGE        | 3/03/17       |           | 6,300          |              |                     |                            |                                      |                            |                            | 6,300          | 1,650          | S/L    | 7    |      | 900              |
| 45                           | FREEZER               | 5/11/17       |           | 3,900          |              |                     |                            |                                      |                            |                            | 3,900          | 928            | S/L    | 7    |      | 557              |
| 48                           | COMPRESSOR            | 12/27/18      |           | 3,900          |              |                     |                            |                                      |                            |                            | 3,900          |                | S/L    | 7    |      | 557              |
| 49                           | REFRIGERATOR          | 1/07/19       |           | 2,942          |              |                     |                            |                                      |                            |                            | 2,942          |                | S/L    | 7    |      | 420              |
| 50                           | FREEZER               | 1/09/19       |           | 2,305          |              |                     |                            |                                      |                            |                            | 2,305          |                | S/L    | 7    |      | 329              |
| TOTAL MACHINERY AND EQUIPM   |                       |               |           | 87,960         |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 87,960         | 70,254         |        |      |      | 3,235            |
| TOTAL DEPRECIATION           |                       |               |           | 460,793        |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 460,793        | 210,282        |        |      |      | 22,341           |
| RENTAL ACTIVITY - BAYS 2 & 3 |                       |               |           |                |              |                     |                            |                                      |                            |                            |                |                |        |      |      |                  |
| BUILDINGS                    |                       |               |           |                |              |                     |                            |                                      |                            |                            |                |                |        |      |      |                  |
| 35                           | BUILDING - BAY 2      | 1/23/00       |           | 30,000         |              |                     |                            |                                      |                            |                            | 30,000         | 14,205         | S/L    | 40   |      | 750              |
| 37                           | BUILDING - BAY 3      | 1/23/00       |           | 30,000         |              |                     |                            |                                      |                            |                            | 30,000         | 14,205         | S/L    | 40   |      | 750              |
| TOTAL BUILDINGS              |                       |               |           | 60,000         |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 60,000         | 28,410         |        |      |      | 1,500            |

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| NO.  | DESCRIPTION              | DATE ACQUIRED | DATE SOLD | COST/<br>BASIS | BUS.<br>PCT. | CUR<br>179<br>BONUS | SPECIAL<br>DEPR.<br>ALLOW | PRIOR<br>179/<br>BONUS/<br>SP. DEPR. | PRIOR<br>DEC. BAL<br>DEPR. | SALVAG<br>/BASIS<br>REDUCT | DEPR.<br>BASIS | PRIOR<br>DEPR. | METHOD | LIFE    | RATE | CURRENT<br>DEPR. |        |
|------|--------------------------|---------------|-----------|----------------|--------------|---------------------|---------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|---------|------|------------------|--------|
| LAND |                          |               |           |                |              |                     |                           |                                      |                            |                            |                |                |        |         |      |                  |        |
| 34   | LAND - BAY 2             |               | 1/23/00   |                |              | 7,500               |                           |                                      |                            |                            |                | 7,500          |        |         |      |                  | 0      |
| 36   | LAND - BAY 3             |               | 1/23/00   |                |              | 7,500               |                           |                                      |                            |                            |                | 7,500          |        |         |      |                  | 0      |
|      | TOTAL LAND               |               |           |                |              | 15,000              |                           | 0                                    | 0                          | 0                          | 0              | 15,000         |        | 0       |      |                  | 0      |
|      | TOTAL DEPRECIATION       |               |           |                |              | 75,000              |                           | 0                                    | 0                          | 0                          | 0              | 75,000         |        | 28,410  |      |                  | 1,500  |
|      | GRAND TOTAL DEPRECIATION |               |           |                |              | 535,793             |                           | 0                                    | 0                          | 0                          | 0              | 535,793        |        | 238,692 |      |                  | 23,841 |

