

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 2024-2025 (October 1st through September 30th), the sum of Five Thousand Dollars (\$5,000.00) 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, 2024 and ending September 30, 2025; 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, 2024 and ending September 30, 2025.

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 Katie 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: Katie Crissy
President
PO Box 668571
Pompano Beach, FL 33066
Office: (954) 968-7550
Email: jimc@ofhsoupkitchen.org

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 one hundred and twenty (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; Venue.* This 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. *Employment Eligibility.* By entering into this Contract, the Contractor becomes obligated to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility." This includes but is not limited to utilization of the E-Verify System to verify the work authorization status of all newly hired employees, and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. Failure to comply will lead to termination of this Contract, or if a subcontractor knowingly violates the statute, the subcontract must be terminated immediately. Any challenge to termination under this provision must be filed in the Circuit Court no later than twenty (20) calendar days after the date of termination. If this contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of one (1) year after the date of termination.

34. *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

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:

KERVIN ALFRED, CITY CLERK

(SEAL)

Dated: _____

APPROVED AS TO FORM:

MARK E. BERMAN, CITY ATTORNEY

"RECIPIENT"

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

Witnesses:

PATRICIA GARITTY
Patricia A. Garitty
(Print or Type Name)

x James P. Garitty
James P. Garitty
(Print or Type Name)

By: Katie Crissy
Print Name: Katie Crissy

Title: President Katie Crissy - President

STATE OF FLORIDA

COUNTY OF Broward

The foregoing instrument was acknowledged before me, by means of physical presence or online notarization, this 5th day of September, 2024, 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 _____ (type of identification) as identification.

NOTARY'S SEAL:

Kathleen C. Ballman
NOTARY PUBLIC, STATE OF FLORIDA
Kathleen C. Ballman


 **KATHLEEN C. BALLMAN**
(Name of Acknowledger # HH 262938 Printed or Stamped)
Expires September 3, 2026
HH 262938
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 five thousand dollars (\$5,000.00) 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 occur 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 Lump Sum narrative and 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.
- 8) For contracts awarded for multiple projects, RECIPIENT shall provide separate reports for each project as outlined under Paragraph 2 above. CITY reserves the right to withhold payment if RECIPIENT fails to provide the reports as requested.

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

Program Funded: Bike Academy

Amount Funded: \$5,000.00

Program Description: The Bike Academy provides vocational development and transportation for homeless and low-income volunteers of OFH. We acquire bicycles that have been abandoned or donated through Broward Sheriff's Office, local condominiums, and faith-based organizations. Then, homeless and LMI individuals can volunteer in our Bike Academy to learn how to fix bicycles.

Once a bicycle is fixed, we give it to an individual who has volunteered 15 hours or more in the Bike Academy. We additionally screen the recipients of these bicycles to those who need the transportation to either seek employment or to get to their place of employment. By being involved in the repair process, committing to learning skills in our Bike Academy, and connecting with employment, we have found that bicycle recipients keep their bicycles longer and take better care of them.

Form Name:	City of Pompano Beach Nonprofit Partnership Application
Submission Time:	May 4, 2024 7:21 am
Browser:	Chrome 123.0.0.0 / OS X
IP Address:	174.225.112.88
Unique ID:	1222019681
Location:	28.6344, -81.6221

About Your Organization

Which Fiscal Year Is Your Organization Applying For? 2024-2025

Full Name of Nonprofit: Our Father's House Soup Kitchen, Inc.

Mission of Nonprofit: Our Father's House Soup Kitchen, Inc. (OFH) is a charitable tax-exempt 501(c)3 organization located in Pompano Beach, Florida. Since 1989, OFH has been dedicated to feeding the homeless and needy without discrimination. In our peaceful, sheltered environment we provide our guests with nutrition, clothing, essential hygiene, and a hand up rather than a handout.

Brief Overview of Nonprofit: OFH has worked to feed the hungry and provide essential clothing and hygiene for those in need in Broward County for 34 years. We serve 109,000+ meals per year during our lunchtime services and offer pantry bag deliveries for those who are homebound or have disabilities. We provide clothing, shoes, and hygiene supplies and services including showers (new in 2023). We also operate a Bike Academy to teach vocational skills and provide sustainable transportation to those we serve.

OFH is essential to our local community. Located less than one mile from the Joseph V. Conte Facility, a male, medium-custody correctional facility in Pompano Beach, we are uniquely positioned to serve individuals as they are released and trying to get on their feet. We have observed that as inflation has risen, so too has the number of younger people and families who arrive at our doors to request pantry staples. In addition to our regular meals, these guests ask for food they can take home to feed children and other relatives they are caring for, as well as clothing.

Type of Organization: Human Services

Nonprofit Website: <https://ofhsoupkitchen.org/>

Federal Tax ID Number: 65-0150748

Which funding priority/sub pillar does your nonprofit qualify for? Preferred Place to Do Business: Workforce Readiness

How does your program/event(s) fit the funding priority/sub pillar?

The Bike Academy provides vocational training to homeless and LMI individuals who are interested in acquiring new skills by teaching them how to repair bicycles. The Bike Academy also helps those in need of employment connect with employment or potential employment by providing them with a means of transportation. Homeless and LMI individuals who have volunteered with the Bike Academy for a minimum of 15 hours AND are actively employed or seeking employment may receive their own bicycle as a well-earned and sustainable form of transportation.

Statement of Need:

In 2019, 13.9% of the county's population was food insecure, with 257,910 people not knowing where they would get their next meal. Seventy-six percent of Broward's food insecure population qualified based on income for SNAP (food stamps) and other federal nutrition programs, while 24% did not and often relied on emergency food assistance programs. The hunger gap has grown during the COVID-19 pandemic; today, 16.1% of Broward's residents are hungry - the highest rate of hunger in South Florida (Source: Feeding America).

Our neighbors who cannot afford meals are also unable to afford other necessities, like clothing, shoes, and hygiene supplies and health services. This is a difficult reality for 13.5% of Broward's population (255,000 out of 1,890,000) who live below the poverty line - more than the national average of 13.1% (Source: 2019 US Bureau Data). Among Broward's poor, some groups are disproportionately represented, including individuals who were formerly incarcerated. The pipeline from prison to poverty is swift; according to a recent study published by The Harvard Gazette, 85% of people who are released from jail enroll in food stamps within one year. People of color represent 58% of Broward's residents living in poverty.

The inability to obtain basic necessities leads to many long term consequences for both the individual and the community. Poverty contributes to behavioral, social and emotional problems, and it can cause and exacerbate poor health. Research has consistently shown that ongoing exposure to economic stress and hardship harms child development: parents invest less in their kids and experience higher levels of stress.

OFH is bridging the gap between poverty and food insecurity by providing hot meal and pantry food services five days per week, along with clothing and hygiene products and services twice per week. As we deliver the largest daily feeding service in Broward County, OFH is creating a safety net for the most vulnerable members of our community.

Program/Event Information #1

Will your organization be hosting the program/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
Share an executive summary of the program/event:	<p>The Bike Academy provides vocational development and transportation for homeless and low-income volunteers of OFH. We acquire bicycles that have been abandoned or donated through Broward Sheriff's Office, local condominiums, and faith-based organizations. Then, homeless and LMI individuals can volunteer in our Bike Academy to learn how to fix bicycles.</p> <p>Once a bicycle is fixed, we give it to an individual who has volunteered 15 hours or more in the Bike Academy. We additionally screen the recipients of these bicycles to those who need the transportation to either seek employment or to get to their place of employment. By being involved in the repair process, committing to learning skills in our Bike Academy, and connecting with employment, we have found that bicycle recipients keep their bicycles longer and take better care of them.</p>
Elaborate on your program/event goals and objectives. How do you plan on using the funding to solve the problem?	<p>The ultimate goal of our work is to create a safety net for vulnerable members of our community and reduce unemployment by providing vocational training and reliable, sustainable transportation to help homeless and LMI individuals get to their place of employment.</p> <p>Funding from the City of Pompano Beach will help us meet this objective by purchasing replacement bicycle parts and pay occasional skilled help to assist with repairs and training. We also occasionally hire homeless or LMI individuals to help organize our bicycle repair and storage bay.</p>
What are the proposed outcomes of your program/event?	<p>We propose to provide a minimum of 15 hours of vocational training and give one refurbished bicycle to approximately 150 homeless and LMI individuals who are employed or seeking employment within 12 months. While we haven't been able to quantify the successful employment rates of those who are awarded bicycles since we began this program six years ago, we feel it is important to remove at least one barrier to that outcome.</p>

Share the primary methodology by which you will measure the outcomes of your program/event:

We will measure our progress towards our stated outcomes by tracking:

- the number of individuals who engage in the Bike Academy Program,
- the number of hours individuals engage in the Bike Academy Program, and
- the number of refurbished bicycles we distribute.

Estimated total number of individuals expected to attend your program/event:

151-250

Please specify the number of City of Pompano Beach residents your organization will serve if the program/event is funded:

150

Describe the demographics of the population you are impacting with this program/event:

OFH serves homeless and low income individuals and families in our direct neighborhood (ZIP 33069). We serve anyone who arrives at our doors, no questions asked. We estimate that our guests are predominantly (60-70%) African American, 30-40% Caucasian, with a growing number of Hispanic guests. Roughly 75% are male, and approximately 30% are veterans. Nearly all of our guests are adults; in recent years, we have formed partnerships with Broward College and City College and have begun seeing an increasing number of young adults (as opposed to middle aged or seniors) seeking our services.

Include a description of the geographic area your program/event(s) will serve and how it will impact the area:

OFH is located in one of Broward's poorest neighborhoods, ZIP code 33069 in western Pompano Beach. We also receive guests served by the Broward County Bus System. The Bike Academy positively impacts our neighborhood by providing productive opportunities for self improvement and skill development, as well as a means by which those we serve can acquire reliable transportation. The Bike Academy is working towards reducing unemployment and ultimately reducing homelessness through these efforts.

How does your organization specifically market your program/event to City of Pompano Beach residents?

OFH targets our marketing for this program to the homeless and LMI individuals who visit our facility to receive food, clothing, and hygiene services during our weekday service hours of 11:30 am to 1:30 pm.

How does a City of Pompano Beach resident access the services/program your nonprofit provides?

Our Bike Academy can be accessed at our facility at 2380 Martin Luther King Blvd., Pompano Beach, FL 33069. This program is entirely in-person; no virtual services are available.

Start Date of Program/Event:

May 05, 2024

End Date of Program/Event:

May 04, 2025

Does your program/event have a start time/end time?

No

Name of Program/Event Venue:	Our Father's House Soup Kitchen
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 partnership opportunities the City of Pompano Beach receives:	<p>The primary benefit that the Bike Academy provides to the City of Pompano Beach is the opportunity for homeless and LMI individuals to learn skills and acquire transportation so as to seek or retain employment. Ultimately, these efforts lead to reductions in unemployment and homelessness.</p> <p>We welcome City of Pompano Beach staff and elected officials to volunteer at OFH anytime! Please let us know if we can coordinate a volunteer project for your team, or welcome individuals from the City to volunteer regularly.</p>
Total dollar amount of the overall program/event budget:	25800
Total dollar amount being requested from the City:	5000
How will your organization use the City of Pompano Beach funding?	Funding from the City of Pompano Beach will be used to purchase replacement bicycle parts and pay occasional skilled help to assist with repairs and training. We also occasionally hire homeless or LMI individuals to help organize our bicycle repair and storage bay.
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
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Additional Information

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

In 1989, Jimmy and Phyllis Rotonno founded Our Father's House as a modest community feeding program in one of Broward's poorest neighborhoods - an area of Pompano Beach known as "The Hole". With just a hot plate in a small, crowded kitchen space, the Rotonnos initially served ~45 meals daily to homeless members of the community; by the time of Jimmy's passing in 2004, they grew to serve 10,000 meals annually, as well as provide clothes and basic needs assistance. For his exemplary commitment to serving the poor, Jimmy Rotonno was awarded the prestigious Points of Light Award by Governor Jeb Bush in August 2003.

In 2012, Board Member and 30-year OFH volunteer Katie Crissy was asked to step into the role of President. Her leadership, along with the support of 60 volunteers, eight formerly homeless part-time employees, and tremendous support from the community, has helped OFH become one of the largest daily feeding programs in Broward County, serving nearly 110,000 meals annually. We have scaled our services in response to the needs of those we serve, and are committed to treating every guest of OFH with dignity and respect.

Other than the program/event you are applying for, how is your organization serving the residents of the City of Pompano Beach?

OFH provides tremendous benefit to the City of Pompano Beach by providing a safety net for its most vulnerable residents by:

- Serving 104,000+ hot and to-go meals annually
- Providing 5,480+ pantry bags (including pantry staples, fresh vegetables, and fresh meat, when available) annually
- Distributing 3,000+ pairs of shoes annually
- Providing 4,300+ showers annually
- Providing vocational training and giving 150+ bicycles to homeless and low-income volunteers annually

Any other information you wish to share?

Thank you for your longstanding support of Our Father's House Soup Kitchen and the Bike Academy Program. We appreciate your partnership and your consideration of this request.

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?

2023

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 your organization's operational budget? 1490000

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

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

About Your Staff and Leadership

Total Number of Employees: 8

Full Name of President/CEO/Executive Director: Katie Crissy

Include your President/CEO/Executive Director's biography: Katie Crissy has served as President of Our Father's House Soup Kitchen since 2012. Prior to stepping into the role of President, she volunteered with OFH for 21 years. Katie's passion for serving the less fortunate has inspired hundreds of people to volunteer and support our soup kitchen, and filled the bellies and warmed the hearts of hundreds of thousands of hungry people. She has been the driving force that has enabled OFH to weather economic downturns, COVID-19, and all the challenges that the past 33 years have brought - and her commitment to providing job skills training through the Bike Academy is changing lives for years to come.

About Your Board of Directors

Board Disabled: 1

Board Minorities: 1

Board Seniors: 6

Total Board Members: 6

About Your Partnerships and Contributors

Does your organization have any programmatic collaborations with other community partners? If so, please list them and provide a brief description of their involvement with your organization. OFH partners with 20+ religious institutions, schools, and community organizations and agencies to acquire food, clothing, hygiene supplies, and bicycles with as little cost as possible.

What other funders have supported your organization within the past year? Please include their levels of contribution.

We are grateful for the broad support of our community, including:

The Leslie L Alexander Foundation: \$150,000
Community Foundation of Broward: \$60,000
John and Georgiana Wright: \$35,000
The Jim Moran Foundation: \$30,000
The Jane Wye Foundation: \$25,000
Pulte Family Charitable Foundation: \$25,000
Harry T. Mangurian Foundation: \$10,000
Albert and Birdie Einstein Fund: \$5,000
Caesars Entertainment: \$5,000
Walter and Adi Blum Foundation: \$5,000
William R. Watts Foundation: \$5,000

Financial Information

How does your nonprofit organization currently undergo financial scrutiny and assurance? Please select from one of the applicable options:

No formal financial audit in place

Describe the processes and procedures your nonprofit has in place to ensure financial transparency and accountability. Include details about any internal or external reviews, checks, or scrutiny that are conducted to maintain the integrity of your financial operations. Your organization will need to provide a combined PDF showing your balance sheet and P&L (profit and loss statement and/or income statement) in the upload document section below.

Our expenses and revenue are overseen daily by Jim Crissy, Vice President/Treasurer and provided to Ruderman and Company to create Accountant's Compilation Report (included in attachments). The full board meets twice per year to review expenditures, revenue, financial statements, and proposed expansions and capital expenses.

Upload your documents: All items in this section are mandatory.

Itemized Program/Event Budget - Please provide a budget ONLY for the program/event you are applying for.

<https://www.formstack.com/admin/download/file/16306767148>

Agency Operational Budget

<https://www.formstack.com/admin/download/file/16306767149>

Agency External or Internal Audit and/or a combined PDF with your organization's Balance Sheet and P&L.

<https://www.formstack.com/admin/download/file/16306767150>

W9

<https://www.formstack.com/admin/download/file/16306767151>

IRS 501(c)(3) Determination Letter

<https://www.formstack.com/admin/download/file/16306767152>

Articles of Incorporation	https://www.formstack.com/admin/download/file/16306767153
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Most Recent 990 Form	https://www.formstack.com/admin/download/file/16306767154
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List of Board of Directors	https://www.formstack.com/admin/download/file/16306767155
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Matching Gift Documentation

Does Your Organization Receive Matching Funds?	No
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President/CEO/Executive Director Contact Information

Name	Katie Crissy
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Title	President
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Email	jimc@ofhsoupkitchen.org
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Phone Number	(954) 968-7550
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Mailing Address (If awarded, your payment will be mailed to this address)	PO Box 668571 Pompano Beach, FL 33066
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Primary Nonprofit Contact

Name	Jim Crissy
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Title	Director
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Email	jimc@ofhsoupkitchen.org
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Phone Number	(954) 968-7550
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Certification and Authorization

**I HEREBY CERTIFY BY READING AND
SELECTING EACH STATEMENT LISTED
BELOW THAT THE:**

Applicant certifies that information contained in this application is complete and accurate. = Select to Agree

Applicant certifies that their organization is a Not For Profit Corporation authorized to do business in the State of Florida. = Select to Agree

Applicant has read and understands the application instructions and requirements of the program. = Select to Agree

Applicant agrees that if recommended for funding, the nonprofit will attend the Mandatory Nonprofit Orientation Workshop and that they will participate in a Nonprofit Program Services Fair as required by the City. = Select to Agree

Applicant certifies that the awarded program/event(s) will serve City of Pompano Beach residents. = Select to Agree

Applicant acknowledges that a recommended award letter is subject to commission approval. = Select to Agree

Applicant acknowledges that only an executed contract with the City authorizes the initiation of program/event services or activities and incurring expenditures. = Select to Agree

Applicant acknowledges that narrative and financial reporting will be required and the organization will meet the assigned deadlines as set forth by the City. = Select to Agree

Applicant acknowledges that the program/event(s) will be completed by the end of the contract term. = Select to Agree

Applicant certifies that the organization has the capacity to comply with all requirements of the program/event(s). = Select to Agree

Applicant will not use funds for disallowed expenditures as set forth by the City. = Select to Agree

Applicant confirms that the organization has an anti-discrimination policy. = Select to Agree

Applicant acknowledges that the program/event(s) submitted will not be eligible to receive funding for if the program/event(s) receives a separate grant from the City for the same program. = Select to Agree

Applicant acknowledges that current policies for general liability, sexual molestation, automobile and workers compensation insurance are required to contract with the City. = Select to Agree

Applicant understands that the submission of their funding request does not guarantee the organization will be selected to receive funding. = Select to Agree

Applicant acknowledges that all information submitted in the partnership application along with any email or correspondence you provide to the City of Pompano Beach becomes a public record and may be subject to disclosure to anyone who requests it under the State's Public Records Laws, to another government agency as required by state or federal law; and/or in response to a court or administrative order, subpoena or search warrant. Your application may be subject to inspection and copying by the public, unless an exception in law exists. = Select to Agree



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
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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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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

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6	City, state, and ZIP code		
	7	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person	Date
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

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

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

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

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or “doing business as” (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner’s name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

- 2—The United States or any of its agencies or instrumentalities.
- 3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- 5—A corporation.
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission.
- 8—A real estate investment trust.
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 10—A common trust fund operated by a bank under section 584(a).
- 11—A financial institution as defined under section 581.
- 12—A middleman known in the investment community as a nominee or custodian.
- 13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5. ²
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

¹ See Form 1099-MISC, Miscellaneous Information, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/EIN. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Go to www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

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

A FLORIDA CORPORATION

ARTICLE ONE
NAME

The name of this Corporation is **OUR FATHER'S HOUSE SOUP KITCHEN, INC.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APR 3 1989
FILED
4-3-89

ARTICLE TWO
Duration

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

The initial registered agent of the Corporation shall be JIMMY F. ROTONNO.

ARTICLE SEVEN

Members

The corporation shall have members. The conditions 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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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, Florida
Paul D. Houle	512 W. Oakland Park Blvd. Fort Lauderdale, Fl. 33331
Winston Davis	1051 N. E. 43rd Ct. Oakland Park, Florida
MR. F.laine Nacc.	2780 Somerset Dr. 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.

ARTICLE ELEVEN

Re-election 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~~ **or 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.

2.

Whenever the board of directors may so order, any offices, the duties of which do not conflict ~WQ person. 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.

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

Distribution ~ili~e~Fi~: Dissolution

In the event of the dissolution of this corporatig~;~ 02 in the event it shall cease to carry out the objects and~PtfitpQses herein set forth, the Board of Directors shall pay7Qr 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 c-asing to carry out the object and purposes herein set forth, that t.he 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 ~day of February, 1989 .

---/17~

1,.,,;:/71-/t:-: /t,,#0?iiPv

Incorporator
Incorporator
Phyllis Rotomo
Incorporator
Paul D. Houle Jr
Incorporator
[Signature]
~icorporator

4.

Incorporato
r

State of Florida
County of Broward

E. [Signature]

Witness My hand and official seal in the County and State aforesaid on this :.(1?day of February, 1999.

A/}t~(,~f

Notdry ru~!!: S'-:a o~ ff~ilfl 1 illy (~~!!0~ £~:rts .CH. 21: \?!!

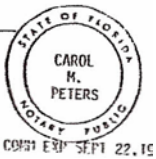
6.
STATE OF FLORIDA
COUNTY OF PALM BEACH

I HEREBY CERTIFY that on this 06, ~ 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
T: C 4.0

WITNESS my hand and official seal in
aforesaid, this the day an ~ year last

Carol M. Peters
NOTARY PUBLIC



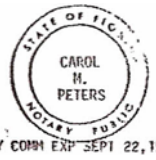
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MY COMMISSION
EXPIRES:
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(11)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

I HEREBY CERTIFY that on this 11 day of April,  
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.



seal in the  
afore a~  
above

WITNESS my hand and official  
County and State  
this the day and year last  
written.

W/4, !(\$f;:4"

MY COMMISSION  
EXPIRES:

STATE OF FLORIDA  
COUNTY OF BROWARD

I HEREBY CERTIFY that on this ~day of June, 1989,  
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  
aforesaid, this the day and year last above written.

NOT~

MY COMMISSION EXPIRES,

8.  
STATE OF FLORIDA

WITNESS my  
aforesaid, this

*Carol M. Peters*  
NOTARY PUBLIC

COUNTY OF BROWARD

I HEREBY CERTIFY that on this ~day of June, 1989,  
before me, an officer duly authorized, personally appeared  
PAUL D. HOULE known to be the person described in and who  
executed the foregoing instrument and he acknowledged 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:

My Comm. Exp. Sept 22, 1990 5

STATE OF FLORIDA  
COUNTY OF  
BROWARD

I HEREBY CERTIFY that on this ;).B day 0" :tthA,,, d,-1989,  
before me, an officer duly authorize~sonali~  
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  
.!o,e;\_~e.r Las t; above ."tten,;,:!;" "lll

:: " " . NOTARY PUBLIC

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Fy (-:ll:;:;-i-: i;:-r-s Cel. 21 • 1992

STATE OF •Ftt:~l"j)p;,"""""", """"~  
COUNTY OF BROWARD

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W~~ ~ ~  
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~ ~ ~  
~ ~ ~  
~ ~ ~

I HEREBY CERTIFY that on this ~day Of~A~~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 band and official seal in the County and state  
~fore~be day and year last above written.

9. NOTAR PUBLIC

MY ffl~t;!fH~fg~ o!~'URES :

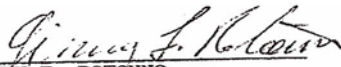
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ACCEPTANCE OF RESIDENCE AGENT

**Having -be"en named to accept servi(e 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: ?;/; Iff  
I

  
JIMMY F. ROTONNO



# OUR FATHER'S HOUSE SOUP KITCHEN

## 2024 Board of Directors

### OFFICERS

**Katherine Crissy – President**

Executive Director, OFH Soup Kitchen  
jfcrissy@aol.com  
Member since 2013

**Jim Crissy – Vice-President & Treasurer**

Retired, Owner Mortgage/Title Company  
jimc@ofhsoupkitchen.org  
Member since 2013

**Patty Garitty – Secretary**

Website Developer  
pattyg@ofhsoupkitchen.org  
Member since 2013

### HONORARY DIRECTORS

**Phyllis Rotunno – Honorary Director,  
Founding Member**

(561) 488-2051  
Member since 1989

**Sister Eileen Sizer, RSM – Honorary  
Director**

Sister of Mercy

---

### DIRECTORS

**Sergio DoRosario – Director**

Owner, Premium Medical Devices  
sergio850@att.net  
Member since 2014

**George Gardner – Director**

Retired Local Business Owner  
jorge.gardner50@gmail.com  
Member since 2024

**Rev. Bob Grattarotti – Director**

Pastor at St. Joseph Church, Charlton, MA  
bgratt@aol.com  
Member since 2023

Our Father's House Soup Kitchen • <https://www.ofhsoupkitchen.org> • 954-968-7550

Location  
2380 Martin Luther King Blvd.  
Pompano Beach, FL 33069

Mailing  
PO Box 668571  
Pompano Beach, FL 33066

## Return of Organization Exempt From Income Tax

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

# 2022

Department of the Treasury  
Internal Revenue Service

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.

**Open to Public Inspection**

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

|                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                                                                                                                                                                                                                                              |                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b><br>OUR FATHER'S HOUSE SOUP KITCHEN, INC<br>PO BOX 668571<br>POMPANO BEACH, FL 33066 | <b>D</b> Employer identification number<br>65-0150748                                                                                                                                                                                                                        | <b>E</b> Telephone number<br>954-968-7550   |
| <b>F</b> Name and address of principal officer: <b>KATHERINE CRISSY</b><br>445 S OCEAN WAY 206 DEERFIELD BEACH, FL 33441                                                                                                                                                                                   |                                                                                              | <b>G</b> Gross receipts \$ <b>1,277,454.</b>                                                                                                                                                                                                                                 |                                             |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                             |                                                                                              | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions. |                                             |
| <b>J</b> Website: <b>WWW.OFHSOUPKITCHEN.ORG</b>                                                                                                                                                                                                                                                            |                                                                                              | <b>H(c)</b> Group exemption number                                                                                                                                                                                                                                           |                                             |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other                                                                                                                          |                                                                                              | <b>L</b> Year of formation: <b>1989</b>                                                                                                                                                                                                                                      | <b>M</b> State of legal domicile: <b>FL</b> |

### Part I Summary

|                                                                                                   |                                                                                                                                                  |                                                                                  |                           |              |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------|--------------|
|                                                                                                   | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>PROVIDE HOT LUNCHES TO THE HOMELESS AND NEEDY.</u>       |                                                                                  |                           |              |
| Activities & Governance                                                                           | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                                                                                  |                           |              |
|                                                                                                   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....                                                                 | <b>3</b>                                                                         |                           | 7            |
|                                                                                                   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....                                                     | <b>4</b>                                                                         |                           | 4            |
|                                                                                                   | <b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) .....                                                      | <b>5</b>                                                                         |                           | 7            |
|                                                                                                   | <b>6</b> Total number of volunteers (estimate if necessary) .....                                                                                | <b>6</b>                                                                         |                           | 150          |
|                                                                                                   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....                                                             | <b>7a</b>                                                                        |                           | 0.           |
|                                                                                                   | <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....                                                            | <b>7b</b>                                                                        |                           | 0.           |
| Revenue                                                                                           | <b>8</b> Contributions and grants (Part VIII, line 1h) .....                                                                                     | <b>8</b>                                                                         | Prior Year                | Current Year |
|                                                                                                   | <b>9</b> Program service revenue (Part VIII, line 2g) .....                                                                                      |                                                                                  | 1,339,278.                | 1,340,644.   |
|                                                                                                   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....                                                                    |                                                                                  | 142.                      | -63,990.     |
|                                                                                                   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....                                                         |                                                                                  | -17,394.                  | 469.         |
|                                                                                                   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....                                               |                                                                                  | 1,322,026.                | 1,277,123.   |
|                                                                                                   | Expenses                                                                                                                                         | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... |                           |              |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....                     |                                                                                                                                                  |                                                                                  |                           |              |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... |                                                                                                                                                  |                                                                                  | 177,994.                  | 153,947.     |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....                    |                                                                                                                                                  |                                                                                  |                           | 24,000.      |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) .....                          |                                                                                                                                                  | 25,838.                                                                          |                           |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....                      |                                                                                                                                                  |                                                                                  | 807,927.                  | 1,039,833.   |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....         |                                                                                                                                                  | 985,921.                                                                         | 1,217,780.                |              |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....                              |                                                                                                                                                  | 336,105.                                                                         | 59,343.                   |              |
| Net Assets or Fund Balances                                                                       | <b>20</b> Total assets (Part X, line 16) .....                                                                                                   |                                                                                  | Beginning of Current Year | End of Year  |
|                                                                                                   | <b>21</b> Total liabilities (Part X, line 26) .....                                                                                              |                                                                                  | 1,170,672.                | 1,225,192.   |
|                                                                                                   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....                                                                       |                                                                                  | 18,663.                   | 13,840.      |
|                                                                                                   |                                                                                                                                                  |                                                                                  | 1,152,009.                | 1,211,352.   |

### 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.

|                               |                                                                                        |                                                 |                               |                                                                                     |
|-------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
| <b>Sign Here</b>              | Signature of officer<br><b>KATHERINE CRISSY</b>                                        | Date                                            |                               | Title<br><b>PRESIDENT</b>                                                           |
|                               | Type or print name and title                                                           |                                                 |                               |                                                                                     |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>GARY S. RUDERMAN</b>                                  | Preparer's signature<br><b>GARY S. RUDERMAN</b> | Date                          | Check <input checked="" type="checkbox"/> if self-employed    PTIN <b>P00379705</b> |
|                               | Firm's name<br><b>RUDERMAN AND COMPANY, PA</b>                                         | Firm's EIN<br><b>26-0036268</b>                 | Phone no. <b>954-773-8291</b> |                                                                                     |
|                               | Firm's address<br><b>2637 E. ATLANTIC BLVD., #155<br/>POMPANO BEACH, FL 33062-4939</b> |                                                 |                               |                                                                                     |

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 prior Form 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 \$ 1,151,016. 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 1,151,016.

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                           | Yes | No |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---|
| 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> .....                                                                                                                                                                       | 11a | 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> .....                                                                                                  | 11b |    | 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> .....                                                                                                  | 11c |    | 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> .....                                                                                                                     | 11d |    | 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> .....                                                                                                                                                                                     | 11e | 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> .....                                                            | 11f |    | 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 |    |   |
| 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)

|                                                                                                                                                                                                                                                                                                                                                                                                          | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <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? <i>If "Yes," complete Schedule I, Parts I and III.</i> .....                                                                                                                                                                                        |     | 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? <i>If "Yes," complete Schedule J.</i> .....                                                                                                                            |     | 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? <i>If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> .....                                                                                                |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....                                                                                                                                                                                                                                                                                         |     |    |
| <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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....                                                                                                                                                                                                                                                                                   |     |    |
| <b>25a 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? <i>If "Yes," complete Schedule L, Part I.</i> .....                                                                                                                                                                      |     | 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? <i>If "Yes," complete Schedule L, Part I.</i> .....                                                                                                               |     | 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? <i>If "Yes," complete Schedule L, Part II.</i> .....                                                       |     | 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? <i>If "Yes," complete Schedule L, Part III.</i> ..... |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If "Yes," complete Schedule L, Part IV.</i> .....                                                                                                                                                                                                                              | X   |    |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i> .....                                                                                                                                                                                                                                                                                   |     | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i> .....                                                                                                                                                                                                                                      |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> .....                                                                                                                                                                                                                                                                         | X   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> .....                                                                                                                                                                                                         |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> .....                                                                                                                                                                                                                                                               |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> .....                                                                                                                                                                                                                                             |     | 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? <i>If "Yes," complete Schedule R, Part I.</i> .....                                                                                                                                                                                             |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> .....                                                                                                                                                                                                                                         |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....                                                                                                                                                                                                                                                                                                 |     | 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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> .....                                                                                                                                                                 |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> .....                                                                                                                                                                                                         |     | 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? <i>If "Yes," complete Schedule R, Part VI.</i> .....                                                                                                                                                    |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?<br><b>Note:</b> All Form 990 filers are required to complete Schedule O. ....                                                                                                                                                                                                   | 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

|                                                                                                                                                                         | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. ....                                                                            |     |    |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. ....                                                                          |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | 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> 7                                                                                                                                                                                                                                             |            |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .                                                                                                                                | X          |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                 |            | 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>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)? . . . . .    |            | 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? . . . . .                                                                                                                                         |            | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .                                                                                                                              |            | X  |
| <b>c</b>   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .                                                                                                                                                                            |            |    |
| <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? . . . . .                                       |            | 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>7</b>   | <b>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? . . . . .                                                                                               |            | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                               |            |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                          |            | 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? . . . . .                                                                                                                               |            | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .                                                                                                                                  |            | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .                                                                                                              |            |    |
| <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>8</b>   | <b>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</b>   | <b>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</b>  | <b>Section 501(c)(7) organizations. Enter:</b>                                                                                                                                                                                                          |            |    |
| <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</b>  | <b>Section 501(c)(12) organizations. Enter:</b>                                                                                                                                                                                                         |            |    |
| <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</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .                                                                                                                             | <b>12a</b> |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .                                                                                                                                                          | <b>12b</b> |    |
| <b>13</b>  | <b>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>13a</b> |    |
|            | <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>14a</b> | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. . . . .                                                                                                                                      | <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? . . . . .<br>If "Yes," see the instructions and file Form 4720, Schedule N.                  | <b>15</b>  | X  |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .<br>If "Yes," complete Form 4720, Schedule O.                                                                                  | <b>16</b>  | X  |
| <b>17</b>  | <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . .<br>If "Yes," complete Form 6069. | <b>17</b>  |    |

**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 |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year. . . . .                                                                                                                                |     |    |
|           | 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.           |     |    |
| <b>1b</b> | Enter the number of voting members included on line 1a, above, who are independent. . . . .                                                                                                                                 |     |    |
| <b>2</b>  | 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? . . . . . <b>SEE SCHEDULE O</b>                       | X   |    |
| <b>3</b>  | 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  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                  |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                        |     | X  |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .                                                                                                                                                                |     | X  |
| <b>7a</b> | 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>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                         |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                           |     |    |
| <b>8a</b> | a The governing body? . . . . .                                                                                                                                                                                             | X   |    |
| <b>8b</b> | b Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                           | X   |    |
| <b>9</b>  | 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 |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                             |     | X  |
| <b>10b</b> | 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? . . . . .                                                                   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                    | X   |    |
| <b>11b</b> | b Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . . <b>SEE SCHEDULE O</b>                                                                                                                                                                            |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13. . . . .                                                                                                                                                                                                         | X   |    |
| <b>12b</b> | b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                          | X   |    |
| <b>12c</b> | c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. . . . . <b>SEE SCHEDULE O</b>                                                                                                                      | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                      | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                                 | X   |    |
| <b>15</b>  | 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?                                                                                     |     |    |
| <b>15a</b> | a The organization's CEO, Executive Director, or top management official. . . . .                                                                                                                                                                                                                        |     | X  |
| <b>15b</b> | b Other officers or key employees of the organization. . . . .                                                                                                                                                                                                                                           |     | X  |
|            | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                                                                                                                                                       |     |    |
| <b>16a</b> | 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>16b</b> | 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? . . . . . |     |    |

**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.  
 Own website     Another's website     Upon request     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 PO BOX 668571 POMPANO BEACH FL 33066 (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**

**1a** 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (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/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|---------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                    |                                                                                            | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |                                                                               |                                                                                    |                                                                                               |
| (1) KATHERINE CRISSY<br>PRESIDENT  | 40<br>0                                                                                    | X                                                                                                         |                       | X       |              |                              | 45,000. | 0.                                                                            | 0.                                                                                 |                                                                                               |
| (2) JAMES CRISSY<br>VICE PRESIDENT | 40<br>0                                                                                    | X                                                                                                         |                       | X       |              |                              | 24,700. | 0.                                                                            | 0.                                                                                 |                                                                                               |
| (3) PATRICIA GARITTY<br>SECRETARY  | 5<br>0                                                                                     | X                                                                                                         |                       | X       |              |                              | 3,600.  | 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) PHYLLIS ROTONNO<br>DIRECTOR    | 0<br>0                                                                                     | X                                                                                                         |                       |         |              |                              | 0.      | 0.                                                                            | 0.                                                                                 |                                                                                               |
| (8)                                |                                                                                            |                                                                                                           |                       |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |
| (9)                                |                                                                                            |                                                                                                           |                       |         |              |                              |         |                                                                               |                                                                                    |                                                                                               |
| (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 (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/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                       |                                                                                            | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee |                                                                               |                                                                                    |                                                                                               |
| (15) -----            |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                               |                                                                                    |                                                                                               |
| (16) -----            |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                               |                                                                                    |                                                                                               |
| (17) -----            |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                               |                                                                                    |                                                                                               |
| (18) -----            |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                               |                                                                                    |                                                                                               |
| (19) -----            |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                               |                                                                                    |                                                                                               |
| (20) -----            |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                               |                                                                                    |                                                                                               |
| (21) -----            |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                               |                                                                                    |                                                                                               |
| (22) -----            |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                               |                                                                                    |                                                                                               |
| (23) -----            |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                               |                                                                                    |                                                                                               |
| (24) -----            |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                               |                                                                                    |                                                                                               |
| (25) -----            |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                               |                                                                                    |                                                                                               |

|                                                                      |         |    |    |
|----------------------------------------------------------------------|---------|----|----|
| <b>1b Subtotal</b> .....                                             | 73,300. | 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> .....                           | 73,300. | 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? <i>If "Yes," complete Schedule J for such individual.</i> .....                                          | 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? <i>If "Yes," complete Schedule J for such individual.</i> ..... | 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? <i>If "Yes," complete Schedule J for such person.</i> .....                       | 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 |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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**

**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>1a</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>                                                       | 1,340,644.           |                                                    |                                         |                                                                  |  |
|                                                                                                                                                   | <b>g</b> Noncash contributions included in<br>lines 1a-1f .....                                  | <b>1g</b>                                                       | 777,667.             |                                                    |                                         |                                                                  |  |
|                                                                                                                                                   | <b>h Total.</b> Add lines 1a-1f .....                                                            |                                                                 | 1,340,644.           |                                                    |                                         |                                                                  |  |
| <b>Program Service Revenue</b>                                                                                                                    | <b>2a</b> Business Code                                                                          |                                                                 |                      |                                                    |                                         |                                                                  |  |
|                                                                                                                                                   | <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>Miscellaneous Revenue</b>                                                                                                                      | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....   |                                                                 | -63,990.             |                                                    |                                         | -63,990.                                                         |  |
|                                                                                                                                                   | <b>4</b> Income from investment of tax-exempt bond proceeds .....                                |                                                                 |                      |                                                    |                                         |                                                                  |  |
|                                                                                                                                                   | <b>5</b> Royalties .....                                                                         |                                                                 |                      |                                                    |                                         |                                                                  |  |
|                                                                                                                                                   | <b>6a</b> Gross rents .....                                                                      | (i) Real                                                        | 800.                 |                                                    |                                         |                                                                  |  |
|                                                                                                                                                   |                                                                                                  | (ii) Personal                                                   |                      |                                                    |                                         |                                                                  |  |
|                                                                                                                                                   |                                                                                                  | <b>6b</b> Less: rental expenses .....                           | <b>6b</b>            | 331.                                               |                                         |                                                                  |  |
|                                                                                                                                                   | <b>c</b> Rental income or (loss) .....                                                           | <b>6c</b>                                                       | 469.                 |                                                    |                                         |                                                                  |  |
|                                                                                                                                                   | <b>d</b> Net rental income or (loss) .....                                                       |                                                                 |                      | 469.                                               |                                         | 469.                                                             |  |
|                                                                                                                                                   | <b>7a</b> Gross amount from<br>sales of assets<br>other than inventory .....                     | (i) Securities                                                  |                      |                                                    |                                         |                                                                  |  |
|                                                                                                                                                   |                                                                                                  | (ii) Other                                                      |                      |                                                    |                                         |                                                                  |  |
|                                                                                                                                                   |                                                                                                  | <b>7b</b> Less: cost or other basis<br>and sales expenses ..... | <b>7b</b>            |                                                    |                                         |                                                                  |  |
|                                                                                                                                                   | <b>c</b> Gain or (loss) .....                                                                    | <b>7c</b>                                                       |                      |                                                    |                                         |                                                                  |  |
| <b>d</b> Net gain or (loss) .....                                                                                                                 |                                                                                                  |                                                                 |                      |                                                    |                                         |                                                                  |  |
| <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>                                                       |                      |                                                    |                                         |                                                                  |  |
| <b>c</b> Net income or (loss) from fundraising events .....                                                                                       |                                                                                                  |                                                                 |                      |                                                    |                                         |                                                                  |  |
| <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 Revenue</b>                                                                                                                      | <b>11a</b> Business Code                                                                         |                                                                 |                      |                                                    |                                         |                                                                  |  |
|                                                                                                                                                   | <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 .....                                                                                                   |                                                                                                  |                                                                 | 1,277,123.           | 0.                                                 | 0.                                      | -63,521.                                                         |  |

**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                                                                                                                                                                 | 73,300.                      | 61,690.                                | 11,610.                                       | 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                                                                                                                                                                                                                 | 69,657.                      | 69,657.                                |                                               |                                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                                                       |                              |                                        |                                               |                                    |
| 9 Other employee benefits                                                                                                                                                                                                                  |                              |                                        |                                               |                                    |
| 10 Payroll taxes                                                                                                                                                                                                                           | 10,990.                      | 10,117.                                | 873.                                          |                                    |
| 11 Fees for services (nonemployees):                                                                                                                                                                                                       |                              |                                        |                                               |                                    |
| a Management                                                                                                                                                                                                                               |                              |                                        |                                               |                                    |
| b Legal                                                                                                                                                                                                                                    |                              |                                        |                                               |                                    |
| c Accounting                                                                                                                                                                                                                               | 7,100.                       | 3,550.                                 | 3,550.                                        |                                    |
| d Lobbying                                                                                                                                                                                                                                 |                              |                                        |                                               |                                    |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                                                                  | 24,000.                      |                                        |                                               | 24,000.                            |
| 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                                                                                                                                                                                                               | 4,920.                       | 3,082.                                 |                                               | 1,838.                             |
| 13 Office expenses                                                                                                                                                                                                                         | 2,144.                       | 1,930.                                 | 214.                                          |                                    |
| 14 Information technology                                                                                                                                                                                                                  |                              |                                        |                                               |                                    |
| 15 Royalties                                                                                                                                                                                                                               |                              |                                        |                                               |                                    |
| 16 Occupancy                                                                                                                                                                                                                               | 28,534.                      | 25,681.                                | 2,853.                                        |                                    |
| 17 Travel                                                                                                                                                                                                                                  |                              |                                        |                                               |                                    |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                          |                              |                                        |                                               |                                    |
| 19 Conferences, conventions, and meetings                                                                                                                                                                                                  |                              |                                        |                                               |                                    |
| 20 Interest                                                                                                                                                                                                                                |                              |                                        |                                               |                                    |
| 21 Payments to affiliates                                                                                                                                                                                                                  |                              |                                        |                                               |                                    |
| 22 Depreciation, depletion, and amortization                                                                                                                                                                                               | 34,262.                      | 34,262.                                |                                               |                                    |
| 23 Insurance                                                                                                                                                                                                                               | 16,415.                      | 16,415.                                |                                               |                                    |
| 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>                                                                                                                                                                                                       | 777,667.                     | 777,667.                               |                                               |                                    |
| b <u>FOOD &amp; SUPPLIES</u>                                                                                                                                                                                                               | 43,869.                      | 43,869.                                |                                               |                                    |
| c <u>TEMPORARY HELP</u>                                                                                                                                                                                                                    | 29,620.                      | 29,620.                                |                                               |                                    |
| d <u>OTHER</u>                                                                                                                                                                                                                             | 23,084.                      | 15,404.                                | 7,680.                                        |                                    |
| e All other expenses                                                                                                                                                                                                                       | 72,218.                      | 58,072.                                | 14,146.                                       |                                    |
| 25 Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 1,217,780.                   | 1,151,016.                             | 40,926.                                       | 25,838.                            |
| 26 Joint costs. 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                                                                                                                                                                                     | 383,394.     | 1                  | 279,988.   |
|                                    | 2                                                                                                                                    | Savings and temporary cash investments                                                                                                                                                                          | 500,683.     | 2                  | 14,499.    |
|                                    | 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                                                                                                                                                                           | 2,335.       | 9                  | 9,209.     |
|                                    | 10a                                                                                                                                  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                             | 10a 638,982. |                    |            |
|                                    | b                                                                                                                                    | Less: accumulated depreciation                                                                                                                                                                                  | 10b 347,735. | 10c 283,753.       | 291,247.   |
|                                    | 11                                                                                                                                   | Investments – publicly traded securities                                                                                                                                                                        |              | 11                 | 629,742.   |
|                                    | 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)                                                                     | 1,170,672.                                                                                                                                                                                                      | 16           | 1,225,192.         |            |
| <b>Liabilities</b>                 | 17                                                                                                                                   | Accounts payable and accrued expenses                                                                                                                                                                           | 563.         | 17                 | 926.       |
|                                    | 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                                                                                                                                                    |              | 24                 |            |
|                                    | 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                                           | 18,100.      | 25                 | 12,914.    |
|                                    | 26                                                                                                                                   | <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                                                               | 18,663.      | 26                 | 13,840.    |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/> |                                                                                                                                                                                                                 |              |                    |            |
|                                    | 27                                                                                                                                   | Net assets without donor restrictions                                                                                                                                                                           | 1,152,009.   | 27                 | 1,211,352. |
|                                    | 28                                                                                                                                   | Net assets with donor restrictions                                                                                                                                                                              |              | 28                 |            |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>          |                                                                                                                                                                                                                 |              |                    |            |
|                                    | 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                                 | <b>Total net assets or fund balances.</b>                                                                                            | 1,152,009.                                                                                                                                                                                                      | 32           | 1,211,352.         |            |
| 33                                 | <b>Total liabilities and net assets/fund balances.</b>                                                                               | 1,170,672.                                                                                                                                                                                                      | 33           | 1,225,192.         |            |

**Part XI Reconciliation of Net Assets**

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

|           |                                                                                                                |           |            |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 1,277,123. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 1,217,780. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | 59,343.    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 1,152,009. |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |            |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)                                           | <b>9</b>  | 0.         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 1,211,352. |

**Part XII Financial Statements and Reporting**

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

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                                  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X   |    |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                                      |     | X  |
| <b>c</b>  | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                                | X   |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R Part 200, Subpart F?                                                                                                                                                                                                                                                                       |     | X  |
| <b>b</b>  | 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                                                                                                                                                                                                                 |     |    |

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

|                                                                         |                                                     |
|-------------------------------------------------------------------------|-----------------------------------------------------|
| Name of the organization<br><b>OUR FATHER'S HOUSE SOUP KITCHEN, INC</b> | Employer identification number<br><b>65-0150748</b> |
|-------------------------------------------------------------------------|-----------------------------------------------------|

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

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Percentage, and Unit (%). Rows include: 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2021 Schedule A, Part II, line 14.