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65-0150748

| NO.                          | DESCRIPTION             | DATE ACQUIRED | DATE SOLD | COST/ BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. |
|------------------------------|-------------------------|---------------|-----------|-------------|-----------|---------------|---------------------|-----------------------------|----------------------|----------------------|-------------|-------------|--------|------|------|---------------|
| FORM 990/990-PF              |                         |               |           |             |           |               |                     |                             |                      |                      |             |             |        |      |      |               |
| AUTO / TRANSPORT EQUIPMENT   |                         |               |           |             |           |               |                     |                             |                      |                      |             |             |        |      |      |               |
|                              |                         |               |           |             |           |               |                     |                             |                      |                      |             |             |        |      |      |               |
| 28                           | 2011 HONDA ODYSSEY      | 6/19/14       |           | 25,457      |           |               |                     |                             |                      |                      | 25,457      | 25,457      | S/L    | 5    |      | 0             |
| 33                           | BICYCLE TRAILER         | 10/15/15      |           | 400         |           |               |                     |                             |                      |                      | 400         | 340         | S/L    | 5    |      | 60            |
| 47                           | 2012 GMC SIERRA         | 12/15/17      |           | 28,001      |           |               |                     |                             |                      |                      | 28,001      | 11,667      | S/L    | 5    |      | 5,600         |
| TOTAL AUTO / TRANSPORT EQUIP |                         |               |           | 53,858      |           | 0             | 0                   | 0                           | 0                    | 0                    | 53,858      | 37,464      |        |      |      | 5,660         |
| BUILDINGS                    |                         |               |           |             |           |               |                     |                             |                      |                      |             |             |        |      |      |               |
| 2                            | BUILDING - BAY 1        | 1/23/00       |           | 30,000      |           |               |                     |                             |                      |                      | 30,000      | 14,955      | S/L    | 40   |      | 750           |
| 4                            | BUILDING - BAY 4        | 1/23/00       |           | 40,000      |           |               |                     |                             |                      |                      | 40,000      | 19,940      | S/L    | 40   |      | 1,000         |
| 6                            | BUILDING - BAY 5        | 1/23/00       |           | 40,000      |           |               |                     |                             |                      |                      | 40,000      | 19,940      | S/L    | 40   |      | 1,000         |
| 8                            | BUILDING - BAY 6        | 1/23/00       |           | 30,000      |           |               |                     |                             |                      |                      | 30,000      | 14,955      | S/L    | 40   |      | 750           |
| 10                           | CONTRACTRO IMPROVEMENTS | 6/30/01       |           | 46,718      |           |               |                     |                             |                      |                      | 46,718      | 21,615      | S/L    | 40   |      | 1,168         |
| 11                           | AIR CONDITIONER         | 6/30/01       |           | 1,915       |           |               |                     |                             |                      |                      | 1,915       | 1,915       | S/L    | 7    |      | 0             |
| 12                           | BOUTIQUE                | 6/30/01       |           | 324         |           |               |                     |                             |                      |                      | 324         | 149         | S/L    | 40   |      | 8             |
| 13                           | OUTSIDE IMPROVEMENTS    | 6/30/01       |           | 4,050       |           |               |                     |                             |                      |                      | 4,050       | 1,871       | S/L    | 40   |      | 101           |
| 32                           | CHAPEL WALLS & DOOR     | 10/29/15      |           | 5,439       |           |               |                     |                             |                      |                      | 5,439       | 471         | S/L    | 40   |      | 136           |
| 41                           | OUTSIDE IMPROVEMENTS    | 9/30/16       |           | 5,763       |           |               |                     |                             |                      |                      | 5,763       | 468         | S/L    | 40   |      | 144           |
| 43                           | ROOF                    | 5/03/17       |           | 30,175      |           |               |                     |                             |                      |                      | 30,175      | 2,011       | S/L    | 40   |      | 754           |
| 44                           | ROOF                    | 5/17/17       |           | 7,542       |           |               |                     |                             |                      |                      | 7,542       | 2,783       | S/L    | 7    |      | 1,077         |
| 46                           | NEW A/C                 | 10/19/17      |           | 2,800       |           |               |                     |                             |                      |                      | 2,800       | 867         | S/L    | 7    |      | 400           |
| 51                           | NEW A/C 2               | 7/22/19       |           | 6,025       |           |               |                     |                             |                      |                      | 6,025       | 359         | S/L    | 7    |      | 861           |
| 52                           | NEW A/C                 | 11/08/19      |           | 3,596       |           |               |                     |                             |                      |                      | 3,596       | 86          | S/L    | 7    |      | 514           |
| 53                           | FLOORING                | 5/30/20       |           | 9,773       |           |               |                     |                             |                      |                      | 9,773       |             | S/L    | 7    |      | 814           |
| TOTAL BUILDINGS              |                         |               |           | 264,120     |           | 0             | 0                   | 0                           | 0                    | 0                    | 264,120     | 102,385     |        |      |      | 9,477         |