16a 33-1/3% support test--2022. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support test--2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test--2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test--2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                        | (a) 2018   | (b) 2019   | (c) 2020   | (d) 2021   | (e) 2022   | (f) Total  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                        | 1,055,078. | 963,315.   | 1,269,226. | 1,339,278. | 1,340,644. | 5,967,541. |
| <b>2</b> 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. |            |            |            |            |            | 0.         |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.                                                                             | 91,946.    | 58,076.    |            |            |            | 150,022.   |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.                                                                          |            |            |            |            |            | 0.         |
| <b>5</b> 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.                                                                                                                                             | 1,147,024. | 1,021,391. | 1,269,226. | 1,339,278. | 1,340,644. | 6,117,563. |
| <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.)                                                                                                                           |            |            |            |            |            | 6,117,563. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                   | (a) 2018   | (b) 2019   | (c) 2020   | (d) 2021   | (e) 2022   | (f) Total                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|--------------------------|
| <b>9</b> Amounts from line 6.                                                                                                                                                                 | 1,147,024. | 1,021,391. | 1,269,226. | 1,339,278. | 1,340,644. | 6,117,563.               |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.                                                   | 9,600.     | 9,829.     | 8,312.     | 9,742.     | 25,014.    | 62,497.                  |
| <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.                                                                                                                                                               | 9,600.     | 9,829.     | 8,312.     | 9,742.     | 25,014.    | 62,497.                  |
| <b>11</b> Net income from unrelated business activities not included on 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.)                                                                                                                                      | 1,156,624. | 1,031,220. | 1,277,538. | 1,349,020. | 1,365,658. | 6,180,060.               |
| <b>14 First 5 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**

|                                                                                                    |           |         |
|----------------------------------------------------------------------------------------------------|-----------|---------|
| <b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)). | <b>15</b> | 98.99 % |
| <b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15.                       | <b>16</b> | 99.09 % |

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

|                                                                                                                                                                                                                                                                                      |                                     |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------|
| <b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).                                                                                                                                                                              | <b>17</b>                           | 1.01 % |
| <b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17.                                                                                                                                                                                                      | <b>18</b>                           | 0.91 % |
| <b>19a 33-1/3% support tests--2022.</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--2021.</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. | <input type="checkbox"/>            |        |
| <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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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.                                                                                                                                                                                                                     |     |    |
| <b>2</b> 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).                                                                                                                                                                                                                                                  |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.                                                                                                                                                                                                                                                                                                                                                                                               |     |    |
| <b>b</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.                                                                                                                                                                                                                                                                |     |    |
| <b>c</b> 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.                                                                                                                                                                                                                                                                                                         |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>b</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.                                                                                                                                                                                                             |     |    |
| <b>c</b> 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.                                                                                                                                                                                |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <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). |     |    |
| <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?                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| <b>6</b> 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> .                                                              |     |    |
| <b>7</b> 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).                                                                                                                                                                                                          |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| <b>9a</b> 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> .                                                                                                                                                                                                                                         |     |    |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.                                                                                                                                                                                                                                                          |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)                                                                                                                                                                                                                                                                                                                                                               |     |    |

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>                                                                                                                       |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>                                                                                |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>a</b> 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? <i>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.</i> |  |  |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>                                                                                                                  |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>a</b> 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? <i>If "Yes" or "No," provide details in Part VI.</i>                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>                                                                                                                                                                                                                                                                                   |  |  |  |

**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.

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

BAA

Schedule A (Form 990) 2022

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

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

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

BAA

Schedule A (Form 990) 2022

**Part VI**

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

E-FILED

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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

[X] 501(c)( 3 ) (enter number) organization

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

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

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

[ ] 501(c)(3) taxable private foundation

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

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

General Rule

[X] 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

|                                                              |                                              |
|--------------------------------------------------------------|----------------------------------------------|
| Name of organization<br>OUR FATHER'S HOUSE SOUP KITCHEN, INC | Employer identification number<br>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 contributions | (d)<br>Type of contribution                                                                                                                                                    |
|------------|----------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | LAWRENCE A SANDERS FOUNDATION, INC<br>4781 NW 27TH AVE<br>BOCA RATON, FL 33434         | \$ 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          | MARY & GEORGE ZIMMERMAN FOUNDATION<br>852 LAKE SHORE RD<br>GROSS POINT SHORE, MI 48236 | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 3          | DISCAVAGE FAMILY FOUNDATION<br>6073 WEDGEWOOD VILLAGE CIRCLE<br>LAKE WORTH, FL 33463   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 4          | STRIANO FINANCIAL GROUP<br>3343 NE 31ST AVE<br>LIGHTHOUSE POINT, FL 33064              | \$ 12,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 5          | FRED & LAURA MACCLEAN, JR<br>3308 NE 29TH AVENUE<br>LIGHTHOUSE POINT, FL 33064         | \$ 20,000.                 | 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 TOLEDO ROAD<br>BOCA RATON, FL 33433                   | \$ 23,500.                 | 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 contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7          | FRED & ELIZABETH BLOSSER<br>1392 CASCADE CIRCLE NW<br>CANTON, OH 44708        | \$ 12,000.                 | 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>600 SAINT CROIX STREET<br>HENDERSON, NV 89012 | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | WYE FOUNDATION<br>3232 NE 31ST AVE<br>LIGHTHOUSE POINT, FL 33064              | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | PUBLIX SUPER MARKETS<br>PO BOX 407<br>LAKELAND, FL 33802                      | \$ 221,000.                | 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 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   | \$ 48,000.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | 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.) |
| 16         | 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.) |
| 17         | CHILDREN'S AID SOCIETY<br>3296 N FEDERAL 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.) |
| 18         | 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.) |

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 contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|----------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 19         | ERIC R TARMEY MEMORIAL FOUNDATION<br>2611 NE 43RD STREET<br>LIGHTHOUSE POINT, FL 33064 | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         | 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.) |
| 21         | LESLIE L ALEXANDER FOUNDATION<br>110 E ATLANTIC AVE, STE 320<br>DELRAY BEACH, FL 33444 | \$ 150,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         | GEORGIANA WRIGHT<br>1951 NE 55TH CT<br>FORT LAUDERDALE, FL 33308                       | \$ 35,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         | RICHARD RAMSPACHER FAMILY CHARITY<br>6684 INLAND CT<br>JUPITER, FL 33458               | \$ 7,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         | THE JIM MORAN FOUNDATION<br>100 JIM MORAN BLVD<br>DEERFIELD BEACH, FL 33442            | \$ 30,000.                 | 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<br>OUR FATHER'S HOUSE SOUP KITCHEN, INC | Employer identification number<br>65-0150748 |
|--------------------------------------------------------------|----------------------------------------------|

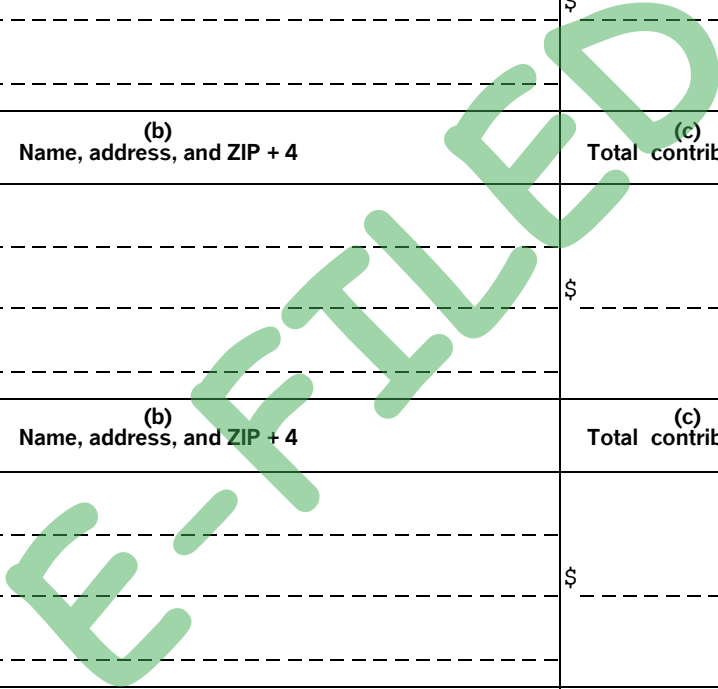
**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                               | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 25         | THE HARRY T MANGURIAN JR FOUNDATION<br>3696 N FEDERAL HWY, STE 300<br>FORT LAUDERDALE, FL 33308 | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 26         | ANGELICA B GUCKES<br>4351 NE 22ND AVE<br>FORT LAUDERDALE, FL 33808                              | \$ 13,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 27         | PULTE FAMILY FOUNDATION<br>220 S DIXIE HWY<br>BOCA RATON, FL 33432                              | \$ 12,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 28         | LOUIS & RONDA WALLER<br>3721 NE 27TH AVE<br>LIGHTHOUSE POINT, FL 33064                          | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 29         | WILLIAM R WATTS FOUNDATION<br>PO BOX 39238<br>FORT LAUDERDALE, FL 33339                         | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 30         | ALBERT E & BIRDIE W EINSTEIN FUND<br>PO BOX 372279<br>SATELLITE BEACH, FL 32937                 | \$ 5,000.                  | 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<br>OUR FATHER'S HOUSE SOUP KITCHEN, INC | Employer identification number<br>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 contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|----------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 31         | BROWARD SHERIFF OFFICE<br>2601 W BROWARD BLVD<br>FORT LAUDERDALE, FL 33312 | \$ 210,000.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| ---        | -----                                                                      | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---        | -----                                                                      | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---        | -----                                                                      | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---        | -----                                                                      | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---        | -----                                                                      | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---        | -----                                                                      | \$ -----                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



Name of organization

Employer identification number

OUR FATHER'S HOUSE SOUP KITCHEN, INC

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<br>-----<br>-----<br>-----           | \$ 16,000.                                | -----             |
| 8                   | FOOD<br>-----<br>-----<br>-----           | \$ 6,000.                                 | -----             |
| 11                  | FOOD<br>-----<br>-----<br>-----           | \$ 221,000.                               | -----             |
| 12                  | FOOD<br>-----<br>-----<br>-----           | \$ 25,000.                                | -----             |
| 13                  | FOOD<br>-----<br>-----<br>-----           | \$ 115,000.                               | -----             |
| 14                  | FOOD<br>-----<br>-----<br>-----           | \$ 48,000.                                | -----             |

|                                                              |                                              |
|--------------------------------------------------------------|----------------------------------------------|
| Name of organization<br>OUR FATHER'S HOUSE SOUP KITCHEN, INC | Employer identification number<br>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 |
|---------------------|-------------------------------------------|-------------------------------------------|-------------------|
| 15                  | FOOD                                      | \$ 10,000.                                |                   |
| 16                  | RAZOR BLADES/SOCKS                        | \$ 15,000.                                |                   |
| 17                  | FOOD                                      | \$ 45,000.                                |                   |
| 18                  | FOOD                                      | \$ 10,000.                                |                   |
| 31                  | FOOD                                      | \$ 210,000.                               |                   |
|                     |                                           | \$                                        |                   |

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) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     | <i>N/A</i>          |                 |                                     |
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |                                          |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|                                         |                                          |
|                                         |                                          |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |                                          |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|                                         |                                          |
|                                         |                                          |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |                                          |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|                                         |                                          |
|                                         |                                          |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |                                          |
|-----------------------------------------|------------------------------------------|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|                                         |                                          |
|                                         |                                          |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values.

- 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...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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).
2a Preservation of land for public use
2b Protection of natural habitat
2c Preservation of open space
2d Preservation of a historically important land area
2e Preservation of a certified historic structure

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.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d for conservation easement statistics.

- 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?
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)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

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.

- 1 a 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 |
|---------------------------------|--------|
| c Beginning balance             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |
- 2 a 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 |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance                    |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g 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%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                            | Yes    | No |
|--------------------------------------------------------------------------------------------|--------|----|
| (i) Unrelated organizations                                                                | 3a(i)  |    |
| (ii) Related organizations                                                                 | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

**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 |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land                                                                                               |                                      | 50,000.                         |                              | 50,000.        |
| b Buildings                                                                                            |                                      | 318,681.                        | 166,390.                     | 152,291.       |
| c Leasehold improvements                                                                               |                                      | 20,700.                         | 20,137.                      | 563.           |
| d Equipment                                                                                            |                                      | 231,834.                        | 151,842.                     | 79,992.        |
| e Other                                                                                                |                                      | 17,767.                         | 9,366.                       | 8,401.         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 291,247.       |

**Part VII Investments – Other Securities.** N/A  
 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.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.) |                |                                                           |

**Part VIII Investments – Program Related.** N/A  
 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.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) |                |                                                           |

**Part IX Other Assets.** N/A  
 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.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.) |                |

**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) CREDIT CARD PAYABLE                                                     | 8,536.         |
| (3) PAYROLL TAX PAYABLE                                                     | 4,377.         |
| (4) ROUNDING                                                                | 1.             |
| (5)                                                                         |                |
| (6)                                                                         |                |
| (7)                                                                         |                |
| (8)                                                                         |                |
| (9)                                                                         |                |
| (10)                                                                        |                |
| (11)                                                                        |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) | 12,914.        |

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.

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

**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.

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

**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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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.

OMB No. 1545-0047

**2022**

**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 |
|-----------------------------------------------------------------|-----------------|----------------------------------------------------------------|----|-----------------------------------|---------------------------------------------------------------------|---------------------------------------------------|
|                                                                 |                 | Yes                                                            | No |                                   |                                                                     |                                                   |
| 1 BAMBU NONPROFIT STRG<br>1165 WOODHILL DR<br>GIBSONIA PA 15044 | GRANTS STRATEGY |                                                                | X  |                                   | 24,000.                                                             |                                                   |
| 2                                                               |                 |                                                                |    |                                   |                                                                     |                                                   |
| 3                                                               |                 |                                                                |    |                                   |                                                                     |                                                   |
| 4                                                               |                 |                                                                |    |                                   |                                                                     |                                                   |
| 5                                                               |                 |                                                                |    |                                   |                                                                     |                                                   |
| 6                                                               |                 |                                                                |    |                                   |                                                                     |                                                   |
| 7                                                               |                 |                                                                |    |                                   |                                                                     |                                                   |
| 8                                                               |                 |                                                                |    |                                   |                                                                     |                                                   |
| 9                                                               |                 |                                                                |    |                                   |                                                                     |                                                   |
| 10                                                              |                 |                                                                |    |                                   |                                                                     |                                                   |
| <b>Total</b> .....                                              |                 |                                                                |    |                                   | 24,000.                                                             | 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.

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

**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.

|                 |   | (a) Bingo                                                          | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming                                                    | (d) Total gaming                                                    |
|-----------------|---|--------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
|                 |   |                                                                    |                                                                     |                                                                     | (add column (a) through column (c))                                 |
| Revenue         | 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: \_\_\_\_\_
- 10 a 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 | 13 a | % |
| b An outside facility         | 13 b | % |

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

Name -----

Address -----

- 15 a 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 L  
(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2022**

**Open To Public  
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
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.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **OUR FATHER'S HOUSE SOUP KITCHEN, INC**  
Employer identification number: **65-0150748**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1   | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|-----|---------------------------------|---------------------------------------------------------------|--------------------------------|----------------|----|
|     |                                 |                                                               |                                | Yes            | No |
| (1) |                                 |                                                               |                                |                |    |
| (2) |                                 |                                                               |                                |                |    |
| (3) |                                 |                                                               |                                |                |    |
| (4) |                                 |                                                               |                                |                |    |
| (5) |                                 |                                                               |                                |                |    |
| (6) |                                 |                                                               |                                |                |    |

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                               |                                    |                     | (1)                                   |      |                               |                 |                 |    |                                     |    |                        |    |
| (2)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (3)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)                          |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| <b>Total</b> .....            |                                    |                     |                                       |      |                               | \$              |                 |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|-----------------------------------------------------------------|--------------------------|------------------------|---------------------------|
| (1)                           |                                                                 |                          |                        |                           |
| (2)                           |                                                                 |                          |                        |                           |
| (3)                           |                                                                 |                          |                        |                           |
| (4)                           |                                                                 |                          |                        |                           |
| (5)                           |                                                                 |                          |                        |                           |
| (6)                           |                                                                 |                          |                        |                           |
| (7)                           |                                                                 |                          |                        |                           |
| (8)                           |                                                                 |                          |                        |                           |
| (9)                           |                                                                 |                          |                        |                           |
| (10)                          |                                                                 |                          |                        |                           |

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                | Yes                                     | No |
| (1) SUBSTANTIAL CONTRIBUTOR   | INVESTMENTS                                                     | 2,404.                    | INVESTMENT ADVISOR FEES        |                                         | X  |
| (2)                           |                                                                 |                           |                                |                                         |    |
| (3)                           |                                                                 |                           |                                |                                         |    |
| (4)                           |                                                                 |                           |                                |                                         |    |
| (5)                           |                                                                 |                           |                                |                                         |    |
| (6)                           |                                                                 |                           |                                |                                         |    |
| (7)                           |                                                                 |                           |                                |                                         |    |
| (8)                           |                                                                 |                           |                                |                                         |    |
| (9)                           |                                                                 |                           |                                |                                         |    |
| (10)                          |                                                                 |                           |                                |                                         |    |

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

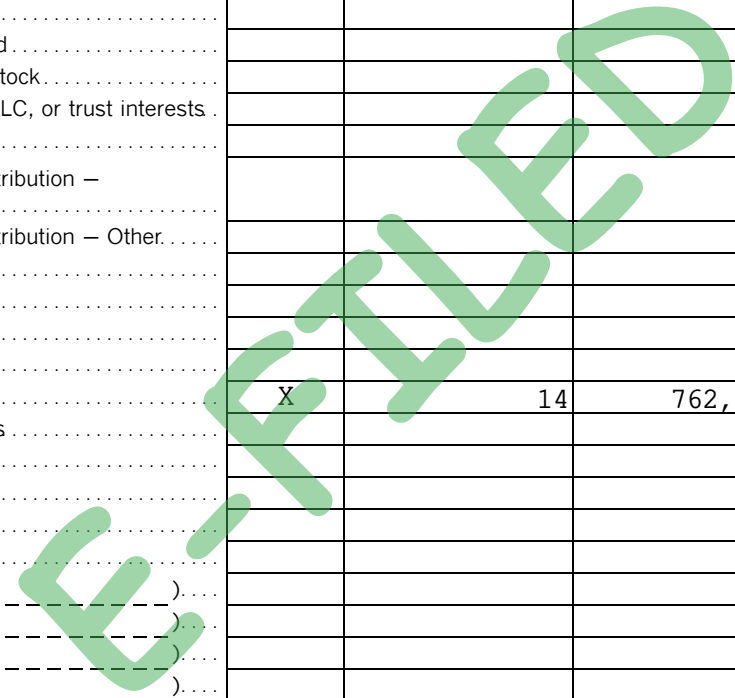
OUR FATHER'S HOUSE SOUP KITCHEN, INC

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                                  | X                             |                                                           | 15,000.                                                                               |                                                              |
| 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                                                        | 762,667.                                                                              |                                                              |
| 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 V, Donee Acknowledgement 29

|                                                                                                                                                                                                                                                                                                 | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? |     | X  |
| 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?                                                                                                                                                                               |     | X  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?                                                                                                                                                                |     | X  |
| b If "Yes," describe 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.                                                                                                                                                       |     |    |

**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.

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**SCHEDULE O  
(Form 990)**

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

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

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

**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

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**SUPPLEMENTAL WORKSHEETS**

**NOT INCLUDED WITH FILED  
COPY OF RETURN**

## OUR FATHER'S HOUSE SOUP KITCHEN, INC

65-0150748

|                                           | 2022      | 2021      | DIFF     |
|-------------------------------------------|-----------|-----------|----------|
| <b>REVENUE</b>                            |           |           |          |
| CONTRIBUTIONS AND GRANTS.....             | 1,340,644 | 1,339,278 | 1,366    |
| INVESTMENT INCOME.....                    | -63,990   | 142       | -64,132  |
| OTHER REVENUE.....                        | 469       | -17,394   | 17,863   |
| TOTAL REVENUE.....                        | 1,277,123 | 1,322,026 | -44,903  |
| <b>EXPENSES</b>                           |           |           |          |
| SALARIES, OTHER COMPEN., EMP. BENEFITS... | 153,947   | 177,994   | -24,047  |
| PROFESSIONAL FUNDRAISING EXPENSES.....    | 24,000    | 0         | 24,000   |
| OTHER EXPENSES.....                       | 1,039,833 | 807,927   | 231,906  |
| TOTAL EXPENSES.....                       | 1,217,780 | 985,921   | 231,859  |
| <b>NET ASSETS OR FUND BALANCES</b>        |           |           |          |
| REVENUE LESS EXPENSES.....                | 59,343    | 336,105   | -276,762 |
| TOTAL ASSETS AT END OF YEAR.....          | 1,225,192 | 1,170,672 | 54,520   |
| TOTAL LIABILITIES AT END OF YEAR.....     | 13,840    | 18,663    | -4,823   |
| NET ASSETS/FUND BALANCES AT END OF YEAR.  | 1,211,352 | 1,152,009 | 59,343   |

2022

**GENERAL INFORMATION**

**PAGE 1**

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

**65-0150748**

**FORMS NEEDED FOR THIS RETURN**

FEDERAL: 990, SCH A, SCH B, SCH D, SCH G, SCH L, SCH M, SCH O, 8868

**CARRYOVERS TO 2023**

NONE

OUR FATHER'S HOUSE SOUP KITCHEN, INC

65-0150748

**RENTAL INCOME WORKSHEET  
FORM 990**

**BAYS 2 & 3**

|                           |    |                |
|---------------------------|----|----------------|
| GROSS RENTAL INCOME.....  | \$ | 800.           |
| EXPENSES                  |    |                |
| DEPRECIATION.....         |    | 125.           |
| INSURANCE.....            |    | 81.            |
| UTILITIES.....            |    | 125.           |
| TOTAL EXPENSES.....       | \$ | <u>331.</u>    |
| NET RENTAL INCOME OR LOSS |    | <u>\$ 469.</u> |

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

|                | PROGRAM<br>SERVICES<br>TOTAL | FORM 990   | SOURCE                     |
|----------------|------------------------------|------------|----------------------------|
| TOTAL EXPENSES | 1,151,016.                   | 1,151,016. | 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 |
|-----------------------|-------------------|----------------------------|--------------------------------|--------------------|
| AUTO/TRUCK EXPENSE    | 22,346.           | 20,111.                    | 2,235.                         |                    |
| CLIENT ASSISTANCE     | 9,236.            | 9,236.                     |                                |                    |
| REPAIRS & MAINTENANCE | 20,066.           | 10,253.                    | 9,813.                         |                    |
| SUPPLIES              | 20,570.           | 18,472.                    | 2,098.                         |                    |
| TOTAL                 | <u>\$ 72,218.</u> | <u>\$ 58,072.</u>          | <u>\$ 14,146.</u>              | <u>\$ 0.</u>       |

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. |
|------------------------------|-------------------------|---------------|-----------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|------|------|------------------|
| 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            | 400            | S/L    | 5    |      | 0                |
| 47                           | 2012 GMC SIERRA         | 12/15/17      |           | 28,001         |              |                     |                            |                                      |                            |                            | 28,001         | 22,867         | S/L    | 5    |      | 5,134            |
| 58                           | 2019 ACURA              | 6/28/21       |           | 33,566         |              |                     |                            |                                      |                            |                            | 33,566         | 3,357          | S/L    | 5    |      | 6,713            |
| TOTAL AUTO / TRANSPORT EQUIP |                         |               |           | 87,424         |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 87,424         | 52,081         |        |      |      | 11,847           |
| BUILDINGS                    |                         |               |           |                |              |                     |                            |                                      |                            |                            |                |                |        |      |      |                  |
| 2                            | BUILDING - BAY 1        | 1/23/00       |           | 30,000         |              |                     |                            |                                      |                            |                            | 30,000         | 16,455         | S/L    | 40   |      | 750              |
| 4                            | BUILDING - BAY 4        | 1/23/00       |           | 40,000         |              |                     |                            |                                      |                            |                            | 40,000         | 21,940         | S/L    | 40   |      | 1,000            |
| 6                            | BUILDING - BAY 5        | 1/23/00       |           | 40,000         |              |                     |                            |                                      |                            |                            | 40,000         | 21,940         | S/L    | 40   |      | 1,000            |
| 8                            | BUILDING - BAY 6        | 1/23/00       |           | 30,000         |              |                     |                            |                                      |                            |                            | 30,000         | 16,455         | S/L    | 40   |      | 750              |
| 10                           | CONTRACTRO IMPROVEMENTS | 6/30/01       |           | 46,718         |              |                     |                            |                                      |                            |                            | 46,718         | 23,951         | 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            | 165            | S/L    | 40   |      | 8                |
| 13                           | OUTSIDE IMPROVEMENTS    | 6/30/01       |           | 4,050          |              |                     |                            |                                      |                            |                            | 4,050          | 2,073          | S/L    | 40   |      | 101              |
| 32                           | CHAPEL WALLS & DOOR     | 10/29/15      |           | 5,439          |              |                     |                            |                                      |                            |                            | 5,439          | 743            | S/L    | 40   |      | 136              |
| 35                           | BUILDING - BAY 2        | 1/23/00       |           | 30,000         |              |                     |                            |                                      |                            |                            | 30,000         | 16,455         | S/L    | 40   |      | 750              |
| 37                           | BUILDING - BAY 3        | 1/23/00       |           | 30,000         |              |                     |                            |                                      |                            |                            | 30,000         | 16,455         | S/L    | 40   |      | 750              |
| 41                           | OUTSIDE IMPROVEMENTS    | 9/30/16       |           | 5,763          |              |                     |                            |                                      |                            |                            | 5,763          | 756            | S/L    | 40   |      | 144              |
| 43                           | ROOF                    | 5/03/17       |           | 30,175         |              |                     |                            |                                      |                            |                            | 30,175         | 3,519          | S/L    | 40   |      | 754              |
| 44                           | ROOF                    | 5/17/17       |           | 7,542          |              |                     |                            |                                      |                            |                            | 7,542          | 4,937          | S/L    | 7    |      | 1,077            |
| 46                           | NEW A/C                 | 10/19/17      |           | 2,800          |              |                     |                            |                                      |                            |                            | 2,800          | 1,667          | S/L    | 7    |      | 400              |
| 51                           | NEW A/C 2               | 7/22/19       |           | 6,025          |              |                     |                            |                                      |                            |                            | 6,025          | 2,081          | S/L    | 7    |      | 861              |