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| NO.                            | DESCRIPTION              | DATE ACQUIRED | DATE SOLD | COST/BASIS | BUS. PCT. | CUR 179 BONUS | SPECIAL DEPR. ALLOW. | PRIOR 179/ BONUS/ SP. DEPR. | PRIOR DEC. BAL DEPR. | SALVAG /BASIS REDUCT. | DEPR. BASIS | PRIOR DEPR. | METHOD | LIFE | RATE | CURRENT DEPR. |
|--------------------------------|--------------------------|---------------|-----------|------------|-----------|---------------|----------------------|-----------------------------|----------------------|-----------------------|-------------|-------------|--------|------|------|---------------|
| <b>FURNITURE AND FIXTURES</b>  |                          |               |           |            |           |               |                      |                             |                      |                       |             |             |        |      |      |               |
| 25                             | ROOF HATCH               | 2/25/09       |           | 1,158      |           |               |                      |                             |                      |                       | 1,158       | 967         | 150DB  | 15   |      | 19            |
| 27                             | SECURITY GATE            | 11/15/11      |           | 2,500      |           |               |                      |                             |                      |                       | 2,500       | 2,500       | 200DB  | 5    |      | 0             |
| 39                             | SIGN                     | 12/01/15      |           | 1,643      |           |               |                      |                             |                      |                       | 1,643       | 960         | S/L    | 7    |      | 235           |
| 40                             | DOOR                     | 12/12/16      |           | 3,627      |           |               |                      |                             |                      |                       | 3,627       | 1,597       | S/L    | 7    |      | 518           |
| TOTAL FURNITURE AND FIXTURE    |                          |               |           | 8,928      |           | 0             | 0                    | 0                           | 0                    | 0                     | 8,928       | 6,024       |        |      |      | 772           |
| <b>IMPROVEMENTS</b>            |                          |               |           |            |           |               |                      |                             |                      |                       |             |             |        |      |      |               |
| 26                             | PARKING LOT IMPROVEMENTS | 6/15/09       |           | 4,700      |           |               |                      |                             |                      |                       | 4,700       | 3,927       | 150DB  | 15   |      | 77            |
| 38                             | FENCE                    | 12/01/15      |           | 16,000     |           |               |                      |                             |                      |                       | 16,000      | 9,334       | S/L    | 7    |      | 2,286         |
| TOTAL IMPROVEMENTS             |                          |               |           | 20,700     |           | 0             | 0                    | 0                           | 0                    | 0                     | 20,700      | 13,261      |        |      |      | 2,363         |
| <b>LAND</b>                    |                          |               |           |            |           |               |                      |                             |                      |                       |             |             |        |      |      |               |
| 1                              | LAND - BAY 1             | 1/23/00       |           | 7,500      |           |               |                      |                             |                      |                       | 7,500       |             |        |      |      | 0             |
| 3                              | LAND - BAY 4             | 1/23/00       |           | 10,000     |           |               |                      |                             |                      |                       | 10,000      |             |        |      |      | 0             |
| 5                              | LAND - BAY 5             | 1/23/00       |           | 10,000     |           |               |                      |                             |                      |                       | 10,000      |             |        |      |      | 0             |
| 7                              | LAND - BAY 6             | 1/23/00       |           | 7,500      |           |               |                      |                             |                      |                       | 7,500       |             |        |      |      | 0             |
| TOTAL LAND                     |                          |               |           | 35,000     |           | 0             | 0                    | 0                           | 0                    | 0                     | 35,000      | 0           |        |      |      | 0             |
| <b>MACHINERY AND EQUIPMENT</b> |                          |               |           |            |           |               |                      |                             |                      |                       |             |             |        |      |      |               |
| 9                              | KITCHEN EQUIPMENT        | 12/31/00      |           | 23,324     |           |               |                      |                             |                      |                       | 23,324      | 23,324      | 200DB  | 7    |      | 0             |
| 14                             | COOLER                   | 6/30/01       |           | 9,283      |           |               |                      |                             |                      |                       | 9,283       | 9,283       | 200DB  | 7    |      | 0             |
| 15                             | GAS LINE                 | 6/30/01       |           | 1,415      |           |               |                      |                             |                      |                       | 1,415       | 1,415       | 200DB  | 7    |      | 0             |
| 16                             | KITCHEN EQUIPMENT        | 6/30/01       |           | 13,754     |           |               |                      |                             |                      |                       | 13,754      | 13,754      | 200DB  | 7    |      | 0             |

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| NO.                          | DESCRIPTION           | DATE ACQUIRED | DATE SOLD | COST/<br>BASIS | BUS.<br>PCT. | CUR<br>179<br>BONUS | SPECIAL<br>DEPR.<br>ALLOW. | PRIOR<br>179/<br>BONUS/<br>SP. DEPR. | PRIOR<br>DEC. BAL<br>DEPR. | SALVAG<br>/BASIS<br>REDUCT | DEPR.<br>BASIS | PRIOR<br>DEPR. | METHOD | LIFE | RATE | CURRENT<br>DEPR. |
|------------------------------|-----------------------|---------------|-----------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|------|------|------------------|
| 17                           | EQUIPMENT             | 6/30/02       |           | 4,086          |              |                     |                            |                                      |                            |                            | 4,086          | 4,086          | 200DB  | 7    |      | 0                |
| 18                           | EQUIPMENT             | 1/12/05       |           | 717            |              |                     |                            |                                      |                            |                            | 717            | 717            | 200DB  | 7    |      | 0                |
| 19                           | EQUIPMENT             | 10/19/05      |           | 728            |              |                     |                            |                                      |                            |                            | 728            | 728            | 200DB  | 7    |      | 0                |
| 20                           | EQUIPMENT             | 2/17/06       |           | 1,100          |              |                     |                            |                                      |                            |                            | 1,100          | 1,100          | 200DB  | 7    |      | 0                |
| 21                           | POLAR ICE             | 5/02/06       |           | 2,700          |              |                     |                            |                                      |                            |                            | 2,700          | 2,700          | 200DB  | 7    |      | 0                |
| 22                           | TOTAL COMFORT A/C     | 6/12/06       |           | 3,568          |              |                     |                            |                                      |                            |                            | 3,568          | 3,568          | 200DB  | 7    |      | 0                |
| 23                           | CREASE TRAP           | 6/30/01       |           | 2,988          |              |                     |                            |                                      |                            |                            | 2,988          | 2,988          | 200DB  | 7    |      | 0                |
| 24                           | IMPERIAL OVER/RANGE 2 | 9/25/07       |           | 2,180          |              |                     |                            |                                      |                            |                            | 2,180          | 2,180          | 200DB  | 7    |      | 0                |
| 29                           | COMPUTERS 2           | 11/17/14      |           | 600            |              |                     |                            |                                      |                            |                            | 600            | 600            | S/L    | 5    |      | 0                |
| 30                           | ICE MAKER             | 4/03/15       |           | 1,249          |              |                     |                            |                                      |                            |                            | 1,249          | 846            | S/L    | 7    |      | 178              |
| 31                           | DELL COMPUTER         | 5/14/15       |           | 921            |              |                     |                            |                                      |                            |                            | 921            | 859            | S/L    | 5    |      | 62               |
| 42                           | WALK-IN-FRIDGE        | 3/03/17       |           | 6,300          |              |                     |                            |                                      |                            |                            | 6,300          | 2,550          | S/L    | 7    |      | 900              |
| 45                           | FREEZER               | 5/11/17       |           | 3,900          |              |                     |                            |                                      |                            |                            | 3,900          | 1,485          | S/L    | 7    |      | 557              |
| 48                           | COMPRESSOR            | 12/27/18      |           | 3,900          |              |                     |                            |                                      |                            |                            | 3,900          | 557            | S/L    | 7    |      | 557              |
| 49                           | REFRIGERATOR          | 1/07/19       |           | 2,942          |              |                     |                            |                                      |                            |                            | 2,942          | 420            | S/L    | 7    |      | 420              |
| 50                           | FREEZER               | 1/09/19       |           | 2,305          |              |                     |                            |                                      |                            |                            | 2,305          | 329            | S/L    | 7    |      | 329              |
| TOTAL MACHINERY AND EQUIPM   |                       |               |           | 87,960         |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 87,960         | 73,489         |        |      |      | 3,003            |
| TOTAL DEPRECIATION           |                       |               |           | 470,566        |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 470,566        | 232,623        |        |      |      | 21,275           |
| RENTAL ACTIVITY - BAYS 2 & 3 |                       |               |           |                |              |                     |                            |                                      |                            |                            |                |                |        |      |      |                  |
| BUILDINGS                    |                       |               |           |                |              |                     |                            |                                      |                            |                            |                |                |        |      |      |                  |
| 35                           | BUILDING - BAY 2      | 1/23/00       |           | 30,000         |              |                     |                            |                                      |                            |                            | 30,000         | 14,955         | S/L    | 40   |      | 750              |
| 37                           | BUILDING - BAY 3      | 1/23/00       |           | 30,000         |              |                     |                            |                                      |                            |                            | 30,000         | 14,955         | S/L    | 40   |      | 750              |
| TOTAL BUILDINGS              |                       |               |           | 60,000         |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 60,000         | 29,910         |        |      |      | 1,500            |