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. |
|-----------------------------|--------------------------|---------------|-----------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|------|------|------------------|
| 52                          | NEW A/C                  | 11/08/19      |           | 3,596          |              |                     |                            |                                      |                            |                            | 3,596          | 1,114          | S/L    | 7    |      | 514              |
| 53                          | FLOORING                 | 5/30/20       |           | 9,773          |              |                     |                            |                                      |                            |                            | 9,773          | 2,210          | S/L    | 7    |      | 1,396            |
| TOTAL BUILDINGS             |                          |               |           | 324,120        |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 324,120        | 154,831        |        |      |      | 11,559           |
| FURNITURE AND FIXTURES      |                          |               |           |                |              |                     |                            |                                      |                            |                            |                |                |        |      |      |                  |
| 25                          | ROOF HATCH               | 2/25/09       |           | 1,158          |              |                     |                            |                                      |                            |                            | 1,158          | 1,003          | 150DB  | 15   |      | 16               |
| 27                          | SECURITY GATE            | 11/15/11      |           | 2,500          |              |                     |                            |                                      |                            |                            | 2,500          | 2,500          | 200DB  | 5    |      | 0                |
| 39                          | SIGN                     | 12/01/15      |           | 1,643          |              |                     |                            |                                      |                            |                            | 1,643          | 1,430          | S/L    | 7    |      | 213              |
| 40                          | DOOR                     | 12/12/16      |           | 3,627          |              |                     |                            |                                      |                            |                            | 3,627          | 2,633          | S/L    | 7    |      | 518              |
| 54                          | SECURITY LIGHTS          | 11/09/20      |           | 3,400          |              |                     |                            |                                      |                            |                            | 3,400          | 567            | S/L    | 7    |      | 486              |
| TOTAL FURNITURE AND FIXTURE |                          |               |           | 12,328         |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 12,328         | 8,133          |        |      |      | 1,233            |
| IMPROVEMENTS                |                          |               |           |                |              |                     |                            |                                      |                            |                            |                |                |        |      |      |                  |
| 26                          | PARKING LOT IMPROVEMENTS | 6/15/09       |           | 4,700          |              |                     |                            |                                      |                            |                            | 4,700          | 4,074          | 150DB  | 15   |      | 63               |
| 38                          | FENCE                    | 12/01/15      |           | 16,000         |              |                     |                            |                                      |                            |                            | 16,000         | 13,906         | S/L    | 7    |      | 2,094            |
| TOTAL IMPROVEMENTS          |                          |               |           | 20,700         |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 20,700         | 17,980         |        |      |      | 2,157            |
| LAND                        |                          |               |           |                |              |                     |                            |                                      |                            |                            |                |                |        |      |      |                  |
| 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                |
| 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                  |                          |               |           | 50,000         |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 50,000         | 0              |        |      |      | 0                |

## 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. |
|-------------------------|-----------------------|---------------|-----------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|------|------|------------------|
| MACHINERY AND EQUIPMENT |                       |               |           |                |              |                     |                            |                                      |                            |                            |                |                |        |      |      |                  |
| 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                |
| 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          | 1,202          | S/L    | 7    |      | 47               |
| 31                      | DELL COMPUTER         | 5/14/15       |           | 921            |              |                     |                            |                                      |                            |                            | 921            | 921            | S/L    | 5    |      | 0                |
| 42                      | WALK-IN-FRIDGE        | 3/03/17       |           | 6,300          |              |                     |                            |                                      |                            |                            | 6,300          | 4,350          | S/L    | 7    |      | 900              |
| 45                      | FREEZER               | 5/11/17       |           | 3,900          |              |                     |                            |                                      |                            |                            | 3,900          | 2,599          | S/L    | 7    |      | 557              |
| 48                      | COMPRESSOR            | 12/27/18      |           | 3,900          |              |                     |                            |                                      |                            |                            | 3,900          | 1,671          | S/L    | 7    |      | 557              |
| 49                      | REFRIGERATOR          | 1/07/19       |           | 2,942          |              |                     |                            |                                      |                            |                            | 2,942          | 1,260          | S/L    | 7    |      | 420              |
| 50                      | FREEZER               | 1/09/19       |           | 2,305          |              |                     |                            |                                      |                            |                            | 2,305          | 987            | S/L    | 7    |      | 329              |
| 55                      | FOUNTAIN              | 2/12/21       |           | 3,353          |              |                     |                            |                                      |                            |                            | 3,353          | 439            | S/L    | 7    |      | 479              |
| 56                      | OVEN                  | 6/21/21       |           | 5,339          |              |                     |                            |                                      |                            |                            | 5,339          | 381            | S/L    | 7    |      | 763              |
| 57                      | WALK-IN COOLER        | 11/30/21      |           | 5,877          |              |                     |                            |                                      |                            |                            | 5,877          | 70             | S/L    | 7    |      | 840              |
| 59                      | WASHER/DRIER          | 1/30/22       |           | 2,881          |              |                     |                            |                                      |                            |                            | 2,881          |                | S/L    | 7    |      | 377              |
| 60                      | 2 STALL SHOWER        | 7/21/22       |           | 34,500         |              |                     |                            |                                      |                            |                            | 34,500         |                | S/L    | 7    |      | 2,054            |

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. |
|-----|-----------------------------|---------------|-----------|----------------|--------------|---------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|----------------|----------------|--------|------|------|------------------|
| 61  | LUCAS A/C                   | 7/26/22       |           | 4,500          |              |                     |                            |                                      |                            |                            | 4,500          |                | S/L    | 7    |      | 268              |
|     | TOTAL MACHINERY AND EQUIPME |               |           | 144,410        |              | 0                   | 0                          | 0                                    | 0                          | 0                          | 144,410        | 80,323         |        |      |      | 7,591            |
|     | TOTAL DEPRECIATION          |               |           | <u>638,982</u> |              | <u>0</u>            | <u>0</u>                   | <u>0</u>                             | <u>0</u>                   | <u>0</u>                   | <u>638,982</u> | <u>313,348</u> |        |      |      | <u>34,387</u>    |
|     | GRAND TOTAL DEPRECIATION    |               |           | <u>638,982</u> |              | <u>0</u>            | <u>0</u>                   | <u>0</u>                             | <u>0</u>                   | <u>0</u>                   | <u>638,982</u> | <u>313,348</u> |        |      |      | <u>34,387</u>    |

## Our Father's House Soup Kitchen, Inc. 2024 Budget

| <b>INCOME:</b>                                                              | <b>2024</b>         |
|-----------------------------------------------------------------------------|---------------------|
| Public Donations                                                            | \$650,000           |
| Gifts in Kind                                                               | \$800,000           |
| Public Donations – Restricted                                               | \$0                 |
| Rental – Net                                                                | \$0                 |
| Interest/Investments                                                        | \$40,000            |
| Release of Temporary Restrictions                                           | \$0                 |
| <b>TOTAL</b>                                                                | <b>\$ 1,490,000</b> |
|                                                                             |                     |
| <b>EXPENSES:</b>                                                            | <b>2024</b>         |
| Food & Supplies                                                             | \$75,000            |
| Food & Supplies (in Kind)                                                   | \$800,000           |
| Client Assistance (direct)                                                  | \$23,000            |
| Client Bus Passes                                                           | \$4,000             |
| Expanded Program Services - Mobile Shower program implementation operations | \$25,000            |
| Expanded Program Services - Food delivery direct to neighborhoods           | \$20,000            |
| Salaries – Officers (administrative)                                        | \$16,000            |
| Bank Charges                                                                | \$1,500             |
| Salaries & Wages (Program Services)                                         | \$140,000           |
| Contract Labor & Temporary Help                                             | \$30,000            |
| Accounting Fees                                                             | \$4,000             |
| Auto & Truck Expense                                                        | \$26,250            |
| Advertising and Promotion                                                   | \$4,200             |
| Depreciation                                                                | \$36,000            |
| Equipment Rental                                                            | \$1,000             |
| Fundraising Expenses                                                        | \$30,000            |
| Dues & Subscriptions                                                        | \$750               |
| Insurance – Bldg.                                                           | \$9,500             |
| Insurance - D&O/EPL                                                         | \$1,000             |
| Insurance – Auto                                                            | \$7,000             |
| Licenses, permits and fees                                                  | \$735               |
| Pest Control                                                                | \$600               |
| Bldg. Maintenance & Upgrades                                                | \$146,000           |
| Postage and Freight                                                         | \$1,500             |
| Payroll Taxes                                                               | \$12,000            |
| Travel                                                                      | \$1,000             |

|                              |                     |
|------------------------------|---------------------|
| Utilities – phone & internet | \$4,500             |
| Utilities – Electricity      | \$17,000            |
| Utilities – Propane Gas      | \$2,500             |
| Utilities – Water & Sewer    | \$4,000             |
| Utilities – trash removal    | \$5,500             |
| Reserves                     | \$37,965            |
| Investment/Advisor Fees      | \$2,500             |
| <b>TOTAL</b>                 | <b>\$ 1,490,000</b> |

Our Father's House Soup Kitchen, Inc.  
2024-2025 Bike Academy Budget

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| <b>Income:</b>              |                 |
|-----------------------------|-----------------|
| Funding from General Budget | \$25,300        |
| Gifts in Kind               | \$500           |
| <b>TOTAL</b>                | <b>\$25,800</b> |

| <b>Expenses:</b>                         |                 |
|------------------------------------------|-----------------|
| Salary of one part-time coordinator      | \$12,000        |
| Replacement Parts                        | \$5,000         |
| Building Space (1,000 sq. ft.) Utilities | \$4,800         |
| Building Space Maintenance               | \$2,000         |
| Tools                                    | \$2,000         |
| <b>TOTAL</b>                             | <b>\$25,800</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 SCHEDULE**

The total amount awarded for the OUR FATHER'S HOUSE SOUP KITCHEN, INC. for Bike Academy for the current fiscal year is: Five Thousand Dollars (\$5,000.00).

There will be a lump sum payment issued in advance equal to Five Thousand Dollars (\$5,000.00). 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 lump sum narrative and 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.

All payments and reporting requirements apply for each project which is a part of the awarded contract.

## **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.

| <b>Type of Insurance</b>                          | <b>Limits of Liability</b>                                          |                         |
|---------------------------------------------------|---------------------------------------------------------------------|-------------------------|
| <b>GENERAL LIABILITY:</b>                         | Minimum \$1,000,000 Per Occurrence and<br>\$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                    |                         |
| -----                                             |                                                                     |                         |
| <b>AUTOMOBILE LIABILITY:</b>                      | Minimum \$10,000/\$20,000/\$10,000                                  |                         |
| XX comprehensive form                             |                                                                     |                         |
| XX owned                                          |                                                                     |                         |
| XX hired                                          |                                                                     |                         |
| XX non-owned                                      |                                                                     |                         |
| -----                                             |                                                                     |                         |
| <b>REAL &amp; PERSONAL PROPERTY</b>               |                                                                     |                         |
| — comprehensive form                              | Agent must show proof they have this coverage.                      |                         |
| -----                                             |                                                                     |                         |
| <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               |
| —                                                 | * 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.

**FLORIDA AUTO INSURANCE  
IDENTIFICATION CARD**

COMPANY: 01573  
OLD DOMINION INSURANCE COMPANY  
POLICY#: B1G32436 EFFECTIVE DATE: 09-13-2023  
YEAR: 2011 MAKE/MODEL: HONDA ODYSSEY MINI WAGON REGISTRATION PLATE #  
VEHICLE ID#: 5FNRL5H65BB080842

PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY  BODILY INJURY LIABILITY

NAMED: OUR FATHERS HOUSE INC  
INSURED: PO BOX 668571  
ADDRESS: POMPANO BEACH, FL 33066-8571  
(OPTIONAL)

IDCARDFL 07-04  
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTO INSURANCE  
IDENTIFICATION CARD**

COMPANY: 01573  
OLD DOMINION INSURANCE COMPANY  
POLICY#: B1G32436 EFFECTIVE DATE: 09-13-2023  
YEAR: 2012 MAKE/MODEL: GMC 1500 REGISTRATION PLATE #  
VEHICLE ID#: 3GTP1VE0XCG239248

PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY  BODILY INJURY LIABILITY

NAMED: OUR FATHERS HOUSE INC  
INSURED: PO BOX 668571  
ADDRESS: POMPANO BEACH, FL 33066-8571  
(OPTIONAL)

IDCARDFL 07-04  
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTO INSURANCE  
IDENTIFICATION CARD**

COMPANY: 01573  
OLD DOMINION INSURANCE COMPANY  
POLICY#: B1G32436 EFFECTIVE DATE: 09-13-2023  
YEAR: 2019 MAKE/MODEL: ACURA MDX REGISTRATION PLATE #  
VEHICLE ID#: 5J8YD3H36KL012454

PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY  BODILY INJURY LIABILITY

NAMED: OUR FATHERS HOUSE INC  
INSURED: PO BOX 668571  
ADDRESS: POMPANO BEACH, FL 33066-8571  
(OPTIONAL)

IDCARDFL 07-04  
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTO INSURANCE  
IDENTIFICATION CARD**

COMPANY: 01573  
OLD DOMINION INSURANCE COMPANY  
POLICY#: B1G32436 EFFECTIVE DATE: 09-13-2023  
YEAR: 2006 MAKE/MODEL: FREIGHTLINER FS65 REGISTRATION PLATE #  
VEHICLE ID#: 4UZAAXCS76CU43479

PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY  BODILY INJURY LIABILITY

NAMED: OUR FATHERS HOUSE INC  
INSURED: PO BOX 668571  
ADDRESS: POMPANO BEACH, FL 33066-8571  
(OPTIONAL)

IDCARDFL 07-04  
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTO INSURANCE  
IDENTIFICATION CARD**

COMPANY: VOID  
VOID  
POLICY#: VOID EFFECTIVE DATE: VOID  
YEAR: VOID MAKE/MODEL: VOID REGISTRATION PLATE #  
VEHICLE ID#: VOID

PERSONAL INJURY PROTECTION BENEFITS/PROPERTY DAMAGE LIABILITY  BODILY INJURY LIABILITY

NAMED: VOID  
INSURED: VOID  
ADDRESS: VOID  
(OPTIONAL) VOID  
VOID  
VOID

VOID VOID  
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

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IDENTIFICATION CARD**

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INSURED: VOID  
ADDRESS: VOID  
(OPTIONAL) VOID  
VOID  
VOID

VOID VOID  
NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND</b></p> <p><b>IN CASE OF ACCIDENT:</b> Report all accidents to your Agent/Company as soon as possible. Obtain the following information:</p> <ol style="list-style-type: none"> <li>1. Name and address of each driver, passenger and witness.</li> <li>2. Name of Insurance Company and policy number for each vehicle involved.</li> </ol> <p style="text-align: center;"><b>REPORT ACCIDENTS TO: 1-877-425-2467</b></p> <p style="text-align: center;">Rental car coverage is provided, see outline of coverage.<br/>MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR.</p> | <p style="text-align: center;"><b>THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND</b></p> <p><b>IN CASE OF ACCIDENT:</b> Report all accidents to your Agent/Company as soon as possible. Obtain the following information:</p> <ol style="list-style-type: none"> <li>1. Name and address of each driver, passenger and witness.</li> <li>2. Name of Insurance Company and policy number for each vehicle involved.</li> </ol> <p style="text-align: center;"><b>REPORT ACCIDENTS TO: 1-877-425-2467</b></p> <p style="text-align: center;">Rental car coverage is provided, see outline of coverage.<br/>MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR.</p> |
| <p style="text-align: center;"><b>THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND</b></p> <p><b>IN CASE OF ACCIDENT:</b> Report all accidents to your Agent/Company as soon as possible. Obtain the following information:</p> <ol style="list-style-type: none"> <li>1. Name and address of each driver, passenger and witness.</li> <li>2. Name of Insurance Company and policy number for each vehicle involved.</li> </ol> <p style="text-align: center;"><b>REPORT ACCIDENTS TO: 1-877-425-2467</b></p> <p style="text-align: center;">Rental car coverage is provided, see outline of coverage.<br/>MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR.</p> | <p style="text-align: center;"><b>THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND</b></p> <p><b>IN CASE OF ACCIDENT:</b> Report all accidents to your Agent/Company as soon as possible. Obtain the following information:</p> <ol style="list-style-type: none"> <li>1. Name and address of each driver, passenger and witness.</li> <li>2. Name of Insurance Company and policy number for each vehicle involved.</li> </ol> <p style="text-align: center;"><b>REPORT ACCIDENTS TO: 1-877-425-2467</b></p> <p style="text-align: center;">Rental car coverage is provided, see outline of coverage.<br/>MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR.</p> |
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NGM Insurance Company  
Old Dominion Insurance Company  
Main Street America Assurance Company  
MSA Insurance Company  
Grain Dealers Mutual Insurance Company  
Great Lakes Casualty Insurance Company  
Spring Valley Mutual Insurance Company  
Austin Mutual Insurance Company  
Main Street America Protection Insurance Company

**APPROVED** *Daniel Beecher*  
By Daniel Beecher at 2:59 pm, Aug 15, 2024

## PRIVACY NOTICE

As your insurer, our objective is to professionally serve your insurance needs. We recognize that in providing these services, we have an obligation to safeguard the personal information you entrust to us as well as other information we may collect as part of the insurance transaction.

This notice describes the privacy practices and standards we adopted to protect and ensure the confidentiality of your non-public personal information. All of our insurance companies listed above adhere to these practices and standards.

### OUR POLICY

We do not disclose any non-public personal information about our policyholders or claimants to any third parties except as permitted by law. Any such disclosures are made for the purpose of underwriting and transacting the business of your insurance coverage or your claim. We do not sell or provide your non-public personal information to others for their marketing purposes.

### THE INFORMATION WE COLLECT

We do not disclose any non-public information about you or about participants or claimants under your insurance policy to anyone, except as permitted by law, nor do we sell customer or policyholder information to mailing list companies or mass marketing companies. We may share information about you or about participants or claimants under your insurance policy in the normal business of conducting insurance operations, such as with your agent or broker; appraisers and independent adjusters who investigate, defend or settle your claims; insurance regulators; and your mortgage lender or lienholder.

### THE INFORMATION WE DISCLOSE

We do not disclose any non-public information about you or about participants or claimants under your insurance policy to anyone, except as permitted by law, nor do we sell customer or policyholder information to mailing list companies or mass marketing companies. We may share information about you or about participants or claimants under your insurance policy in the normal business of conducting insurance operations, such as with your agent or broker; appraisers and independent adjusters who investigate, defend or settle your claims; insurance regulators; and your mortgage lender or lienholder.

### HOW WE PROTECT YOUR PERSONAL INFORMATION

We restrict access to non-public personal information about you or about participants and claimants under your insurance policy to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with state and federal regulations to guard your non-public personal information. Our computer systems are also protected by additional measures intended to prevent unauthorized access.

### ADDITIONAL INFORMATION

If you would like to receive a copy of our privacy policy please contact us as follows:

Main Street America Group  
ATT: Privacy Compliance Coordinator  
55 West Street  
Keene, NH 03431

These privacy practices and standards have been put into place to protect your personal information. You will receive a reaffirmation of our privacy practices annually.

64-5960 (10/06)

INSURED COPY

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## COMMON POLICY CONDITIONS

All Coverage Parts included in this policy are subject to the following conditions.

### A. Cancellation

1. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.
2. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
  - a. 10 days before the effective date of cancellation if we cancel for nonpayment of premium; or
  - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us.
4. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
5. If this policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.
6. If notice is mailed, proof of mailing will be sufficient proof of notice.

### B. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

### C. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

### D. Inspections And Surveys

1. We have the right to:
  - a. Make inspections and surveys at any time;

- b. Give you reports on the conditions we find; and
- c. Recommend changes.

2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
  - a. Are safe or healthful; or
  - b. Comply with laws, regulations, codes or standards.

3. Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

### E. Premiums

The first Named Insured shown in the Declarations:

1. Is responsible for the payment of all premiums; and
2. Will be the payee for any return premiums we pay.

### F. Transfer Of Your Rights And Duties Under This Policy

Your rights and duties under this policy may not be transferred without our written consent except in the case of death of an individual named insured.

If you die, your rights and duties will be transferred to your legal representative but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties but only with respect to that property.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

(Broad Form)

This endorsement modifies insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE PART  
COMMERCIAL GENERAL LIABILITY COVERAGE PART  
FARM COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART  
RAILROAD PROTECTIVE LIABILITY COVERAGE PART  
UNDERGROUND STORAGE TANK POLICY

1. The insurance does not apply:
  - A. Under any Liability Coverage, to "bodily injury" or "property damage":
    - (1) With respect to which an "insured" under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or
    - (2) Resulting from the "hazardous properties" of "nuclear material" and with respect to which (a) any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or (b) the "insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.
  - B. Under any Medical Payments coverage, to expenses incurred with respect to "bodily injury" resulting from the "hazardous properties" of "nuclear material" and arising out of the operation of a "nuclear facility" by any person or organization.
  - C. Under any Liability Coverage, to "bodily injury" or "property damage" resulting from "hazardous properties" of "nuclear material", if:
    - (1) The "nuclear material" (a) is at any "nuclear facility" owned by, or operated by or on behalf of, an "insured" or (b) has been discharged or dispersed therefrom;
    - (2) The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of, by or on behalf of an "insured"; or
    - (3) The "bodily injury" or "property damage" arises out of the furnishing by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility", but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion (3) applies only to "property damage" to such "nuclear facility" and any property thereat.
2. As used in this endorsement:
 

"Hazardous properties" includes radioactive, toxic or explosive properties.

"Nuclear material" means "source material", "special nuclear material" or "by-product material".





"Source material", "special nuclear material", and "by-product material" have the meanings given them in the Atomic Energy Act of 1954 or in any law amendatory thereof.

"Spent fuel" means any fuel element or fuel component, solid or liquid, which has been used or exposed to radiation in a "nuclear reactor".

"Waste" means any waste material (a) containing "by-product material" other than the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its "source material" content, and (b) resulting from the operation by any person or organization of any "nuclear facility" included under the first two paragraphs of the definition of "nuclear facility".

"Nuclear facility" means:

- (a) Any "nuclear reactor";
- (b) Any equipment or device designed or used for (1) separating the isotopes of uranium or plutonium, (2) processing or utilizing "spent fuel", or (3) handling, processing or packaging "waste";

(c) Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235;

(d) Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of "waste";

and includes the site on which any of the foregoing is located, all operations conducted on such site and all premises used for such operations.

"Nuclear reactor" means any apparatus designed or used to sustain nuclear fission in a self-supporting chain reaction or to contain a critical mass of fissionable material.

"Property damage" includes all forms of radioactive contamination of property.