12/31/20

## 2020 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 4

OUR FATHER'S HOUSE SOUP KITCHEN, INC

65-0150748

| NO.  | DESCRIPTION              | DATE ACQUIRED | DATE SOLD | COST/<br>BASIS | BUS.<br>PCT. | CUR<br>179<br>BONUS | SPECIAL<br>DEPR.<br>ALLOW | PRIOR<br>179/<br>BONUS/<br>SP. DEPR. | PRIOR<br>DEC. BAL<br>DEPR. | SALVAG<br>/BASIS<br>REDUCT | DEPR.<br>BASIS | PRIOR<br>DEPR. | METHOD | LIFE    | RATE | CURRENT<br>DEPR. |        |
|------|--------------------------|---------------|-----------|----------------|--------------|---------------------|---------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|---------|------|------------------|--------|
| LAND |                          |               |           |                |              |                     |                           |                                      |                            |                            |                |                |        |         |      |                  |        |
| 34   | LAND - BAY 2             |               | 1/23/00   |                |              | 7,500               |                           |                                      |                            |                            |                | 7,500          |        |         |      |                  | 0      |
| 36   | LAND - BAY 3             |               | 1/23/00   |                |              | 7,500               |                           |                                      |                            |                            |                | 7,500          |        |         |      |                  | 0      |
|      | TOTAL LAND               |               |           |                |              | 15,000              |                           | 0                                    | 0                          | 0                          | 0              | 15,000         |        | 0       |      |                  | 0      |
|      | TOTAL DEPRECIATION       |               |           |                |              | 75,000              |                           | 0                                    | 0                          | 0                          | 0              | 75,000         |        | 29,910  |      |                  | 1,500  |
|      | GRAND TOTAL DEPRECIATION |               |           |                |              | 545,566             |                           | 0                                    | 0                          | 0                          | 0              | 545,566        |        | 262,533 |      |                  | 22,775 |

**Our Father's House Soup Kitchen, Inc.**  
**2021-2022 Bike Academy Budget**  
**October 1, 2021 – September 30, 2022**

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| <b>Income:</b>              |                    |
|-----------------------------|--------------------|
| Funding from General Budget | \$30,000           |
| Gifts in Kind               | \$500              |
| <b>TOTAL</b>                | <b>\$30,500.00</b> |

| <b>Expenses:</b>                         |                    |
|------------------------------------------|--------------------|
| Salary of one part-time coordinator      | \$12,000           |
| Replacement Parts                        | \$10,000           |
| Building Space (1,000 sq. ft.) Utilities | \$4,800            |
| Building Space Maintenance               | \$2,000            |
| Tools                                    | \$1,700            |
| <b>TOTAL</b>                             | <b>\$30,500.00</b> |

**Exhibit “B”**  
**Payment Schedule**

**A. AWARD DISBURSEMENTS**

The awards disbursement process will begin in October, 1 and end in September, 30 for the fiscal year that this contract is approved.

**B. PAYMENT SCEDULE**

The total amount awarded for the OUR FATHER'S HOUSE SOUP KITCHEN, INC. for Bike Academy for the current fiscal year is: \$5,000.

There will be a lump sum payment issued in advance equal to \$5,000. For any funds advanced the RECIPIENT agrees to provide the CITY with an itemization report of how funds advanced were spent, along with invoices and proof of payment. Such an accounting must be provided to the CITY in the quarterly financial report as indicated in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description. Failure to comply with this requirement shall result in the denial of the future requests for payments.

## **EXHIBIT C**

### **INSURANCE REQUIREMENTS: NON PROFIT ORGANIZATION**

ORGANIZATION shall not commence services under the terms of this Agreement until certification or proof of insurance detailing terms and provisions has been received and approved in writing by the CITY's Risk Manager. If you have questions regarding the insurance requirements hereunder, please contact the City's Purchasing Department at (954) 786-4098. If the contract has already been awarded, please direct any queries and proof of the requisite insurance coverage to City staff responsible for oversight of the subject project/contract.

ORGANIZATION is responsible to deliver to the CITY for timely review and written approval/disapproval Certificates of Insurance which evidence that all insurance required hereunder is in full force and effect and which name on a primary basis, the CITY as an additional insured on all such coverage. Such policy or policies shall be issued by United States Treasury approved companies authorized to do business in the State of Florida. The policies shall be written on forms acceptable to the City's Risk Manager, meet a minimum financial A.M. Best and Company rating of no less than Excellent, and be part of the Florida Insurance Guarantee Association Act. No changes are to be made to these specifications without prior written approval of the City's Risk Manager.

Throughout the term of this Agreement, CITY, by and through its Risk Manager, reserve the right to review, modify, reject or accept any insurance policies required by this Agreement, including limits, coverages or endorsements. CITY reserves the right, but not the obligation, to review and reject any insurer providing coverage because of poor financial condition or failure to operate legally.

Failure to maintain the required insurance shall be considered an event of default. The requirements herein, as well as CITY's review or acceptance of insurance maintained by ORGANIZATION, are not intended to and shall not in any way limit or qualify the liabilities and obligations assumed by ORGANIZATION under this Agreement.

Throughout the term of this Agreement, ORGANIZATION and all subcontractors or other agents hereunder, shall, at their sole expense, maintain in full force and effect, the following insurance coverages and limits described herein, including endorsements.

A. Worker's Compensation Insurance covering all employees and providing benefits as required by Florida Statute, Chapter 440, regardless of the size of the company (number of employees) or the state in which the work is to be performed or of the state in which the ORGANIZATION is obligated to pay compensation to employees engaged in the performance of the work. ORGANIZATION further agrees to be responsible for employment, control and conduct of its employees and for any injury sustained by such employees in the course of their employment.

B. Liability Insurance.

(1) Naming the City of Pompano Beach as an additional insured as City's interests may appear, on General Liability Insurance only, relative to claims which arise from

ORGANIZATION'S negligent acts or omissions in connection with Contractor's performance under this Agreement.

(2) Such Liability insurance shall include the following checked types of insurance and indicated minimum policy limits.

| Type of Insurance | Limits of Liability |
|-------------------|---------------------|
|-------------------|---------------------|

**GENERAL LIABILITY:** Minimum \$1,000,000 Per Occurrence and \$2,000,000 Per Aggregate

\* Policy to be written on a claims incurred basis

|                                         |                                                  |
|-----------------------------------------|--------------------------------------------------|
| XX comprehensive form                   | bodily injury and property damage                |
| XX premises - operations                | bodily injury and property damage                |
| — explosion & collapse hazard           |                                                  |
| — underground hazard                    |                                                  |
| XX products/completed operations hazard | bodily injury and property damage combined       |
| XX contractual insurance                | bodily injury and property damage combined       |
| XX broad form property damage           | bodily injury and property damage combined       |
| XX independent contractors              | personal injury                                  |
| XX personal injury                      |                                                  |
| XX sexual abuse/molestation             | Minimum \$1,000,000 Per Occurrence and Aggregate |
| — liquor legal liability                | Minimum \$1,000,000 Per Occurrence and Aggregate |

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**AUTOMOBILE LIABILITY:** Minimum \$10,000/\$20,000/\$10,000

|                       |
|-----------------------|
| XX comprehensive form |
| XX owned              |
| XX hired              |
| XX non-owned          |

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**REAL & PERSONAL PROPERTY**

|                      |                                                |
|----------------------|------------------------------------------------|
| — comprehensive form | Agent must show proof they have this coverage. |
|----------------------|------------------------------------------------|

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| <b>EXCESS LIABILITY</b> | Per Occurrence                             | Aggregate               |
|-------------------------|--------------------------------------------|-------------------------|
| — other than umbrella   | bodily injury and property damage combined | \$1,000,000 \$1,000,000 |

---

| <b>PROFESSIONAL LIABILITY</b> | Per Occurrence | Aggregate |
|-------------------------------|----------------|-----------|
|-------------------------------|----------------|-----------|

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|                                                 |                         |
|-------------------------------------------------|-------------------------|
| — * Policy to be written on a claims made basis | \$1,000,000 \$1,000,000 |
|-------------------------------------------------|-------------------------|

(3) If Professional Liability insurance is required, Contractor agrees the indemnification and hold harmless provisions of Section 12 of the Agreement shall survive the termination or expiration of the Agreement for a period of three (3) years unless terminated sooner by the applicable statute of limitations.

C. Employer's Liability. ORGANIZATION and all subcontractors shall, for the benefit of their employees, provide, carry, maintain and pay for Employer's Liability Insurance in the minimum amount of One Hundred Thousand Dollars (\$100,000.00) per employee, Five Hundred Thousand Dollars (\$500,000) per aggregate.

D. Policies. Whenever, under the provisions of this Agreement, insurance is required of the ORGANIZATION, the ORGANIZATION shall promptly provide the following:

- (1) Certificates of Insurance evidencing the required coverage;
- (2) Names and addresses of companies providing coverage;
- (3) Effective and expiration dates of policies; and
- (4) A provision in all policies affording CITY thirty (30) days written notice by a carrier of any cancellation or material change in any policy.

E. Insurance Cancellation or Modification. Should any of the required insurance policies be canceled before the expiration date, or modified or substantially modified, the issuing company shall provide thirty (30) days written notice to the CITY.

F. Waiver of Subrogation. ORGANIZATION hereby waives any and all right of subrogation against the CITY, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive subrogation without an endorsement, then ORGANIZATION shall notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy which includes a condition to the policy not specifically prohibiting such an endorsement, or voids coverage should ORGANIZATION enter into such an agreement on a pre-loss basis.