Policy Number  
B1G32436

SCHEDULE OF FORMS AND ENDORSEMENTS

OLD DOMINION INSURANCE COMPANY

Named Insured OUR FATHERS HOUSE INC

Effective Date: 09-13-23  
12:01 A.M., Standard Time

Agent Name PLASTRIDGE INS AGENCY-BOCA RTN

Agent No. 090283

COMMON POLICY FORMS AND ENDORSEMENTS

|            |       |                                         |
|------------|-------|-----------------------------------------|
| CO-DEC     | 01-97 | COMMON POLICY DECLARATIONS              |
| 64-5960    | 10-06 | PRIVACY NOTICE                          |
| IL 00 17   | 11-98 | COMMON POLICY CONDITIONS                |
| IL 00 21   | 09-08 | NUCLEAR ENERGY LIABILITY EXCLUSION ENDT |
| FORM-SCHED | 01-97 | SCHEDULE OF FORMS AND ENDORSEMENTS      |
| 60-5231    | 09-20 | ODIC SIGNATURE CLAUSE                   |

AUTOMOBILE FORMS AND ENDORSEMENTS

|                      |       |                                          |
|----------------------|-------|------------------------------------------|
| 64-K484              | 01-15 | VEHICLE SHARING EXCLUSION ENDORSEMENT    |
| AU-DEC C/W           | 03-06 | BUSINESS AUTO COVERAGE FORM DECLARATIONS |
| AU-DEC C/W CONTINUED | 03-06 | BUSINESS AUTO COVERAGE FORM DECLARATIONS |
| AU-DEC C/W CONTINUED | 03-06 | SCHEDULE OF COVERED AUTOS YOU OWN        |
| LOSS-PAYEE           | 05-97 | SCHEDULE OF LOSS PAYEE(S)                |
| CA 01 28             | 01-21 | FLORIDA CHANGES                          |
| 64-8722FL            | 10-18 | COMMERCIAL AUTO ELITE                    |
| CA 00 01             | 11-20 | BUSINESS AUTO COVERAGE FORM              |
| CA 99 44             | 10-13 | LOSS PAYABLE CLAUSE                      |
| 60-5249              | 05-96 | UNINSURED MOTORIST WAIVER                |
| 60-5250              | 07-00 | FLORIDA NO FAULT OPTIONS                 |
| 64-5655              | 04-98 | NOTICE                                   |
| CA 02 67             | 01-21 | FL CHANGES - CANCELLATION AND NONRENEWAL |
| CA 21 72             | 06-17 | FL UNINSURED MOTORISTS COV - NON STACKED |
| CA 22 10             | 01-21 | FL PERSONAL INJURY PROTECTION            |
| CA 99 03             | 10-13 | AUTO MEDICAL PAYMENTS COVERAGE           |

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**OLD DOMINION INSURANCE COMPANY**

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative. Old Dominion Insurance Company is a stock insurance company with headquarters located at:

4601 Touchton Road, East, Suite 3300  
P. O. Box 16100  
Jacksonville, FL 32245-6100  
Telephone: (800) 207-0457

If you have questions about your policy, contact your agent at the address and phone number shown on the Declaration page. You may also contact the company at the address and phone number shown above.

*Kimberly K. Law*

**Kimberly K. Law**  
Secretary

*Christopher L. Cox*

**Christopher L Cox**  
President

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**VEHICLE SHARING EXCLUSION ENDORSEMENT**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**A. The following exclusion is added to Covered Autos Liability Coverage:**

**Vehicle Sharing Programs**

This insurance does not apply to:

1. "Bodily injury" arising out of the ownership, maintenance or use of your "auto" while enrolled in a "vehicle sharing program" under the terms of a written agreement and while being used in connection with such "vehicle sharing program".
2. "Property damage" arising out of the ownership, maintenance or use of your "auto" while enrolled in a "vehicle sharing program" under the terms of a written agreement and while being used in connection with such "vehicle sharing program".

**B. The following exclusion is added to Physical Damage Coverage:**

**Vehicle Sharing Programs**

This insurance does not apply to:

1. "Loss" caused by or resulting from the ownership, maintenance or use of your "auto" while enrolled in a "vehicle sharing program" under the terms of a written agreement and while being used in connection with such "vehicle sharing program".

**C. Medical Payments**

If the Medical Payments Endorsement is attached to the policy, the following exclusion is added:

We do not provide Medical Payments Coverage for "Bodily Injury" arising out of the ownership, maintenance or use of your "auto" while enrolled in a "vehicle sharing program" under the terms of a written agreement and while being used in connection with such "vehicle sharing program".

**D. Uninsured Motorists and Underinsured Motorist Coverage Endorsements**

If the Uninsured Motorists and/or Underinsured Motorists Coverage Endorsements are attached to the policy, the following exclusion is added:

We do not provide Uninsured and/or Underinsured Motorists Coverage for "Bodily Injury" arising out of the ownership, maintenance or use of your "auto" while enrolled in a "vehicle sharing program" under the terms of a written agreement and while being used in connection with such "vehicle sharing program".

**E. Additional Definitions**

As used in this endorsement:

1. "Vehicle Sharing Program" means the arrangement of the lease, rental or sharing of your "auto" for any type of compensation.





**Policy Number: B1G32436**  
**Renewal of: B1G32436**  
**BUSINESS AUTO COVERAGE FORM DECLARATIONS**  
**OLD DOMINION INSURANCE COMPANY**

4601 TOUCHTON ROAD EAST, SUITE 3400, JACKSONVILLE, FL 32245-6000

**ITEM ONE**

|                                                                       |                                                                                                                                          |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Named Insured and Mailing Address</b>                              | <b>Agent Name and Address</b>                                                                                                            |
| OUR FATHERS HOUSE INC<br>PO BOX 668571<br>POMPANO BEACH FL 33066-8571 | PLASTRIDGE INS AGENCY-BOCA RTN<br><br>2100 N DIXIE HWY<br>BOCA RATON, FL 33431<br><br>Agent Phone No. (561) 395-1435<br>Agent No. 090283 |

**Policy Period** From: 09-13-2023 To: 09-13-2024 12:01 A.M., Standard Time

**ITEM TWO – SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

| Coverages                                                          | Covered Autos**                   | Limit<br>The most we will pay for any one accident or loss                    | Premium                                                                                                      |          |
|--------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|
| Liability                                                          | 7, 8, 9                           | \$ 30,000                                                                     | \$ 6,649                                                                                                     |          |
| Personal Injury Protection***                                      | 5                                 | Separately stated in each P.I.P. endorsement minus Ded.                       | \$ 567                                                                                                       |          |
| Added Personal Injury Protection****                               |                                   | Separately stated in each added P.I.P. endorsement.                           |                                                                                                              |          |
| Property Protection Insurance (Michigan only)                      |                                   | Separately stated in the P.P.I. endorsement minus Ded. for each accident      |                                                                                                              |          |
| Auto Medical Payments                                              | 7                                 | \$ 5,000                                                                      | \$ 95                                                                                                        |          |
| Medical Expense and Income Loss Benefits (Virginia only)           |                                   | Separately Stated In Each Medical Expense And Income loss Benefit Endorsement |                                                                                                              |          |
| Uninsured Motorists                                                | 7                                 | \$ 20,000                                                                     | \$ 392                                                                                                       |          |
| Underinsured Motorists (When not included in UM Coverage)          | 7                                 | \$ 20,000                                                                     | INCL                                                                                                         |          |
| P<br>H<br>D<br>Y<br>A<br>S<br>M<br>I<br>A<br>C<br>G<br>A<br>E<br>L | Comprehensive Coverage            | 7                                                                             | SEE SCHEDULE ded. for each covered auto, but no deductible applies to loss caused by fire or lightning.***** | \$ 649   |
|                                                                    | Specified Causes of Loss Coverage |                                                                               |                                                                                                              |          |
|                                                                    | Collision Coverage                | 7                                                                             | SEE SCHEDULE ded. for each covered auto.*****                                                                | \$ 1,416 |
|                                                                    | Towing and Labor                  |                                                                               | for each disablement of a private passenger "auto".                                                          |          |

|                                                                                                                                                         |                          |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------|
| Forms and Endorsements applying to this coverage part and made a part of this policy at time of issue:<br><b>SEE SCHEDULE OF FORMS AND ENDORSEMENTS</b> | <b>Tax/Surcharge/Fee</b> |             |
|                                                                                                                                                         | Premium for Endorsements | \$ 195      |
|                                                                                                                                                         | *Estimated Total Premium | \$ 9,963.00 |

\* This policy may be subject to final audit.  
 \*\* Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos.  
 \*\*\* Or equivalent No-Fault Coverage  
 \*\*\*\* Or equivalent added No-Fault coverage  
 \*\*\*\*\* See ITEM FOUR for Hired or Borrowed "Autos".  
 This policy declaration and the supplemental declaration(s), together with the common policy conditions, coverage parts, coverage form(s) and forms and endorsements, if any, complete the above numbered policy.

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**ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN**  
 SEE SCHEDULE OF COVERED AUTOS YOU OWN

**ITEM FOUR - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

| LIABILITY COVERAGE - RATING BASIS, COST OF HIRE |                                       |                                  |                                           |         |
|-------------------------------------------------|---------------------------------------|----------------------------------|-------------------------------------------|---------|
| STATE                                           | ESTIMATED COST OF HIRE FOR EACH STATE | RATE PER EACH \$100 COST OF HIRE | FACTOR (If Liability Coverage Is Primary) | PREMIUM |
| FL                                              | IF ANY                                | \$ 16.455                        | 6.000                                     | \$ 47   |
| <b>TOTAL PREMIUM</b>                            |                                       |                                  |                                           | \$ 47   |

| LIABILITY COVERAGE - RATING BASIS, NUMBER OF DAYS - (FOR MOBILE OR FARM EQUIPMENT) - RENTAL PERIOD BASIS |                                                   |              |        |         |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------|--------|---------|
| STATE                                                                                                    | ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED | BASE PREMIUM | FACTOR | PREMIUM |
| <b>TOTAL PREMIUM</b>                                                                                     |                                                   |              |        |         |

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

**PHYSICAL DAMAGE COVERAGE**

| COVERAGES                | LIMIT OF INSURANCE                                                                                                                                             | ESTIMATED ANNUAL COST OF HIRE | RATE PER EACH \$100 ANNUAL COST OF HIRE | PREMIUM |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------|---------|
| COMPREHENSIVE            | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. |                               |                                         |         |
| SPECIFIED CAUSES OF LOSS | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.                       |                               |                                         |         |
| COLLISION                | ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO.                                                                |                               |                                         |         |
| <b>TOTAL PREMIUM</b>     |                                                                                                                                                                |                               |                                         |         |

**ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY**

| NAMED INSURED'S BUSINESS                                                    | RATING BASIS                                                             | NUMBER | PREMIUM |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------|--------|---------|
| Other Than Garage Service Operations And Other than Social Service Agencies | Number Of Employees                                                      | 25     | 209     |
|                                                                             | Number Of Partners                                                       |        |         |
| Garage Service Operations                                                   | Number of Employees Whose Principal Duty Involves The Operation of Autos |        |         |
| Social Service Agencies                                                     | Number Of Employees                                                      |        |         |
|                                                                             | Number Of Volunteers                                                     |        |         |
| <b>TOTAL</b>                                                                |                                                                          |        | 209     |

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Policy Number  
B1G32436

SCHEDULE OF COVERED AUTOS YOU OWN

OLD DOMINION INSURANCE COMPANY

Named Insured OUR FATHERS HOUSE INC

Effective Date: 09-13-23  
12:01 A.M., Standard Time

Agent Name PLASTRIDGE INS AGENCY-BOCA RTN

Agent No. 090283

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

| Covered Auto No. | Description                                                                               | Except for towing, all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss. |
|------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
|                  | Year, Model, Trade Name, Body Type, Serial Number(s), Vehicle Identification Number (VIN) |                                                                                                                                               |
| FL1              | 2011, HONDA ODYSSEY MINI WAGON,<br>5FNRL5H65BB080842                                      | See Schedule of Loss Payees, if applicable                                                                                                    |
| FL2              | 2012, GMC 1500, 3GTP1VE0XCG239248                                                         |                                                                                                                                               |
| FL3              | 2019, ACURA MDX, 5J8YD3H36KL012454                                                        |                                                                                                                                               |
| FL4              | 2006, FREIGHTLINER FS65, 4UZAAXCS76CU43479                                                |                                                                                                                                               |

| Covered Auto No. | Territory                                                   | Purchased         |                                | Classification                                                          |
|------------------|-------------------------------------------------------------|-------------------|--------------------------------|-------------------------------------------------------------------------|
|                  | Town & State Where Covered Auto Will Be Principally Garaged | Original Cost New | Actual Cost & New (N) Used (U) | Business Use<br>S = Service<br>R = Retail<br>C = Commercial<br>F = Farm |
| FL1              | POMPANO BEACH<br>FL, 119,                                   | \$ 34,450         | ACV                            | C                                                                       |
| FL2              | POMPANO BEACH<br>FL, 119,                                   | \$ 32,765         | ACV                            | C                                                                       |
| FL3              | POMPANO BEACH<br>FL, 119,                                   | \$ 44,300         | ACV                            |                                                                         |
| FL4              | POMPANO BEACH<br>FL, 119,                                   | \$ 57,351         | ACV                            | C                                                                       |

| Covered Auto No. | Classification      |                                           |           |                       |              |                         |       |
|------------------|---------------------|-------------------------------------------|-----------|-----------------------|--------------|-------------------------|-------|
|                  | Radius of Operation | Size GVW, GCW or Vehicle Seating Capacity | Age Group | Primary Rating Factor |              | Secondary Rating Factor | Code  |
|                  |                     |                                           |           | Liab.                 | Phys. Damage |                         |       |
| FL1              | 50                  | 5,952                                     | 13        | 1.04                  | 0.39         | 1.00                    | 03199 |
| FL2              | 50                  | 6,400                                     | 12        | 1.04                  | 0.41         | 1.00                    | 03199 |
| FL3              |                     | 6,000                                     | 5         |                       |              |                         | 73910 |
| FL4              | 50                  | 26,001                                    | 18        | 1.04                  | 0.45         | 1.00                    | 33199 |

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Policy Number  
B1G32436

SCHEDULE OF COVERED AUTOS YOU OWN (Continued)  
OLD DOMINION INSURANCE COMPANY

Named Insured OUR FATHERS HOUSE INC

Effective Date: 09-13-23  
12:01 A.M., Standard Time

Agent Name PLASTRIDGE INS AGENCY-BOCA RTN

Agent No. 090283

| Covered Auto No. | Coverages - Premiums, Limits and Deductibles<br>(Absence of a deductible or limit entry in any column below means that the limit or deductible in the corresponding ITEM TWO column applies instead) |          |                                                                            |                                                           |                                                 |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------|
|                  | Liability                                                                                                                                                                                            |          | P.I.P.                                                                     |                                                           | Added P.I.P.                                    |
|                  | Limit (In Thousands)                                                                                                                                                                                 | Premium  | Limit Stated in each P.I.P. endt. minus ded. shown below                   | Premium                                                   | Limit Stated in each added P.I.P. endt. Premium |
| FL1              | \$ 30                                                                                                                                                                                                | \$ 1,809 |                                                                            | \$ 143                                                    |                                                 |
| FL2              | \$ 30                                                                                                                                                                                                | \$ 1,848 |                                                                            | \$ 143                                                    |                                                 |
| FL3              | \$ 30                                                                                                                                                                                                | \$ 1,047 |                                                                            | \$ 138                                                    |                                                 |
| FL4              | \$ 30                                                                                                                                                                                                | \$ 1,689 |                                                                            | \$ 143                                                    |                                                 |
| Total Prem.      |                                                                                                                                                                                                      | \$ 6,393 |                                                                            | \$ 567                                                    |                                                 |
| Covered Auto No. | Auto Medical Payments                                                                                                                                                                                |          | Medical Expense and Income Loss Benefits (Virginia Only)                   |                                                           |                                                 |
|                  | Limit                                                                                                                                                                                                | Premium  | Limit Stated in Each Medical Expense and Income Loss Endt. For Each Person | Premium                                                   |                                                 |
| FL1              | \$ 5,000                                                                                                                                                                                             | \$ 20    |                                                                            |                                                           |                                                 |
| FL2              | \$ 5,000                                                                                                                                                                                             | \$ 20    |                                                                            |                                                           |                                                 |
| FL3              | \$ 5,000                                                                                                                                                                                             | \$ 35    |                                                                            |                                                           |                                                 |
| FL4              | \$ 5,000                                                                                                                                                                                             | \$ 20    |                                                                            |                                                           |                                                 |
| Total Prem.      |                                                                                                                                                                                                      | \$ 95    |                                                                            |                                                           |                                                 |
| Covered Auto No. | Uninsured Motorists                                                                                                                                                                                  |          | Underinsured Motorists                                                     | Property Protection (Michigan Only)                       |                                                 |
|                  | Limit (In Thousands)                                                                                                                                                                                 | Premium  | Premium                                                                    | Limit stated in P.P.I. Endt. minus deductible shown below | Premium                                         |
| FL1              | \$ 20                                                                                                                                                                                                | \$ 80    |                                                                            | INCL                                                      |                                                 |
| FL2              | \$ 20                                                                                                                                                                                                | \$ 80    |                                                                            | INCL                                                      |                                                 |
| FL3              | \$ 20                                                                                                                                                                                                | \$ 107   |                                                                            | INCL                                                      |                                                 |
| FL4              | \$ 20                                                                                                                                                                                                | \$ 80    |                                                                            | INCL                                                      |                                                 |
| Total Prem.      |                                                                                                                                                                                                      | \$ 347   |                                                                            | INCL                                                      |                                                 |
| Covered Auto No. | Comprehensive                                                                                                                                                                                        |          |                                                                            | Specified Causes of Loss                                  |                                                 |
|                  | Limit stated in ITEM TWO minus deductible shown below                                                                                                                                                | Premium  | Limit stated in ITEM TWO minus deductible shown below                      | Premium                                                   |                                                 |
| FL1              | \$ 500 ACV                                                                                                                                                                                           | \$ 124   |                                                                            |                                                           |                                                 |
| FL2              | \$ 500 ACV                                                                                                                                                                                           | \$ 130   |                                                                            |                                                           |                                                 |
| FL3              | \$ 500 ACV                                                                                                                                                                                           | \$ 274   |                                                                            |                                                           |                                                 |
| FL4              | \$ 500 ACV                                                                                                                                                                                           | \$ 121   |                                                                            |                                                           |                                                 |
| Total Prem.      |                                                                                                                                                                                                      | \$ 649   |                                                                            |                                                           |                                                 |
| Covered Auto No. | Collision                                                                                                                                                                                            |          | Towing and Labor                                                           |                                                           |                                                 |
|                  | Limit stated in ITEM TWO minus deductible shown below                                                                                                                                                | Premium  | Limit per disablement                                                      | Premium                                                   |                                                 |
| FL1              | \$ 500 ACV                                                                                                                                                                                           | \$ 257   |                                                                            |                                                           |                                                 |
| FL2              | \$ 500 ACV                                                                                                                                                                                           | \$ 271   |                                                                            |                                                           |                                                 |
| FL3              | \$ 500 ACV                                                                                                                                                                                           | \$ 559   |                                                                            |                                                           |                                                 |
| FL4              | \$ 500 ACV                                                                                                                                                                                           | \$ 329   |                                                                            |                                                           |                                                 |
| Total Prem.      |                                                                                                                                                                                                      | \$ 1,416 |                                                                            |                                                           |                                                 |

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**Policy Number:**

B1G32436

**SCHEDULE OF LOSS PAYEE(S)**

**OLD DOMINION INSURANCE COMPANY**

Named Insured: OUR FATHERS HOUSE INC

Effective Date: 09/13/2023

12:01 A.M., Standard Time

Agent Name: PLASTRIDGE INS AGENCY-BOC

Agent No.: 090283

**Loss Payee and Mailing Address**

CHASE AUTO FINANCE  
PO BOX 901076  
FORT WORTH, TX USA 761012076

**Designation or Description of Auto(s)**

FL 2 2012 GMC 3GTP1VE0XCG239248

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **FLORIDA CHANGES**

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, Florida, this endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**A. Covered Autos Liability Coverage** is changed as follows:

Paragraph (5) of a. **Supplementary Payments** under **Coverage Extensions** in the Auto Dealers, Business Auto and Motor Carrier Coverage Forms is replaced by the following:

We will pay for the "insured":

- (5) All court costs taxed against the "insured" in any "suit" against the "insured" we defend. However, these payments do not include attorneys' fees or attorneys' expenses taxed against the "insured".

**B. Physical Damage Coverage** is changed as follows:

1. No deductible applies under Specified Causes Of Loss or Comprehensive Coverage for "loss" to glass used in the windshield.
2. All other **Physical Damage Coverage** provisions will apply.

**C. Paragraph 1. of Loss Conditions, Appraisal For Physical Damage Loss**, is replaced by the following:

**1. Appraisal For Physical Damage Loss**

If you and we disagree on the amount of "loss", either may demand an appraisal of the "loss". Upon notice of a demand for appraisal, the opposing party may, prior to appraisal, demand mediation of the dispute in accordance with the Mediation provision contained in this endorsement. The mediation must be completed before a demand for appraisal can be made. In this event, each party will select a competent appraiser. The two appraisers will select a competent and impartial umpire. The appraisers will state separately the actual cash value and amount of "loss". If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and



b. Bear the other expenses of the appraisal and umpire equally.

If we submit to an appraisal, we will still retain our right to deny the claim.

D. The **General Conditions** are amended as follows:

1. The following is added to the **Other Insurance** Condition in the Auto Dealers and Business Auto Coverage Forms, and **Other Insurance – Primary And Excess Provisions** Condition in the Motor Carrier Coverage Form:

a. When this Coverage Form and any other Coverage Form or policy providing liability coverage applies to an "auto" and:

- (1) One provides coverage to a lessor of "autos" for rent or lease; and
- (2) The other provides coverage to a person not described in Paragraph D.1.a.(1);

then the Coverage Form or policy issued to the lessor described in Paragraph D.1.a.(1) is excess over any insurance available to a person described in D.1.a.(2) if the face of the lease or rental agreement contains, in at least 10 point type, the following language:

The valid and collectible liability insurance and personal injury protection insurance of any authorized rental or leasing driver is primary for the limits of liability and personal injury protection coverage required by FLA. STAT. SECTION 324.021(7) and FLA. STAT. SECTION 627.736.

b. When this Coverage Form and any other Coverage Form or policy providing liability coverage applies to an "auto" being used as a temporary substitute for a service customer's auto that is being held by a motor vehicle dealer, or a motor vehicle dealer's leasing or rental affiliate for repair, service or adjustment; and:

- (1) One provides coverage to the service customer; and
- (2) The other provides coverage to a motor vehicle dealer, or a motor vehicle dealer's leasing or rental affiliate;

then the Coverage Form or policy issued to the service customer described in Paragraph D.1.b.(1) is primary over any insurance available to an entity described in D.1.b.(2) if:

- (1) The vehicle is provided without charge or at a reasonable daily charge;
- (2) There is no negligence or criminal wrongdoing on the part of the vehicle dealer, or its leasing or rental affiliate; and
- (3) The vehicle dealer or its leasing or rental affiliate executes a written rental or use agreement and obtains from the person receiving the temporary replacement a copy of the person's driver license and insurance information reflecting at least the minimum motor vehicle insurance coverage provided in the state.

2. The following condition is added to the Auto Dealers, Business Auto and Motor Carrier Coverage Forms:

#### **Mediation**

1. In any claim filed by an "insured" with us for:

- a. "Bodily injury" in an amount of \$10,000 or less, arising out of the ownership, operation, use or maintenance of a covered "auto";
- b. "Property damage" in any amount, arising out of the ownership, operation, maintenance or use of a covered "auto"; or
- c. "Loss" to a covered "auto" or its equipment, in any amount;

either party may make a written demand for mediation of the claim prior to the institution of litigation.

2. A written request for mediation must be filed with the Florida Department of Financial Services on an approved form, which may be obtained from the Florida Department of Financial Services.

3. The request must state:
  - a. Why mediation is being requested.
  - b. The issues in dispute, which are to be mediated.
4. The Florida Department of Financial Services will randomly select mediators. Each party may reject one mediator, either before or after the opposing side has rejected a mediator. The mediator will notify the parties of the date, time and place of the mediation conference. The mediation conference will be held within 45 days of the request for mediation. The conference will be held by telephone if feasible. Participants in the mediation conference must have the authority to make a binding decision, and must mediate in good faith. Each party will bear the expenses of the mediation equally, unless the mediator determines that one party has not mediated in good faith.
5. Only one mediation may be requested for each claim unless all parties agree to further mediation. A party demanding mediation shall not be entitled to demand or request mediation after a suit is filed relating to the same facts already mediated.
6. The mediation shall be conducted as an informal process and formal rules of evidence and procedures need not be observed.

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**COMMERCIAL AUTOMOBILE ELITE ENDORSEMENT**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

**1. BROAD FORM INSURED**

**A. Subsidiaries and Newly Acquired or Formed Organizations**

The Named Insured shown in the Declarations is amended to include:

- (1) Any legally incorporated subsidiary in which you own more than 50% of the voting stock on the effective date of the Coverage Form. However, the Named Insured does not include any subsidiary:
  - (a) That is an "insured" under any other automobile policy or
  - (b) That would be an "insured" under such a policy but for (i) its termination or (ii) the exhaustion of its Limit of Insurance.
- (2) Any organization that is acquired or formed by you and over which you maintain majority ownership. However, the Named Insured does not include any newly formed or acquired organization:
  - (a) That is a partnership, joint venture or limited liability company,
  - (b) That is an "insured" under any other policy,
  - (c) That has exhausted its Limit of Insurance under any other policy, or
  - (d) 180 days or more after its acquisition or formation by you, unless you have given us notice of the acquisition or formation.