**From:** pattyg@ofhsoupkitchen.org   
**Subject:** RE: City of Pompano Beach Nonprofit Orientation  
**Date:** August 16, 2021 at 12:54 PM  
**To:** Nicole Almeida Nicole@strategicphilanthropyinc.com  
**Cc:** Katherine Crissy jfcrissy@aol.com, Kelly Vitale kelly@strategicphilanthropyinc.com

PG

The same statement is still true:

We do not have volunteers under the age of 18 working in our Bike Academy.

Attached is the signed WC Waiver

Thanks,

*Patty Garity*

Our Father's House Soup Kitchen, Inc.  
PO Box 668571 (for mailing)  
Pompano Beach, FL 33066  
Location: 2380 Martin Luther King Blvd.  
Pompano Beach, FL 33069  
954-968-7550  
PattyG@ofhsoupkitchen.org

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**From:** Nicole Almeida <Nicole@strategicphilanthropyinc.com>  
**Sent:** Monday, August 16, 2021 10:49 AM  
**To:** Patty Garity <pattyg@ofhsoupkitchen.org>  
**Cc:** Katherine Crissy <jfcrissy@aol.com>; Kelly Vitale <kelly@strategicphilanthropyinc.com>  
**Subject:** Re: City of Pompano Beach Nonprofit Orientation

Hi Patty,

Hope you enjoyed time with the family. We are in need of your help with the following by end of business today.

- Sexual Molestation Coverage: If you do not have coverage, could you please send me an e-mail stating so. Last year, Patty stated "We do not have volunteers under the age of 18 working in our Bike Academy."
- Workers' Compensation Waiver: Attached is an updated form if you do not have coverage. Please sign and return.

Sincerely,  
Nicole

**Nicole Almeida**  
Senior Accounts Manager, Community Relations  
Strategic Philanthropy Inc.  
Tel: 954.800.9549  
[Nicole@StrategicPhilanthropyInc.com](mailto:Nicole@StrategicPhilanthropyInc.com)  
[www.StrategicPhilanthropyInc.com](http://www.StrategicPhilanthropyInc.com)





## CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                                                                          |                                                                                                                                                         |                               |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| PRODUCER<br>Plastridge Insurance Agency<br>2100 N. Dixie Highway<br>Boca Raton, FL 33431 | CONTACT Janett<br>NAME:<br>PHONE (A/C, No, Ext): (561) 395-1433<br>E-MAIL ADDRESS: <a href="mailto:bocadocs@plastridge.com">bocadocs@plastridge.com</a> | FAX (A/C, No): (561) 395-4755 |
|                                                                                          | INSURER(S) AFFORDING COVERAGE<br>INSURER A: <b>Scottsdale Insurance Company</b>                                                                         | NAIC # 41297                  |
| INSURED<br><br>Our Father's House, Inc.<br>PO Box 668571<br>Pompano Beach, FL 33066      | INSURER B: <b>Old Dominion Insurance Company</b>                                                                                                        | NAIC # 40231                  |
|                                                                                          | INSURER C:                                                                                                                                              |                               |
|                                                                                          | INSURER D:                                                                                                                                              |                               |
|                                                                                          | INSURER E:                                                                                                                                              |                               |
|                                                                                          | INSURER F:                                                                                                                                              |                               |

**COVERS** **CERTIFICATE NUMBER:** **REVISION NUMBER:**  
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR                                                                                                                                                                                                                         | TYPE OF INSURANCE                                                                                                                                                                                                                                       | ADDL INSD                           | SUBR WVD                            | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------|
| <b>A</b>                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br><input type="checkbox"/>                                                                                           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | CPS7303873    | 2/10/2021               | 2/10/2022               | EACH OCCURRENCE                           | \$ 1,000,000 |
|                                                                                                                                                                                                                                  | GEN'L AGGREGATE LIMIT APPLIES PER:<br><br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br><br>OTHER:                                                                                        |                                     |                                     |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000   |
| <b>B</b>                                                                                                                                                                                                                         | <input type="checkbox"/> AUTOMOBILE LIABILITY<br><br>ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | <input type="checkbox"/>            | <input type="checkbox"/>            | B1G32436      | 9/13/2020               | 9/13/2021               | 5,000                                     | \$ 5,000     |
|                                                                                                                                                                                                                                  | PERSONAL & ADV INJURY                                                                                                                                                                                                                                   |                                     |                                     |               |                         |                         | \$ 1,000,000                              |              |
|                                                                                                                                                                                                                                  | GENERAL AGGREGATE                                                                                                                                                                                                                                       |                                     |                                     |               |                         |                         | \$ 2,000,000                              |              |
|                                                                                                                                                                                                                                  | PRODUCTS - COMP/OP AGG                                                                                                                                                                                                                                  |                                     |                                     |               |                         |                         | \$                                        |              |
|                                                                                                                                                                                                                                  | COMBINED SINGLE LIMIT (Ea accident)                                                                                                                                                                                                                     |                                     |                                     |               |                         |                         | \$ 30,000                                 |              |
| <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | BODILY INJURY (Per person)                                                                                                                                                                                                                              | \$                                  |                                     |               |                         |                         |                                           |              |
|                                                                                                                                                                                                                                  | BODILY INJURY (Per accident)                                                                                                                                                                                                                            | \$                                  |                                     |               |                         |                         |                                           |              |
|                                                                                                                                                                                                                                  | PROPERTY DAMAGE (Per accident)                                                                                                                                                                                                                          | \$                                  |                                     |               |                         |                         |                                           |              |
|                                                                                                                                                                                                                                  | AGGREGATE                                                                                                                                                                                                                                               | \$                                  |                                     |               |                         |                         |                                           |              |
|                                                                                                                                                                                                                                  | EACH OCCURRENCE                                                                                                                                                                                                                                         | \$                                  |                                     |               |                         |                         |                                           |              |
| <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in N/A)<br><br>If yes, describe under DESCRIPTION OF OPERATIONS below         | PER STATUTE                                                                                                                                                                                                                                             | OTHE-<br>R                          |                                     |               |                         |                         |                                           |              |
|                                                                                                                                                                                                                                  | E.L. EACH ACCIDENT                                                                                                                                                                                                                                      | \$                                  |                                     |               |                         |                         |                                           |              |
|                                                                                                                                                                                                                                  | E.L. DISEASE - EA EMPLOYEE                                                                                                                                                                                                                              | \$                                  |                                     |               |                         |                         |                                           |              |
|                                                                                                                                                                                                                                  | E.L. DISEASE - POLICY LIMIT                                                                                                                                                                                                                             | \$                                  |                                     |               |                         |                         |                                           |              |
|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                         |                                     |                                     |               |                         |                         |                                           |              |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
City of Pompano Beach is included as Additional Insured under the General Liability policy shown above only as far as permitted by Florida Statute 768.28 and otherwise allowed by law. Additional insured status is provided as required by written contract and with respect to operations by or on behalf of the Named Insured.

**APPROVED**

By Danielle Thorpe at 6:03 pm, Aug 24, 2021

## CERTIFICATE HOLDER

## CANCELLATION

|                                                                            |                                                                                                                                                                |
|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| City of Pompano Beach<br>100 West Atlantic Blvd<br>Pompano Beach, FL 33060 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|                                                                            | AUTHORIZED REPRESENTATIVE<br>                                                                                                                                  |

Budget Office  
City of Pompano Beach, Florida  
100 West Atlantic Boulevard, Pompano Beach, Florida 33060 | p: 954.786.4065

8/13/21

James Crissy  
Our Father's House Soup Kitchen, Inc.  
PO Box 668571  
Pompano Beach, FL 33066

**APPROVED**

*D. Thorpe*  
By Danielle Thorpe at 6:03 pm, Aug 24, 2021

Dear Mr. James Crissy:

Your company has fewer than four employees, and you have elected not to purchase Workers' Compensation Insurance to cover these employees. The State of Florida allows your company to operate without insurance, however, you are required by the State to "post clear written notice in a conspicuous location at each worksite directed to all employees and other persons performing services at the worksite of their lack of entitlement to benefits" as described in Chapter 440 of the Florida Statutes.

**The City of Pompano Beach requires: ALL CONTRACTORS MUST AGREE TO BE RESPONSIBLE FOR THE EMPLOYMENT, CONTROL AND CONDUCT OF THEIR EMPLOYEES AND FOR ANY INJURY SUSTAINED BY SUCH EMPLOYEES IN THE COURSE OF THEIR EMPLOYMENT.**

Please sign the area below acknowledging your compliance with the above requirements. Return this original letter to me at 100 West Atlantic Boulevard, Pompano Beach 33060. If you have any questions about this letter please telephone me at 954.786.4065.

Sincerely,

*Erjeta Diamanti*

Erjeta Diamanti  
Budget Office

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**Our Father's House Soup Kitchen, Inc.** has posted notice(s) declaring the absence of Workers' Compensation insurance coverage, as required by the State of Florida. **Our Father's House Soup Kitchen, Inc.**, agrees to be responsible for the employment, control and conduct of our employees and for any injury sustained by such employees in the course of their employment.

*Patricia A. Garitty*  
Signature

8-16-2021  
Date

*Patricia A. Garitty - BOARD SECRETARY*  
Name and Title (print)