Coverage does not apply to "bodily injury" or "property damage" that results from an "accident" that occurred before you formed or acquired the organization.

**B. Employees as Insureds**

Paragraph A.1. - **WHO IS AN INSURED - of SECTION II - LIABILITY COVERAGE** is amended to add:

Any "employee" of yours while using a covered "auto" you don't own, hire or borrow in your business or your personal affairs.

**C. Lessors as Insureds**

Paragraph A.1 - **WHO IS AN INSURED of Section II - LIABILITY COVERAGE** is amended to add:

- e. The lessor of a covered "auto" while the "auto" is leased to you under a written agreement if:
  - (1) The agreement requires you to provide direct primary insurance for the lessor and
  - (2) The "auto" is leased without a driver. Such a leased "auto" will be considered a covered "auto" you own and not a covered "auto" you hire.

**2. ADDITIONAL INSURED BY CONTRACT, PERMIT OR AGREEMENT**

The following is added to **A.1 WHO IS AN INSURED of SECTION II - LIABILITY COVERAGE**:

Any person or organization for whom you are required to name as an additional insured in a written contract or agreement that is executed or signed by you prior to a "bodily injury" or "property damage" occurrence is an "insured" for liability coverage, but only to the extent that person or organization qualifies as an "insured" under the **WHO IS AN INSURED** provision contained in **SECTION II** of the coverage form.

If specifically required by the written contract or agreement referenced in the paragraph above, any coverage provided by this endorsement to an additional insured shall be primary and any other valid and collectible insurance available to the additional insured shall be non-contributory with this insurance. If the written contract does not require this coverage to be primary and the additional insured's coverage to be non-contributory, then this insurance will be excess

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over any other valid and collectible insurance available to the additional insured.

### 3. AUTOS RENTED BY EMPLOYEES

Any "auto" hired or rented by your "employee" on your behalf and at your direction will be considered an "auto" you hire.

The **OTHER INSURANCE** Condition is amended by adding the following:

If an "employee's" personal insurance also applies on an excess basis to a covered "auto" hired or rented by your "employee" on your behalf and at your direction, this insurance will be primary to the "employee's" personal insurance.

### 4. HIRED AUTO PHYSICAL DAMAGE COVERAGE

If hired "autos" are covered "autos" for Liability Coverage and if Comprehensive, Specified Causes of Loss, or Collision coverages are provided under this Coverage Form for any "auto" you own, then the Physical Damage Coverages provided are extended to "autos" you hire or borrow, subject to the following limit. The most we will pay for "loss" to any hired "auto" is:

- (1) \$50,000;
- (2) The actual cash value of the damaged or stolen property at the time of the "loss"; or
- (3) The cost of repairing or replacing the damaged or stolen property,

whichever is smallest, minus a deductible. The deductible will be equal to the largest deductible applicable to any owned "auto" for that coverage. No deductible applies to "loss" caused by fire or lightning. Hired Auto Physical Damage coverage is excess over any other collectible insurance. Subject to the above limit, deductible and excess provisions, we will provide coverage equal to the broadest coverage applicable to any covered "auto" you own.

We will also cover loss of use of the hired "auto" if it results from an "accident", you are legally liable and the lessor incurs an actual financial loss, subject to a maximum of \$1,000 per "accident".

This extension of coverage does not apply to any "auto" you hire or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company), or members of their households.

### 5. PHYSICAL DAMAGE – ADDITIONAL TEMPORARY TRANSPORTATION EXPENSE COVERAGE

Paragraph A.4.a. of SECTION III – PHYSICAL DAMAGE COVERAGE is amended to provide a limit of \$75 per day and a maximum limit of \$2,250.

### 6. EXTRA EXPENSE – BROADENED COVERAGE

Under paragraph A. of SECTION III – PHYSICAL DAMAGE COVERAGE, the following Coverage is added:

We will pay for the expense of returning a stolen covered "auto" to you subject to Paragraph C. Limit of Insurance.

### 7. LEASE GAP COVERAGE

Under SECTION III - PHYSICAL DAMAGE COVERAGE, if a long-term leased "auto" is a covered "auto" and the lessor is named as an Additional Insured - Lessor, we will pay in the event of a total "loss" your additional legal obligation to the lessor for any difference between the actual cash value of the "auto" at the time of the "loss" and the "outstanding balance" of the lease.

"Outstanding balance" means the amount you owe on the lease at the time of "loss" less any amounts representing taxes; overdue payments; penalties, interest or charges resulting from overdue payments; additional mileage charges; excess wear and tear charges; lease termination fees.

### 8. AIRBAG COVERAGE

Under Paragraph B. Exclusions of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

The exclusion relating to mechanical breakdown does not apply to the accidental discharge of an air bag.

### 9. AMENDED DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT, OR LOSS

The requirement in 2.a of A. Loss Conditions, 2. Duties in the Event Of Accident, Claim, Suit or Loss of SECTION IV – BUSINESS AUTO CONDITIONS that you must notify us of an "accident" applies only when the "accident" is known to:

- (1) You, if you are an individual
- (2) A partner, if you are a partnership; or

- (3) A member, if you are a limited liability company; or
- (4) An executive officer or insurance manager, if you are a corporation.

**10. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS**

If you unintentionally fail to disclose any hazards existing at the inception date of your policy, we will not deny coverage under this Coverage Form because of such failure.

**11. WAIVER OF SUBROGATION**

**Transfer Of Rights Of Recovery Against Others To Us of SECTION IV – BUSINESS AUTO CONDITIONS** is amended by adding the following:

We waive any right of recovery we may have against any person or organization to or for whom we make payment and with whom you have a written contract that requires such waiver because of payments we make for damages under this Coverage Form.

**12. RESULTANT MENTAL ANGUISH COVERAGE**

The definition of "bodily injury" in **SECTION V – DEFINITIONS** is replaced by the following:

"Bodily injury" means bodily injury, sickness, or disease sustained by any person, including mental anguish or death resulting from any of these.

**13. NOTICE OF CANCELLATION TO THIRD PARTY**

The following is added to **A.2., Cancellation of COMMON POLICY CONDITIONS**

If we initiate a cancellation or non-renewal for any reason, other than non-payment of premium, we will mail notice of cancellation to the person or organization scheduled on the policy as an additional insured 30 days before the effective date of cancellation. We will mail such notice to the address of the Additional Insured scheduled on the policy and in at least 30 days before the effective date of the cancellation or non-renewal.

If the Insured initiates the cancellation or in case of non-payment of premium, we will not mail advance notice but, a final cancellation notice will be sent to the person or organization scheduled on the policy as an additional insured. We will mail such notice to the additional insured address upon final cancellation of the policy.

**14. Vehicle wrap coverage**

Paragraph **A. Coverage of SECTION III – PHYSICAL DAMAGE COVERAGE** is amended to include the following additional paragraph:

**Vehicle Wrap**

In the event of a "loss" to a covered "auto", we will provide the following coverage if such "loss" is caused by:

- A. Other than collision only if the Declarations indicates that comprehensive Coverage is provided for the covered "auto";
- B. Specified Causes Of Loss only if the Declarations indicates that Specified Causes Of Loss Coverage is provided for the covered "auto"; or
- C. Collision only if the Declarations indicates that Collision Coverage is provided for the covered "auto".

We will pay for "loss" to a "vehicle wrap" that is installed on the covered "auto". The most we will pay for "loss" is \$5,000 per policy period.

We will not pay for "loss" due to and confined to wear and tear; or damage to paint or the vehicle caused by faulty installation of a "vehicle wrap".

The "vehicle wrap" is subject to the Comprehensive deductible for the covered "auto", except in the event of a "loss" to a covered "auto" for which such vehicle is involved in a collision and there is both:

- (1) Collision damage to the vehicle; and
- (2) Damage to the "vehicle wrap"

Then the collision deductible will apply.

If the "vehicle wrap" is damaged in a collision the lesser of replacement cost or original purchase cost of the "vehicle wrap" will apply.

**SECTION V. DEFINITIONS** is amended to include the following additional definition.

"Vehicle Wrap" means self-adhesive vinyl decals or sheets applied to the exterior body or window of a covered "auto". Signs or other graphics painted or magnetically affixed to the vehicle are not considered vehicle wraps.



## 15. GARAGEKEEPERS

The most current version of endorsement CA 99 37 that is approved in your state is added to the policy on an Excess insurance basis with a maximum limit of \$10,000 and a \$500 deductible for each Customer's Auto for all perils. The limit is applicable on a blanket basis to all Insured owned locations.

## 16. ORIGINAL EQUIPMENT MANUFACTURER REPLACEMENT PARTS

**SECTION III – PHYSICAL DAMAGE COVERAGE, C. Limits of Insurance,** Paragraph 1. Is amended to include:

However, if the covered "auto" has less than 36,000 miles on its odometer, then the following condition will apply:

We will pay the cost to replace the damaged parts (excluding glass and mechanical parts) with new Original Equipment Manufacturer replacement parts if the damaged parts cannot be repaired.

## 17. FIRE DEPARTMENT SERVICE CHARGE

Paragraph A.4. Coverage Extensions of **SECTION III – PHYSICAL DAMAGE COVERAGE** is amended by adding the following:

### c. Fire Department Service Charge

When a fire department is called to save or protect a covered "auto", its equipment, its contents, or occupants from a covered cause of loss, we will pay up to \$1,500 for your liability for fire department service charges:

- (1) Assumed by contract or agreement prior to loss; or
- (2) Required by local ordinance

No deductible applies to this additional coverage.



## BUSINESS AUTO COVERAGE FORM

Various provisions in this Policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this Policy, the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section V – Definitions.

### SECTION I – COVERED AUTOS

Item Two of the Declarations shows the "autos" that are covered "autos" for each of your coverages. The following numerical symbols describe the "autos" that may be covered "autos". The symbols entered next to a coverage on the Declarations designate the only "autos" that are covered "autos".

#### A. Description Of Covered Auto Designation Symbols

| Symbol | Description Of Covered Auto Designation Symbols               |                                                                                                                                                                                                                                                                                                                                                     |
|--------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | Any "Auto"                                                    |                                                                                                                                                                                                                                                                                                                                                     |
| 2      | Owned "Autos" Only                                            | Only those "autos" you own (and for Covered Autos Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" you acquire ownership of after the Policy begins.                                                                                                                             |
| 3      | Owned Private Passenger "Autos" Only                          | Only the private passenger "autos" you own. This includes those private passenger "autos" you acquire ownership of after the Policy begins.                                                                                                                                                                                                         |
| 4      | Owned "Autos" Other Than Private Passenger "Autos" Only       | Only those "autos" you own that are not of the private passenger type (and for Covered Autos Liability Coverage any "trailers" you don't own while attached to power units you own). This includes those "autos" not of the private passenger type you acquire ownership of after the Policy begins.                                                |
| 5      | Owned "Autos" Subject To No-fault                             | Only those "autos" you own that are required to have no-fault benefits in the state where they are licensed or principally garaged. This includes those "autos" you acquire ownership of after the Policy begins provided they are required to have no-fault benefits in the state where they are licensed or principally garaged.                  |
| 6      | Owned "Autos" Subject To A Compulsory Uninsured Motorists Law | Only those "autos" you own that because of the law in the state where they are licensed or principally garaged are required to have and cannot reject Uninsured Motorists Coverage. This includes those "autos" you acquire ownership of after the Policy begins provided they are subject to the same state uninsured motorists requirement.       |
| 7      | Specifically Described "Autos"                                | Only those "autos" described in Item Three of the Declarations for which a premium charge is shown (and for Covered Autos Liability Coverage any "trailers" you don't own while attached to any power unit described in Item Three).                                                                                                                |
| 8      | Hired "Autos" Only                                            | Only those "autos" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households.                                                                            |
| 9      | Non-owned "Autos" Only                                        | Only those "autos" you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes "autos" owned by your "employees", partners (if you are a partnership), members (if you are a limited liability company) or members of their households but only while used in your business or your personal affairs. |



|           |                                                                                                              |                                                                                                                                                                                                                                                                                             |
|-----------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>19</b> | Mobile Equipment Subject To Compulsory Or Financial Responsibility Or Other Motor Vehicle Insurance Law Only | Only those "autos" that are land vehicles and that would qualify under the definition of "mobile equipment" under this Policy if they were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where they are licensed or principally garaged. |
|-----------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**B. Owned Autos**

1. If Symbols 1, 2, 3, 4, 5, 6 or 19 are entered next to a coverage in Item Two of the Declarations, then you have coverage for "autos" that you acquire after the policy period begins of the type described for the remainder of the policy period.
2. But, if Symbol 7 is entered next to a coverage in Item Two of the Declarations, an "auto" you acquire after the policy period begins will be a covered "auto" for that coverage only if:
  - a. We already cover all "autos" that you own for that coverage or it replaces an "auto" you previously owned that had that coverage; and
  - b. You tell us within 30 days after you acquire it that you want us to cover it for that coverage.
3. An "auto" that is leased or rented to you without a driver, under a written agreement for a continuous period of at least six months that requires you to provide primary insurance covering such "auto", will be considered a covered "auto" you own.

**C. Certain Trailers, Mobile Equipment And Temporary Substitute Autos**

If Covered Autos Liability Coverage is provided by this Coverage Form, the following types of vehicles are also covered "autos" for Covered Autos Liability Coverage:

1. "Trailers" with a registered Gross Vehicle Weight Rating of 3,000 pounds or less designed primarily for travel on public roads.
2. "Mobile equipment" while being carried or towed by a covered "auto".
3. Any "auto" you do not own while used with the permission of its owner as a temporary substitute for a covered "auto" you own that is out of service because of its:
  - a. Breakdown;

- b. Repair;
- c. Servicing;
- d. "Loss"; or
- e. Destruction.

**SECTION II – COVERED AUTOS LIABILITY COVERAGE**

**A. Coverage**

We will pay all sums an "insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, caused by an "accident" and resulting from the ownership, maintenance or use of a covered "auto".

We will also pay all sums an "insured" legally must pay as a "covered pollution cost or expense" to which this insurance applies, caused by an "accident" and resulting from the ownership, maintenance or use of covered "autos". However, we will only pay for the "covered pollution cost or expense" if there is either "bodily injury" or "property damage" to which this insurance applies that is caused by the same "accident".

We have the right and duty to defend any "insured" against a "suit" asking for such damages or a "covered pollution cost or expense". However, we have no duty to defend any "insured" against a "suit" seeking damages for "bodily injury" or "property damage" or a "covered pollution cost or expense" to which this insurance does not apply. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends when the Covered Autos Liability Coverage Limit of Insurance has been exhausted by payment of judgments or settlements.

**1. Who Is An Insured**

The following are "insureds":

- a. You for any covered "auto".
- b. Anyone else while using with your permission a covered "auto" you own, hire or borrow except:
  - (1) The owner or anyone else from whom you hire or borrow a covered "auto".

This exception does not apply if the covered "auto" is a "trailer" connected to a covered "auto" you own.

- (2) Your "employee" if the covered "auto" is owned by that "employee" or a member of his or her household.
  - (3) Someone using a covered "auto" while he or she is working in a business of selling, servicing, repairing, parking or storing "autos" unless that business is yours.
  - (4) Anyone other than your "employees", partners (if you are a partnership), members (if you are a limited liability company) or a lessee or borrower or any of their "employees", while moving property to or from a covered "auto".
  - (5) A partner (if you are a partnership) or a member (if you are a limited liability company) for a covered "auto" owned by him or her or a member of his or her household.
- c. Anyone liable for the conduct of an "insured" described above but only to the extent of that liability.

## 2. Coverage Extensions

### a. Supplementary Payments

We will pay for the "insured":

- (1) All expenses we incur.
- (2) Up to \$2,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (3) The cost of bonds to release attachments in any "suit" against the "insured" we defend, but only for bond amounts within our Limit of Insurance.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$250 a day because of time off from work.
- (5) All court costs taxed against the "insured" in any "suit" against the "insured" we defend. However, these payments do not include attorneys' fees or attorneys' expenses taxed against the "insured".

- (6) All interest on the full amount of any judgment that accrues after entry of the judgment in any "suit" against the "insured" we defend, but our duty to pay interest ends when we have paid, offered to pay or deposited in court the part of the judgment that is within our Limit of Insurance.

These payments will not reduce the Limit of Insurance.

### b. Out-of-state Coverage Extensions

While a covered "auto" is away from the state where it is licensed, we will:

- (1) Increase the Limit of Insurance for Covered Autos Liability Coverage to meet the limits specified by a compulsory or financial responsibility law of the jurisdiction where the covered "auto" is being used. This extension does not apply to the limit or limits specified by any law governing motor carriers of passengers or property.
- (2) Provide the minimum amounts and types of other coverages, such as no-fault, required of out-of-state vehicles by the jurisdiction where the covered "auto" is being used.

We will not pay anyone more than once for the same elements of loss because of these extensions.

## B. Exclusions

This insurance does not apply to any of the following:

### 1. Expected Or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the "insured".

### 2. Contractual

Liability assumed under any contract or agreement.

But this exclusion does not apply to liability for damages:

- a. Assumed in a contract or agreement that is an "insured contract", provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement; or



b. That the "insured" would have in the absence of the contract or agreement.

### 3. Workers' Compensation

Any obligation for which the "insured" or the "insured's" insurer may be held liable under any workers' compensation, disability benefits or unemployment compensation law or any similar law.

### 4. Employee Indemnification And Employer's Liability

"Bodily injury" to:

- a. An "employee" of the "insured" arising out of and in the course of:
  - (1) Employment by the "insured"; or
  - (2) Performing the duties related to the conduct of the "insured's" business; or
- b. The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph a. above.

This exclusion applies:

- (1) Whether the "insured" may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

But this exclusion does not apply to "bodily injury" to domestic "employees" not entitled to workers' compensation benefits or to liability assumed by the "insured" under an "insured contract". For the purposes of the Coverage Form, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.

### 5. Fellow Employee

"Bodily injury" to:

- a. Any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment or while performing duties related to the conduct of your business; or
- b. The spouse, child, parent, brother or sister of that fellow "employee" as a consequence of Paragraph a. above.

### 6. Care, Custody Or Control

"Property damage" to or "covered pollution cost or expense" involving property owned or transported by the "insured" or in the "insured's" care, custody or control. But this exclusion does not apply to liability assumed under a sidetrack agreement.

### 7. Handling Of Property

"Bodily injury" or "property damage" resulting from the handling of property:

- a. Before it is moved from the place where it is accepted by the "insured" for movement into or onto the covered "auto"; or
- b. After it is moved from the covered "auto" to the place where it is finally delivered by the "insured".

### 8. Movement Of Property By Mechanical Device

"Bodily injury" or "property damage" resulting from the movement of property by a mechanical device (other than a hand truck) unless the device is attached to the covered "auto".

### 9. Operations

"Bodily injury" or "property damage" arising out of the operation of:

- a. Any equipment listed in Paragraphs 6.b. and 6.c. of the definition of "mobile equipment"; or
- b. Machinery or equipment that is on, attached to or part of a land vehicle that would qualify under the definition of "mobile equipment" if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

### 10. Completed Operations

"Bodily injury" or "property damage" arising out of your work after that work has been completed or abandoned.

In this exclusion, your work means:

- a. Work or operations performed by you or on your behalf; and
- b. Materials, parts or equipment furnished in connection with such work or operations.

Your work includes warranties or representations made at any time with respect to the fitness, quality, durability or performance of any of the items included in Paragraph a. or b. above.

Your work will be deemed completed at the earliest of the following times:

- (1) When all of the work called for in your contract has been completed;
- (2) When all of the work to be done at the site has been completed if your contract calls for work at more than one site; or

- (3) When that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project.

Work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed.

#### 11. Pollution

"Bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- a. That are, or that are contained in any property that is:
- (1) Being transported or towed by, handled or handled for movement into, onto or from the covered "auto";
  - (2) Otherwise in the course of transit by or on behalf of the "insured"; or
  - (3) Being stored, disposed of, treated or processed in or upon the covered "auto";
- b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph a. above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts if:

- (1) The "pollutants" escape, seep, migrate or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and
- (2) The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in Paragraphs 6.b. and 6.c. of the definition of "mobile equipment".

Paragraphs b. and c. above of this exclusion do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (a) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
- (b) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.

#### 12. War

"Bodily injury" or "property damage" arising directly or indirectly out of:

- a. War, including undeclared or civil war;
- b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- c. Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

#### 13. Racing

Covered "autos" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply while that covered "auto" is being prepared for such a contest or activity.

#### 14. Unmanned Aircraft

"Bodily injury" or "property damage" arising out of the ownership, maintenance or use of "unmanned aircraft".

#### C. Limit Of Insurance

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for the total of all damages and "covered pollution cost or expense" combined resulting from any one "accident" is the Limit Of Insurance for Covered Autos Liability Coverage shown in the Declarations.



All "bodily injury", "property damage" and "covered pollution cost or expense" resulting from continuous or repeated exposure to substantially the same conditions will be considered as resulting from one "accident".

No one will be entitled to receive duplicate payments for the same elements of "loss" under this Coverage Form and any Medical Payments Coverage endorsement, Uninsured Motorists Coverage endorsement or Underinsured Motorists Coverage endorsement attached to this Coverage Part.

### SECTION III – PHYSICAL DAMAGE COVERAGE

#### A. Coverage

1. We will pay for "loss" to a covered "auto" or its equipment under:

##### a. Comprehensive Coverage

From any cause except:

- (1) The covered "auto's" collision with another object; or
- (2) The covered "auto's" overturn.

##### b. Specified Causes Of Loss Coverage

Caused by:

- (1) Fire, lightning or explosion;
- (2) Theft;
- (3) Windstorm, hail or earthquake;
- (4) Flood;
- (5) Mischief or vandalism; or
- (6) The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".

##### c. Collision Coverage

Caused by:

- (1) The covered "auto's" collision with another object; or
- (2) The covered "auto's" overturn.

#### 2. Towing And Labor

We will pay up to the limit shown in the Declarations for towing and labor costs incurred each time a covered "auto" that is a private passenger type, light truck or medium truck is disabled. However, the labor must be performed at the place of disablement.

#### 3. Glass Breakage – Hitting A Bird Or Animal – Falling Objects Or Missiles

If you carry Comprehensive Coverage for the damaged covered "auto", we will pay for the following under Comprehensive Coverage:

- a. Glass breakage;
- b. "Loss" caused by hitting a bird or animal; and
- c. "Loss" caused by falling objects or missiles.

However, you have the option of having glass breakage caused by a covered "auto's" collision or overturn considered a "loss" under Collision Coverage.

#### 4. Coverage Extensions

##### a. Transportation Expenses

We will pay up to \$30 per day, to a maximum of \$900, for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger type. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes Of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the Policy's expiration, when the covered "auto" is returned to use or we pay for its "loss".

##### b. Loss Of Use Expenses

For Hired Auto Physical Damage, we will pay expenses for which an "insured" becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver under a written rental contract or agreement. We will pay for loss of use expenses if caused by:

- (1) Other than collision only if the Declarations indicates that Comprehensive Coverage is provided for any covered "auto";
- (2) Specified Causes of Loss only if the Declarations indicates that Specified Causes Of Loss Coverage is provided for any covered "auto"; or

- (3) Collision only if the Declarations indicates that Collision Coverage is provided for any covered "auto".

However, the most we will pay for any expenses for loss of use is \$30 per day, to a maximum of \$900.

## B. Exclusions

1. We will not pay for "loss" caused by or resulting from any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss".

### a. Nuclear Hazard

- (1) The explosion of any weapon employing atomic fission or fusion; or
- (2) Nuclear reaction or radiation, or radioactive contamination, however caused.

### b. War Or Military Action

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.
2. We will not pay for "loss" to any covered "auto" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. We will also not pay for "loss" to any covered "auto" while that covered "auto" is being prepared for such a contest or activity.

3. We will not pay for "loss" due and confined to:
- a. Wear and tear, freezing, mechanical or electrical breakdown.
- b. Blowouts, punctures or other road damage to tires.

This exclusion does not apply to such "loss" resulting from the total theft of a covered "auto".

4. We will not pay for "loss" to any of the following:

- a. Tapes, records, discs or other similar audio, visual or data electronic devices designed for use with audio, visual or data electronic equipment.
- b. Any device designed or used to detect speed-measuring equipment, such as radar or laser detectors, and any jamming apparatus intended to elude or disrupt speed-measuring equipment.
- c. Any electronic equipment, without regard to whether this equipment is permanently installed, that reproduces, receives or transmits audio, visual or data signals.
- d. Any accessories used with the electronic equipment described in Paragraph c. above.

5. Exclusions 4.c. and 4.d. do not apply to equipment designed to be operated solely by use of the power from the "auto's" electrical system that, at the time of "loss", is:

- a. Permanently installed in or upon the covered "auto";
- b. Removable from a housing unit which is permanently installed in or upon the covered "auto";
- c. An integral part of the same unit housing any electronic equipment described in Paragraphs a. and b. above; or
- d. Necessary for the normal operation of the covered "auto" or the monitoring of the covered "auto's" operating system.

6. We will not pay for "loss" to a covered "auto" due to "diminution in value".

## C. Limits Of Insurance

1. The most we will pay for:
- a. "Loss" to any one covered "auto" is the lesser of:
- (1) The actual cash value of the damaged or stolen property as of the time of the "loss"; or
- (2) The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.

b. All electronic equipment that reproduces, receives or transmits audio, visual or data signals in any one "loss" is \$1,000, if, at the time of "loss", such electronic equipment is:

- (1) Permanently installed in or upon the covered "auto" in a housing, opening or other location that is not normally used by the "auto" manufacturer for the installation of such equipment;
- (2) Removable from a permanently installed housing unit as described in Paragraph b.(1) above; or
- (3) An integral part of such equipment as described in Paragraphs b.(1) and b.(2) above.

2. An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss".
3. If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

#### **D. Deductible**

For each covered "auto", our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations prior to the application of the Limit Of Insurance, provided that:

1. The Comprehensive or Specified Causes Of Loss Coverage deductible applies only to "loss" caused by:
  - a. Theft or mischief or vandalism; or
  - b. All perils.
2. Regardless of the number of covered "autos" damaged or stolen, the maximum deductible applicable for all "loss" in any one event caused by:
  - a. Theft or mischief or vandalism; or
  - b. All perils,

will be equal to five times the highest deductible applicable to any one covered "auto" on the Policy for Comprehensive or Specified Causes Of Loss Coverage. The application of the highest deductible used to calculate the maximum deductible will be made regardless of which covered "autos" were damaged or stolen in the "loss".

## **SECTION IV – BUSINESS AUTO CONDITIONS**

The following conditions apply in addition to the Common Policy Conditions:

### **A. Loss Conditions**

#### **1. Appraisal For Physical Damage Loss**

If you and we disagree on the amount of "loss", either may demand an appraisal of the "loss". In this event, each party will select a competent appraiser. The two appraisers will select a competent and impartial umpire. The appraisers will state separately the actual cash value and amount of "loss". If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally.

If we submit to an appraisal, we will still retain our right to deny the claim.

#### **2. Duties In The Event Of Accident, Claim, Suit Or Loss**

We have no duty to provide coverage under this Policy unless there has been full compliance with the following duties:

- a. In the event of "accident", claim, "suit" or "loss", you must give us or our authorized representative prompt notice of the "accident" or "loss". Include:
  - (1) How, when and where the "accident" or "loss" occurred;
  - (2) The "insured's" name and address; and
  - (3) To the extent possible, the names and addresses of any injured persons and witnesses.
- b. Additionally, you and any other involved "insured" must:
  - (1) Assume no obligation, make no payment or incur no expense without our consent, except at the "insured's" own cost.
  - (2) Immediately send us copies of any request, demand, order, notice, summons or legal paper received concerning the claim or "suit".



- (3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit".
  - (4) Authorize us to obtain medical records or other pertinent information.
  - (5) Submit to examination, at our expense, by physicians of our choice, as often as we reasonably require.
- c. If there is "loss" to a covered "auto" or its equipment, you must also do the following:
- (1) Promptly notify the police if the covered "auto" or any of its equipment is stolen.
  - (2) Take all reasonable steps to protect the covered "auto" from further damage. Also keep a record of your expenses for consideration in the settlement of the claim.
  - (3) Permit us to inspect the covered "auto" and records proving the "loss" before its repair or disposition.
  - (4) Agree to examinations under oath at our request and give us a signed statement of your answers.

### 3. Legal Action Against Us

No one may bring a legal action against us under this Coverage Form until:

- a. There has been full compliance with all the terms of this Coverage Form; and
- b. Under Covered Autos Liability Coverage, we agree in writing that the "insured" has an obligation to pay or until the amount of that obligation has finally been determined by judgment after trial. No one has the right under this Policy to bring us into an action to determine the "insured's" liability.

### 4. Loss Payment – Physical Damage Coverages

At our option, we may:

- a. Pay for, repair or replace damaged or stolen property;
- b. Return the stolen property, at our expense. We will pay for any damage that results to the "auto" from the theft; or
- c. Take all or any part of the damaged or stolen property at an agreed or appraised value.

If we pay for the "loss", our payment will include the applicable sales tax for the damaged or stolen property.

### 5. Transfer Of Rights Of Recovery Against Others To Us

If any person or organization to or for whom we make payment under this Coverage Form has rights to recover damages from another, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after "accident" or "loss" to impair them.

## B. General Conditions

### 1. Bankruptcy

Bankruptcy or insolvency of the "insured" or the "insured's" estate will not relieve us of any obligations under this Coverage Form.

### 2. Concealment, Misrepresentation Or Fraud

This Coverage Form is void in any case of fraud by you at any time as it relates to this Coverage Form. It is also void if you or any other "insured", at any time, intentionally conceals or misrepresents a material fact concerning:

- a. This Coverage Form;
- b. The covered "auto";
- c. Your interest in the covered "auto"; or
- d. A claim under this Coverage Form.

### 3. Liberalization

If we revise this Coverage Form to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

### 4. No Benefit To Bailee – Physical Damage Coverages

We will not recognize any assignment or grant any coverage for the benefit of any person or organization holding, storing or transporting property for a fee regardless of any other provision of this Coverage Form.

### 5. Other Insurance

a. For any covered "auto" you own, this Coverage Form provides primary insurance. For any covered "auto" you don't own, the insurance provided by this Coverage Form is excess over any other collectible insurance. However, while a covered "auto" which is a "trailer" is connected to another vehicle, the Covered Autos Liability Coverage this Coverage Form provides for the "trailer" is:

- (1) Excess while it is connected to a motor vehicle you do not own; or

- (2) Primary while it is connected to a covered "auto" you own.
- b. For Hired Auto Physical Damage Coverage, any covered "auto" you lease, hire, rent or borrow is deemed to be a covered "auto" you own. However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".
- c. Regardless of the provisions of Paragraph a. above, this Coverage Form's Covered Autos Liability Coverage is primary for any liability assumed under an "insured contract".
- d. When this Coverage Form and any other Coverage Form or policy covers on the same basis, either excess or primary, we will pay only our share. Our share is the proportion that the Limit of Insurance of our Coverage Form bears to the total of the limits of all the Coverage Forms and policies covering on the same basis.

**6. Premium Audit**

- a. The estimated premium for this Coverage Form is based on the exposures you told us you would have when this Policy began. We will compute the final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and the first Named Insured will be billed for the balance, if any. The due date for the final premium or retrospective premium is the date shown as the due date on the bill. If the estimated total premium exceeds the final premium due, the first Named Insured will get a refund.
- b. If this Policy is issued for more than one year, the premium for this Coverage Form will be computed annually based on our rates or premiums in effect at the beginning of each year of the Policy.

**7. Policy Period, Coverage Territory**

Under this Coverage Form, we cover "accidents" and "losses" occurring:

- a. During the policy period shown in the Declarations; and
- b. Within the coverage territory.

The coverage territory is:

- (1) The United States of America;
- (2) The territories and possessions of the United States of America;
- (3) Puerto Rico;
- (4) Canada; and

- (5) Anywhere else in the world if a covered "auto" of the private passenger type is leased, hired, rented or borrowed without a driver for a period of 30 days or less,

provided that the "insured's" responsibility to pay damages is determined in a "suit" on the merits, in the United States of America, the territories and possessions of the United States of America, Puerto Rico or Canada, or in a settlement we agree to.

We also cover "loss" to, or "accidents" involving, a covered "auto" while being transported between any of these places.

**8. Two Or More Coverage Forms Or Policies Issued By Us**

If this Coverage Form and any other Coverage Form or policy issued to you by us or any company affiliated with us applies to the same "accident", the aggregate maximum Limit of Insurance under all the Coverage Forms or policies shall not exceed the highest applicable Limit of Insurance under any one Coverage Form or policy. This condition does not apply to any Coverage Form or policy issued by us or an affiliated company specifically to apply as excess insurance over this Coverage Form.

**SECTION V – DEFINITIONS**

- A. "Accident" includes continuous or repeated exposure to the same conditions resulting in "bodily injury" or "property damage".
- B. "Auto" means:
  - 1. A land motor vehicle, "trailer" or semitrailer designed for travel on public roads; or
  - 2. Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

However, "auto" does not include "mobile equipment".
- C. "Bodily injury" means bodily injury, sickness or disease sustained by a person, including death resulting from any of these.
- D. "Covered pollution cost or expense" means any cost or expense arising out of:
  - 1. Any request, demand, order or statutory or regulatory requirement that any "insured" or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, "pollutants"; or

2. Any claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, "pollutants".

"Covered pollution cost or expense" does not include any cost or expense arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- a. That are, or that are contained in any property that is:
  - (1) Being transported or towed by, handled or handled for movement into, onto or from the covered "auto";
  - (2) Otherwise in the course of transit by or on behalf of the "insured"; or
  - (3) Being stored, disposed of, treated or processed in or upon the covered "auto";
- b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph a. above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts, if:

- (1) The "pollutants" escape, seep, migrate or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and
- (2) The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in Paragraph 6.b. or 6.c. of the definition of "mobile equipment".

Paragraphs b. and c. above do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (a) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
  - (b) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.
- E. "Diminution in value" means the actual or perceived loss in market value or resale value which results from a direct and accidental "loss".
  - F. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
  - G. "Insured" means any person or organization qualifying as an insured in the Who Is An Insured provision of the applicable coverage. Except with respect to the Limit of Insurance, the coverage afforded applies separately to each insured who is seeking coverage or against whom a claim or "suit" is brought.
  - H. "Insured contract" means:
    1. A lease of premises;
    2. A sidetrack agreement;
    3. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
    4. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;
    5. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another to pay for "bodily injury" or "property damage" to a third party or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement; or



6. That part of any contract or agreement entered into, as part of your business, pertaining to the rental or lease, by you or any of your "employees", of any "auto". However, such contract or agreement shall not be considered an "insured contract" to the extent that it obligates you or any of your "employees" to pay for "property damage" to any "auto" rented or leased by you or any of your "employees".

An "insured contract" does not include that part of any contract or agreement:

- a. That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, roadbeds, tunnel, underpass or crossing;
- b. That pertains to the loan, lease or rental of an "auto" to you or any of your "employees", if the "auto" is loaned, leased or rented with a driver; or
- c. That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for your use of a covered "auto" over a route or territory that person or organization is authorized to serve by public authority.

I. "Leased worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".

J. "Loss" means direct and accidental loss or damage.

K. "Mobile equipment" means any of the following types of land vehicles, including any attached machinery or equipment:

1. Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;
2. Vehicles maintained for use solely on or next to premises you own or rent;
3. Vehicles that travel on crawler treads;
4. Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:
  - a. Power cranes, shovels, loaders, diggers or drills; or
  - b. Road construction or resurfacing equipment such as graders, scrapers or rollers;

5. Vehicles not described in Paragraph 1., 2., 3. or 4. above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:

- a. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well-servicing equipment; or
- b. Cherry pickers and similar devices used to raise or lower workers; or

6. Vehicles not described in Paragraph 1., 2., 3. or 4. above maintained primarily for purposes other than the transportation of persons or cargo. However, self-propelled vehicles with the following types of permanently attached equipment are not "mobile equipment" but will be considered "autos":

- a. Equipment designed primarily for:
  - (1) Snow removal;
  - (2) Road maintenance, but not construction or resurfacing; or
  - (3) Street cleaning;
- b. Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and
- c. Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting or well-servicing equipment.

However, "mobile equipment" does not include land vehicles that are subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged. Land vehicles subject to a compulsory or financial responsibility law or other motor vehicle insurance law are considered "autos".

L. "Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

M. "Property damage" means damage to or loss of use of tangible property.

N. "Suit" means a civil proceeding in which:

1. Damages because of "bodily injury" or "property damage"; or
2. A "covered pollution cost or expense"; to which this insurance applies, are alleged.

"Suit" includes:

- a. An arbitration proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the "insured" must submit or does submit with our consent; or
- b. Any other alternative dispute resolution proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the insured submits with our consent.

- O. "Temporary worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.
- P. "Trailer" includes semitrailer.
- Q. "Unmanned aircraft" means an aircraft that is not:
  - 1. Designed;
  - 2. Manufactured; or
  - 3. Modified after manufacture;to be controlled directly by a person from within or on the aircraft.

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **LOSS PAYABLE CLAUSE**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

- A.** We will pay, as interest may appear, you and the loss payee named in the policy for "loss" to a covered "auto".
- B.** The insurance covers the interest of the loss payee unless the "loss" results from conversion, secretion or embezzlement on your part.
- C.** We may cancel the policy as allowed by the Cancellation Common Policy Condition.

- Cancellation ends this agreement as to the loss payee's interest. If we cancel the policy, we will mail you and the loss payee the same advance notice.
- D.** If we make any payments to the loss payee, we will obtain his or her rights against any other party.

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Old Dominion Insurance Company  
Jacksonville, Florida

**\*YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.**

Uninsured Motorist coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the company, or reject Uninsured Motorist entirely.

Please indicate whether you desire to entirely reject Uninsured Motorist coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability Limits of your policy:

- a. I hereby reject Uninsured Motorist coverage.
- b. I hereby select Uninsured Motorist limits of \_\_\_\_\_ which are lower than my Bodily Injury Liability limits.

**ELECTION OF NON-STACKED COVERAGE**  
(Do not complete if you have rejected Uninsured Motorist)

You have the option to purchase, at a reduced rate, non-stacked (limited) type of Uninsured Motorist coverage. Under this form if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of uninsured motorist coverage available on any one vehicle for which you are named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase the non-stacked form, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

- I hereby elect the non-stacked form of Uninsured Motorist coverage.

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewal or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the Company or my agent know in writing.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

OD 3-32 (11-87)  
60-5249 (5-96)

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NOTICE

Dear Policyholder:

We are required by Florida law to notify you of all options available to you regarding Uninsured Motorists coverage and PIP. They are:

1. You are entitled to Uninsured Motorists coverage in an amount equal to your limits for Bodily Injury liability coverage.
2. You may reject Uninsured Motorists coverage or elect UM Bodily Injury limits as low as \$20,000.
3. If you are an individual, you may elect either of two coverage forms, known as "stacked" and "non-stacked". THE LOWER COST NON-STACKED FORM MODIFIES THE MANNER IN WHICH YOUR POLICY LIMITS APPLY IN YOUR OWN VEHICLES AND IN THOSE OWNED BY OTHERS. This option is not available to other than individual Named Insureds.
4. Personal Injury Protection options apply only to Individual Named Insureds.
5. Complete the attached forms OD3-32 and OD3-35.

64-5655 (4/98)

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **FLORIDA CHANGES – CANCELLATION AND NONRENEWAL**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to the coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**A. Paragraph A.2.b. of the Common Policy Conditions, Cancellation,** is replaced by the following:

b. 45 days before the effective date of cancellation if we cancel for any other reason.

**B. Paragraphs A.4. and A.5. of the Common Policy Conditions, Cancellation,** are replaced by the following:

4. Notice of cancellation will state the effective date of, and reason(s) for, the cancellation. The policy period will end on that date.

5. If this Policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. If the return premium is not refunded with the notice of cancellation or when this Policy is returned to us, we will mail the refund within 15 working days after the date cancellation takes effect, unless this is an audit policy.

If this is an audit policy, then, subject to your full cooperation with us or our agent in securing the necessary data for audit, we will return any premium refund due within 90 days of the date cancellation takes effect. If our audit is not completed within this time limitation, then we shall accept your own audit, and any premium refund due shall be mailed within 10 working days of receipt of your audit.

The cancellation will be effective even if we have not made or offered a refund.

**C. The following is added to Paragraph A. of the Common Policy Conditions, Cancellation:**

7. If this Policy provides Personal Injury Protection, Property Damage Liability Coverage or both and:

a. It is a new or renewal policy, it may not be cancelled by the first Named Insured during the first 60 days immediately following the effective date of the Policy or renewal, except for one of the following reasons:

(1) The covered "auto" is completely destroyed such that it is no longer operable;

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- (2) Ownership of the covered "auto" is transferred; or
  - (3) The Named Insured has purchased another policy covering the motor vehicle insured under this Policy.
    - b. It is a new policy, we may not cancel it during the first 30 days immediately following the effective date of the Policy for nonpayment of premium unless a check used to pay us is dishonored for any reason or any other type of premium payment is subsequently determined to be rejected or invalid.
- 2. If we fail to mail proper notice of nonrenewal and you obtain other insurance, this Policy will end on the effective date of that insurance.
  - 3. Notice of nonrenewal will state the reason(s) for the nonrenewal and the effective date of nonrenewal. The policy period will end on that date.

D. The following condition is added:

**Nonrenewal**

- 1. If we decide not to renew or continue this Policy, we will mail you notice at least 45 days before the end of the policy period. If we offer to renew or continue and you do not accept, this Policy will terminate at the end of the current policy period. Failure to pay the required renewal or continuation premium when due shall mean that you have not accepted our offer.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## FLORIDA UNINSURED MOTORISTS COVERAGE – NONSTACKED

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, Florida, this endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the Policy effective on the inception date of the Policy unless another date is indicated below.

|                                               |
|-----------------------------------------------|
| <b>Named Insured:</b> OUR FATHERS HOUSE INC   |
| <b>Endorsement Effective Date:</b> 09/13/2023 |

### SCHEDULE

|                                                                                                        |                        |
|--------------------------------------------------------------------------------------------------------|------------------------|
| <b>Limit Of Insurance:</b> \$20,000                                                                    | <b>Each "Accident"</b> |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |                        |

#### A. Coverage

1. We will pay all sums the "insured" is legally entitled to recover as compensatory damages from the owner or driver of an "uninsured motor vehicle". The damages must result from "bodily injury" sustained by the "insured" caused by an "accident". The owner's or driver's liability for these damages must result from the ownership, maintenance or use of the "uninsured motor vehicle".
2. With respect to damages resulting from an "accident" with a vehicle described in Paragraph b. of the definition of "uninsured motor vehicle", we will pay under this coverage only if Paragraph a. or b. below applies:
  - a. The limit of any applicable liability bonds or policies has been exhausted by payment of judgments or settlements; or

- b. A tentative settlement has been made between an "insured" and the insurer of the "underinsured motor vehicle" and we:
  - (1) Have been given prompt written notice of such tentative settlement; and
  - (2) Advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification.
3. Any judgment for damages arising out of a "suit" brought without our written consent is not binding on us.

#### B. Who Is An Insured

If the Named Insured is designated in the Declarations as:

1. An individual, then the following are "insureds":
  - a. The Named Insured and any "family members".

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- b. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
  - c. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".
2. A partnership, limited liability company, corporation or any other form of organization, then the following are "insureds":
- a. Anyone "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, "loss" or destruction.
  - b. Anyone for damages he or she is entitled to recover because of "bodily injury" sustained by another "insured".

**C. Exclusions**

This insurance does not apply to:

- 1. Any claim settled or judgment reached without our consent, unless our right to recover payment has not been prejudiced by such settlement or judgment. However, this exclusion does not apply to a settlement made with the insurer of a vehicle described in Paragraph b. of the definition of an "uninsured motor vehicle".
- 2. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
- 3. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
- 4. "Bodily injury" sustained by:
  - a. An individual Named Insured while "occupying" or when struck by a vehicle owned by that individual Named Insured that is not a covered "auto" for Uninsured Motorists Coverage under this coverage form;
  - b. Any "family member" while "occupying" or when struck by any vehicle owned by that "family member" that is not a covered "auto" for Uninsured Motorists Coverage under this coverage form;
  - c. Any "family member" while "occupying" or when struck by any vehicle owned by the Named Insured that is insured for Uninsured Motorists Coverage on a primary basis under any other coverage form or policy; or

- d. Any "insured" with respect to damages for pain, suffering, mental anguish or inconvenience unless the "bodily injury" consists in whole or in part of:
  - (1) Significant and permanent loss of an important bodily function;
  - (2) Permanent injury within a reasonable degree of medical probability, other than scarring or disfigurement;
  - (3) Significant and permanent scarring or disfigurement; or
  - (4) Death.
- 5. Punitive or exemplary damages.
- 6. "Bodily injury" arising directly or indirectly out of:
  - a. War, including undeclared or civil war;
  - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
  - c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

**D. Limit Of Insurance**

- 1. Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for all damages resulting from any one "accident" is the limit of Uninsured Motorists Coverage shown in the Schedule or Declarations.
- 2. No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage form and any Liability Coverage form, No-fault Coverage endorsement, Medical Payments Coverage endorsement, or Uninsured Motorists Coverage endorsement attached to this Coverage Part.
- 3. We will not make a duplicate payment under this coverage for any element of "loss" for which payment has been made by or for anyone who is legally responsible.
- 4. We will not pay for any element of "loss" if a person is entitled to receive payment for the same element of "loss" under any workers' compensation, disability benefits or similar law.

## E. Changes In Conditions

The Conditions are changed for Uninsured Motorists Coverage Nonstacked as follows:

**1. Other Insurance** in the Auto Dealers and Business Auto Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form are replaced by the following:

a. If there is other applicable insurance available under one or more coverage forms, policies or provisions of coverage, any recovery for damages sustained by an individual Named Insured or any "family member":

(1) While "occupying" a vehicle owned by that Named Insured or any "family member" may equal, but not exceed, the limit of insurance for Uninsured Motorists Coverage applicable to that vehicle.

(2) While "occupying" a vehicle not owned by that Named Insured or any "family member" may equal, but not exceed, the sum of:

(a) The limit of insurance for Uninsured Motorists Coverage applicable to the vehicle such Named Insured or any "family member" was "occupying" at the time of the "accident"; and

(b) The highest limit of insurance for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to such Named Insured or any "family member".

(3) While not "occupying" any vehicle may equal, but not exceed, the highest limit of insurance for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to an individual Named Insured or any "family member".

b. Any insurance we provide with respect to a vehicle the Named Insured does not own shall be excess over any collectible uninsured motorists insurance providing coverage on a primary basis.

c. If the coverage under this coverage form is provided:

(1) On a primary basis, we will pay only our share of the loss that must be paid under insurance providing coverage on a primary basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage on a primary basis.

(2) On an excess basis, we will pay only our share of the loss that must be paid under insurance providing coverage on an excess basis. Our share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage on an excess basis.

**2. Duties In The Event Of Accident, Claim, Suit Or Loss** is changed by adding the following:

a. Promptly notify the police if a hit-and-run driver is involved; and

b. Promptly send us copies of the legal papers if a "suit" is brought.

c. A person seeking Uninsured Motorists Coverage must also promptly notify us in writing by certified or registered mail of a tentative settlement between the "insured" and the insurer of the vehicle described in Paragraph b. of the definition of an "uninsured motor vehicle" and allow us 30 days to advance payment to that "insured" in an amount equal to the tentative settlement to preserve our rights against the insurer, owner or operator of such vehicle described in Paragraph b. of the definition of an "uninsured motor vehicle".

**3. Transfer Of Rights Of Recovery Against Others To Us** is changed by adding the following:

If we make any payment and the "insured" recovers from another party, the "insured" shall hold the proceeds in trust for us and pay us back the amount we have paid.

Our rights do not apply under this provision with respect to Uninsured Motorists Coverage if we:

a. Have been given prompt written notice of a tentative settlement between an "insured" and the insurer of a vehicle described in Paragraph b. of the definition of an "uninsured motor vehicle"; and



- b. Fail to advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification.

If we advance payment to the "insured" in an amount equal to the tentative settlement within 30 days after receipt of notification:

- a. That payment will be separate from any amount the "insured" is entitled to recover under the provisions of Uninsured Motorists Coverage; and
- b. We also have a right to recover the advanced payment.

4. The following condition is added:

**a. Arbitration**

- (1) If we and an "insured" do not agree:

- (a) Whether that person is legally entitled to recover damages under this endorsement; or
- (b) As to the amount of damages that are recoverable by that person;

then the matter may be mediated, in accordance with the Mediation Provision contained in General Conditions, if the damages resulting from "bodily injury" are for \$10,000 or less, or arbitrated. However, disputes concerning coverage under this endorsement may not be arbitrated. Both parties must agree to arbitration. In this event, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction.

- (2) Each party will pay the expenses it incurs and bear the expenses of the third arbitrator equally.
- (3) Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to arbitration procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding.

**b. Florida Arbitration Act**

If we and an "insured" agree to arbitration, the **Florida Arbitration Act** will not apply.

**c. Mediation**

- (1) In any claim filed by an "insured" with us for:

- (a) "Bodily injury" in an amount of \$10,000 or less, arising out of the ownership, operation, use or maintenance of a covered "auto";
- (b) "Property damage" in any amount, arising out of the ownership, operation, maintenance or use of a covered "auto"; or
- (c) "Loss" to a covered "auto" or its equipment, in any amount;

either party may make a written demand for mediation of the claim prior to the institution of litigation.

- (2) A written request for mediation must be filed with the Florida Department of Financial Services on an approved form, which may be obtained from the Florida Department of Financial Services.

- (3) The request must state:

- (a) Why mediation is being requested.
- (b) The issues in dispute, which are to be mediated.

- (4) The Florida Department of Financial Services will randomly select mediators. Each party may reject one mediator, either before or after the opposing side has rejected a mediator. The mediator will notify the parties of the date, time and place of the mediation conference. The mediation conference will be held within 45 days of the request for mediation. The conference will be held by telephone, if feasible. Participants in the mediation conference must have the authority to make a binding decision, and must mediate in good faith. Each party will bear the expenses of the mediation equally, unless the mediator determines that one party has not mediated in good faith.

- (5) Only one mediation may be requested for each claim unless all parties agree to further mediation. A party demanding mediation shall not be entitled to demand or request mediation after a suit is filed relating to the same facts already mediated.

- (6) The mediation shall be conducted as an informal process and formal rules of evidence and procedures need not be observed.

#### F. Additional Definitions

As used in this endorsement:

1. "Family member" means a person related to an individual Named Insured by blood, marriage or adoption who is a resident of such Named Insured's household, including a ward or foster child.
2. "Occupying" means in, upon, getting in, on, out or off.
3. "Uninsured motor vehicle" means a land motor vehicle or "trailer":
  - a. For which no liability bond or policy applies at the time of an "accident";
  - b. That is an underinsured motor vehicle. An underinsured motor vehicle is a land motor vehicle or "trailer" for which a "bodily injury" liability bond or policy applies at the time of an "accident" but the amount paid under that bond or policy to an "insured" is not enough to pay the full amount the "insured" is legally entitled to recover as damages caused by the "accident";
  - c. For which an insuring or bonding company denies coverage or is or becomes insolvent; or
  - d. For which neither the driver nor owner can be identified. The land motor vehicle or "trailer" must:
    - (1) Hit an individual Named Insured or any "family member", a covered "auto" or a vehicle such Named Insured or any "family member" is "occupying"; or

- (2) Cause an "accident" resulting in "bodily injury" to an individual Named Insured or any "family member" without hitting that Named Insured, any "family member", a covered "auto" or a vehicle such Named Insured or any "family member" is "occupying".

If there is no physical contact with the land motor vehicle or "trailer", the facts of the "accident" must be proved. We will only accept competent evidence other than the testimony of a person making claims under this or any similar coverage.

However, "uninsured motor vehicle" does not include any vehicle:

- a. Owned by a governmental unit or agency;
- b. Designed for use mainly off public roads while not on public roads; or
- c. Owned by or furnished or available for the regular use of the Named Insured, or if the Named Insured is an individual, any "family member" unless it is a covered "auto" to which the coverage form's Liability Coverage applies and liability coverage is excluded for any person or organization other than the Named Insured, or if the Named Insured is an individual, any "family member".





**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## FLORIDA PERSONAL INJURY PROTECTION

For a covered "auto" licensed or principally garaged in, or "auto dealer operations" conducted in, Florida, this endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the Policy effective on the inception date of the Policy unless another date is indicated below.

|                                               |
|-----------------------------------------------|
| <b>Named Insured:</b> OUR FATHERS HOUSE INC   |
| <b>Endorsement Effective Date:</b> 09/13/2023 |

We agree with the "named insured", subject to all the provisions of this endorsement and to all of the provisions of the Policy except as modified herein, as follows that:

### SCHEDULE

| Any Personal Injury Protection deductible shown in the Declarations of<br>is applicable to <input type="checkbox"/> the following "named insured" only:<br><br><input type="checkbox"/> each "named insured" and each dependent "family member".<br><input type="checkbox"/> Work loss for "named insured" does not apply.<br><input type="checkbox"/> Work loss for "named insured" and dependent "family member" does not apply. |                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Benefits                                                                                                                                                                                                                                                                                                                                                                                                                           | Limit Per Person                                                                                                                      |
| Total Aggregate Limit for all Personal Injury Protection Benefits, except Death Benefits                                                                                                                                                                                                                                                                                                                                           | \$10,000                                                                                                                              |
| Death Benefits                                                                                                                                                                                                                                                                                                                                                                                                                     | \$5,000                                                                                                                               |
| Medical Expenses                                                                                                                                                                                                                                                                                                                                                                                                                   | 80% of medical expenses subject to the total aggregate limit and the provisions of Paragraphs D.2.a. and b. under Limit Of Insurance. |
| Work Loss                                                                                                                                                                                                                                                                                                                                                                                                                          | 60% of work loss subject to the total aggregate limit                                                                                 |
| Replacement Services Expenses                                                                                                                                                                                                                                                                                                                                                                                                      | subject to the total aggregate limit                                                                                                  |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations.                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |

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## A. Coverage

We will pay Personal Injury Protection benefits in accordance with the Florida Motor Vehicle No-fault Law to or for an "insured" who sustains "bodily injury" in an "accident" arising out of the ownership, maintenance or use of a "motor vehicle". Subject to the limits shown in the Schedule, these Personal Injury Protection benefits consist of the following:

### 1. Medical Expenses

a. All reasonable "medically necessary" expenses for medical, surgical, X-ray, dental, ambulance, hospital, professional nursing and rehabilitative services, including prosthetic devices. However, we will pay for these benefits only if the "insured" receives initial services and care within 14 days after the "motor vehicle" "accident" that are:

- (1) Lawfully provided, supervised, ordered or prescribed by a licensed physician, dentist, chiropractic physician or an advanced practice registered nurse;
- (2) Provided in a hospital or in a facility that owns, or is wholly owned by, a hospital; or
- (3) Provided by a person or entity licensed to provide emergency transportation and treatment;

as authorized by the Florida Motor Vehicle No-fault Law.

b. Upon referral by a licensed health care provider described in Paragraph A.1.a.(1), (2) or (3), follow-up services and care consistent with the underlying medical diagnosis rendered pursuant to Paragraph A.1.a., if provided, supervised, ordered or prescribed only by a licensed:

- (1) Physician, osteopathic physician, chiropractic physician, dentist or advanced practice registered nurse; or
- (2) Physician assistant or advanced registered nurse practitioner, under the supervision of such physician, osteopathic physician, chiropractic physician or dentist;

as authorized by the Florida Motor Vehicle No-fault Law.

Follow-up services and care may also be provided by:

- (3) A licensed hospital or ambulatory surgical center;

(4) An entity wholly owned by one or more licensed physicians, osteopathic physicians, chiropractic physicians, advanced practice registered nurses or dentists; or by such practitioners and the spouse, parent, child, or sibling of such practitioners;

(5) An entity that owns or is wholly owned, directly or indirectly, by a hospital or hospitals;

(6) A licensed physical therapist, based upon referral by a provider described in Paragraph A.1.b.; or

(7) A health care clinic licensed under the Florida Health Care Clinic Act:

(a) Which is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the American Osteopathic Association, the Commission on Accreditation of Rehabilitation Facilities or the Accreditation Association for Ambulatory Health Care, Inc.; or

(b) Which:

(i) Has a licensed medical director;

(ii) Has been continuously licensed for more than three years or is a publicly traded corporation that issues securities traded on an exchange registered with the United States Securities and Exchange Commission as a national securities exchange; and

(iii) Provides at least four of the following medical specialties:

i. General medicine;

ii. Radiography;

iii. Orthopedic medicine;

iv. Physical medicine;

v. Physical therapy;

vi. Physical rehabilitation;

vii. Prescribing or dispensing outpatient prescription medication; or

viii. Laboratory services;

as authorized by the Florida Motor Vehicle No-fault Law.

However, with respect to Paragraph A.1., medical expenses do not include massage or acupuncture, regardless of the person, entity or licensee providing the massage or acupuncture;

## 2. Replacement Services Expenses

With respect to the period of disability of the injured person, all expenses reasonably incurred in obtaining from others ordinary and necessary services in lieu of those that, but for such injury, the injured person would have performed without income for the benefit of his or her household;

## 3. Work Loss

With respect to the period of disability of the injured person, any loss of income and earning capacity from inability to work proximately caused by the injury sustained by the injured person; and

## 4. Death Benefits

### B. Who Is An Insured

1. The "named insured".
2. If the "named insured" is an individual, any "family member".
3. Any other person while "occupying" a covered "motor vehicle" with the "named insured's" consent.
4. A "pedestrian" if the "accident" involves the covered "motor vehicle".

### C. Exclusions

We will not pay Personal Injury Protection benefits for "bodily injury":

1. Sustained by the "named insured" or any "family member" while "occupying" any "motor vehicle" owned by the "named insured" that is not a covered "motor vehicle";
2. Sustained by any person while operating the covered "motor vehicle" without the "named insured's" expressed or implied consent;
3. Sustained by any person, if such person's conduct contributed to his or her "bodily injury" under any of the following circumstances:
  - a. Causing "bodily injury" to himself or herself intentionally; or
  - b. While committing a felony;
4. To the "named insured" or any "family member" for work loss if an entry in the Schedule or Declarations indicates that coverage for work loss does not apply;
5. To any "pedestrian", other than the "named insured" or any "family member", not a legal resident of the state of Florida;

6. To any person, other than the "named insured", if that person is the "owner" of a "motor vehicle" for which security is required under the Florida Motor Vehicle No-fault Law;

7. To any person, other than the "named insured", or any "family member", who is entitled to personal injury protection benefits from the owner of a "motor vehicle" that is not a covered "motor vehicle" under this insurance or from the "owner's" insurer; or

8. To any person who sustains "bodily injury" while "occupying" a "motor vehicle" located for use as a residence or premises.

### D. Limit Of Insurance

1. Regardless of the number of persons insured, policies or bonds applicable, premiums paid, vehicles involved or claims made, the total aggregate limit of personal injury protection benefits, available under the Florida Motor Vehicle No-fault Law from all sources combined, including this Policy, for or on behalf of any one person who sustains "bodily injury" as the result of any one "accident", shall be:

- a. \$10,000 for medical expenses, work loss and replacement services; and
- b. \$5,000 for death benefits.

2. Subject to Paragraph D.1.a., we will pay:

- a. Up to \$10,000 for medical expenses, if a licensed physician, dentist, physician assistant or an advanced registered nurse practitioner authorized by the Florida Motor Vehicle No-fault Law has determined that the "insured" had an "emergency medical condition"; or
- b. Up to \$2,500 for medical expenses, if any health care provider described in Paragraph A.1.a. or A.1.b. has determined that the "insured" did not have an "emergency medical condition".

3. Any amount paid under this coverage will be reduced by the amount of benefits an injured person has been paid or is entitled to be paid for the same elements of "loss" under any workers' compensation law.

4. If personal injury protection benefits, under the Florida Motor Vehicle No-fault Law, have been received from any insurer for the same elements of loss and expense benefits available under this Policy, we will not make duplicate payments to or for the benefit of the injured person. The insurer paying the benefits shall be entitled to recover from us its pro rata share of the benefits paid and expenses incurred in handling the claim.



5. The deductible amount shown in the Schedule will be deducted from the total amount of expenses and losses listed in Paragraphs **A.1.**, **A.2.** and **A.3.** of this endorsement before the application of any percentage limitation for each "insured" to whom the deductible applies. The deductible does not apply to the death benefit.
6. Any amount paid under this coverage for medical expenses shall be limited by the medical fee schedule prescribed by the Florida Motor Vehicle No-fault Law.

**E. Changes In Conditions**

The **Conditions** are changed for **Personal Injury Protection** as follows:

**1. Duties In The Event Of Accident, Claim, Suit Or Loss** is replaced by the following:

Compliance with the following duties is a condition precedent to receiving benefits:

In the event of an "accident", the "named insured" must give us or our authorized representative prompt written notice of the "accident".

If any injured person or his or her legal representative institutes a legal action to recover damages for "bodily injury" against a third party, a copy of the summons, complaint or other process served in connection with that legal action must be forwarded to us as soon as possible by the injured person or his or her legal representative.

A person seeking personal injury protection benefits must, as soon as possible, give us written proof of claim, under oath if required, containing full particulars concerning the injuries and treatment received and/or contemplated, and send us any other information that will assist us in determining the amount due and payable.

A person seeking personal injury protection benefits must submit to an examination under oath. The scope of questioning during the examination under oath is limited to relevant information or information that could reasonably be expected to lead to relevant information.

**2. Legal Action Against Us** is replaced by the following:

**Legal Action Against Us**

a. No legal action may be brought against us until there has been full compliance with all terms of this Policy. In addition, no legal action may be brought against us:

(1) Until the claim for benefits is overdue in accordance with Paragraph **F.2.** of this endorsement; and

(2) Until we are provided with a demand letter in accordance with the Florida Motor Vehicle No-fault Law sent to us via U.S. certified or registered mail; and

(3) With respect to the overdue claim specified in the demand letter, if, within 30 days of receipt of the demand letter, we:

(a) Pay the overdue claim; or

(b) Agree to pay for future treatment not yet rendered;

in accordance with the requirements of the Florida Motor Vehicle No-fault Law.

b. If legal action is brought against us, all claims related to the same health care provider or facility shall be brought in a single action, unless good cause can be shown why such claims should be brought separately.

**3. Transfer Of Rights Of Recovery Against Others To Us** is replaced by the following:

**Transfer Of Rights Of Recovery Against Others To Us**

Unless prohibited by the Florida Motor Vehicle No-fault Law, in the event of payment to or for the benefit of any injured person under this coverage:

- a. We will be reimbursed for those payments, not including reasonable attorneys' fees and other reasonable expenses, from the proceeds of any settlement or judgment resulting from any right of recovery of the injured person against any person or organization legally responsible for the "bodily injury" from which the payment arises. We will also have a lien on those proceeds.
- b. If any person to or for whom we pay benefits has rights to recover benefits from another, those rights are transferred to us. That person must do everything necessary to secure our rights and must do nothing after loss to impair them.
- c. The insurer providing personal injury protection benefits on a private passenger "motor vehicle", as defined in the Florida Motor Vehicle No-fault Law, shall be entitled to reimbursement to the extent of the payment of personal injury protection benefits from the "owner" or the insurer of the "owner" of a commercial "motor vehicle", as defined in the Florida Motor Vehicle No-fault Law, if such injured person sustained the injury while "occupying", or while a "pedestrian" through being struck by, such commercial "motor vehicle". However, such insurer's right of reimbursement under this Paragraph c. does not apply to an "owner" or registrant of a "motor vehicle" used as a taxicab.

**4. Concealment, Misrepresentation Or Fraud** is replaced by the following:

**Concealment, Misrepresentation Or Fraud**

We do not provide coverage under this endorsement for an "insured" if that "insured" has committed, by a material act or omission, insurance fraud relating to personal injury protection coverage under this form, if fraud is admitted to in a sworn statement by the "insured" or if the fraud is established in a court of competent jurisdiction. Any insurance fraud voids all personal injury protection coverage arising from the claim with respect to the "insured" who committed the fraud. Any benefits paid prior to the discovery of the fraud are recoverable from that "insured".

**5. Policy Period, Coverage Territory** is replaced by the following:

**Policy Period, Coverage Territory**

The insurance under this section applies only to "accidents" which occur during the policy period:

- a. In the state of Florida;
- b. As respects the "named insured" or any "family member", while "occupying" the covered "motor vehicle" outside the state of Florida but within the United States of America, its territories or possessions or Canada; and
- c. As respects the "named insured", while "occupying" a "motor vehicle" of which a "family member" is the "owner" and for which security is maintained under the Florida Motor Vehicle No-fault Law outside the state of Florida but within the United States of America, its territories or possessions or Canada.



## F. Additional Conditions

The following conditions are added:

### 1. Mediation

- a. In any claim filed by an "insured" with us for:

- (1) "Bodily injury" in an amount of \$10,000 or less, arising out of the ownership, operation, use or maintenance of a covered "auto";
- (2) "Property damage" in any amount, arising out of the ownership, operation, maintenance or use of a covered "auto"; or
- (3) "Loss" to a covered "auto" or its equipment, in any amount,

either party may make a written demand for mediation of the claim prior to the institution of litigation.

- b. A written request for mediation must be filed with the Florida Department of Financial Services on an approved form, which may be obtained from the Florida Department of Financial Services.

- c. The request must state:

- (1) Why mediation is being requested.
- (2) The issues in dispute, which are to be mediated.

- d. The Florida Department of Financial Services will randomly select mediators. Each party may reject one mediator, either before or after the opposing side has rejected a mediator. The mediator will notify the parties of the date, time and place of the mediation conference. The mediation conference will be held within 45 days of the request for mediation. The conference will be held by telephone, if feasible. Participants in the mediation conference must have the authority to make a binding decision, and must mediate in good faith. Each party will bear the expenses of the mediation equally, unless the mediator determines that one party has not mediated in good faith.

- e. Only one mediation may be requested for each claim unless all parties agree to further mediation. A party demanding mediation shall not be entitled to demand or request mediation after a suit is filed relating to the same facts already mediated.

- f. The mediation shall be conducted as an informal process and formal rules of evidence and procedures need not be observed.

### 2. Payment Of Benefits

Personal injury protection benefits payable under this Coverage Form, whether the full or partial amount, may be overdue if not paid within 30 days after we are furnished with written notice of the covered loss and the amount of the covered loss in accordance with the Florida Motor Vehicle No-fault Law.

However, if we have a reasonable belief that a fraudulent insurance act has been committed relating to personal injury protection coverage under this Coverage Form, we will notify the "insured" in writing, within 30 days after the submission of the claim, that the claim is being investigated for suspected fraud. No later than 90 days after the submission of the claim, we will either deny or pay the claim, in accordance with the Florida Motor Vehicle No-fault Law.

If we pay only a portion of a claim or reject a claim due to an alleged error in the claim, we, at the time of the partial payment or rejection, will provide an itemized specification or explanation of benefits due to the specified error. Upon receiving the specification or explanation, the person making the claim, at the person's option and without waiving any other legal remedy for payment, has 15 days to submit a revised claim, which will be considered a timely submission of written notice of a claim.

### 3. Modification Of Policy Coverages

Any Automobile Medical Payments Coverage and any Uninsured Motorists Coverage afforded by the Policy shall be excess over any personal injury protection benefits paid or payable.

Regardless of whether the full amount of personal injury protection benefits has been exhausted, any Medical Payments Coverage afforded by the Policy shall pay the portion of any claim for personal injury protection medical expenses which are otherwise covered but not payable due to the limitation of 80% of medical expense benefits but shall not be payable for the amount of the deductible selected.

**4. Medical Reports And Examinations;  
Payment Of Claim Withheld**

As soon as practicable, the person making the claim shall submit to mental and physical examinations at our expense when and as often as we may reasonably require and a copy of the medical report shall be forwarded to such person if requested. If the person unreasonably refuses to submit to, or fails to appear at, an examination, we will not be liable for subsequent personal injury protection benefits. Such person's refusal to submit to, or failure to appear at, two examinations, raises a rebuttable presumption that such person's refusal or failure was unreasonable.

Whenever a person making a claim as a result of an injury sustained while committing a felony is charged with committing that felony, we shall withhold benefits until, at the trial level, the prosecution makes a formal entry on the record that it will not prosecute the case against the person, the charge is dismissed or the person is acquitted.

**5. Provisional Premium**

In the event of any change in the rules, rates, rating plan, premiums or minimum premiums applicable to the insurance afforded, because of an adverse judicial finding as to the constitutionality of any provisions of the Florida Motor Vehicle No-fault Law providing for the exemption of persons from tort liability, the premium stated in the Declarations for any Liability, Medical Payments and Uninsured Motorists insurance shall be deemed provisional and subject to recomputation. If this Policy is a renewal policy, such recomputation shall also include a determination of the amount of any return premium previously credited or refunded to the "named insured" pursuant to the Florida Motor Vehicle No-fault Law with respect to insurance afforded under a previous policy.

If the final premium thus recomputed exceeds the premium shown in the Declarations, the "named insured" shall pay to us the excess as well as the amount of any return premium previously credited or refunded.

**6. Special Provisions For Rented Or Leased Vehicles**

Notwithstanding any provision of this coverage to the contrary, if a person is injured while "occupying", or through being struck by, a "motor vehicle" rented or leased under a rental or lease agreement which does not specify otherwise in language required by FLA. STAT. SECTION 627.7263(2) in at least 10-point type on the face of the agreement, the personal injury protection benefits available under the Florida Motor Vehicle No-fault Law and afforded under the lessor's policy shall be primary.

**7. Insured's Right To Personal Injury Protection Information**

- a. In a dispute between us and an "insured", or between us and an assignee of the "insured's" personal injury protection benefits, we will, upon request, notify such "insured" or assignee that the limits for Personal Injury Protection have been reached. We will provide such information within 15 days after the limits for Personal Injury Protection have been reached.
- b. If legal action is commenced, we will, upon request, provide an "insured" with a copy of a log of personal injury protection benefits paid by us on behalf of the "insured". We will provide such information within 30 days of receipt of the request for the log from the "insured".

**G. Additional Definitions**

As used in this endorsement:

- 1. "Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:
  - a. Serious jeopardy to "insured's" health;
  - b. Serious impairment to bodily functions; or
  - c. Serious dysfunction of any bodily organ part.

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2. "Motor vehicle" means any self-propelled vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of Florida and any trailer or semitrailer designed for use with such vehicle.

However, "motor vehicle" does not include:

- a. A mobile home;
  - b. Any "motor vehicle" which is used in mass transit, other than public school transportation, and designed to transport more than five passengers exclusive of the operator of the motor vehicle and which is owned by a municipality, a transit authority or a political subdivision of the state.
3. "Family member" means a person related to the "named insured" by blood, marriage or adoption, including a ward or foster child, who is a resident of the same household as the "named insured".
4. "Named insured" means the person or organization named in the Declarations of the Policy and, if an individual, shall include the spouse if a resident of the same household.
5. "Occupying" means in or upon or entering into or alighting from.
6. "Owner" means a person or organization who holds the legal title to a "motor vehicle" and also includes:
- a. A debtor having the right to possession, in the event a "motor vehicle" is the subject of a security agreement;

- b. A lessee having the right to possession, in the event a "motor vehicle" is the subject of a lease with option to purchase and such lease agreement is for a period of six months or more; and

- c. A lessee having the right to possession, in the event a "motor vehicle" is the subject of a lease without option to purchase, and such lease is for a period of six months or more, and the lease agreement provides that the lessee shall be responsible for securing insurance.

7. "Pedestrian" means a person while not an occupant of any self-propelled vehicle.

8. "Medically necessary" refers to a medical service or supply that a prudent physician would provide for the purpose of preventing, diagnosing or treating an illness, injury, disease or symptom in a manner that is:

- a. In accordance with generally accepted standards of medical practice;
- b. Clinically appropriate in terms of type, frequency, extent, site and duration; and
- c. Not primarily for the convenience of the patient, physician or other health care provider.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **AUTO MEDICAL PAYMENTS COVERAGE**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

### **A. Coverage**

We will pay reasonable expenses incurred for necessary medical and funeral services to or for an "insured" who sustains "bodily injury" caused by "accident". We will pay only those expenses incurred, for services rendered within three years from the date of the "accident".

### **B. Who Is An Insured**

1. You while "occupying" or, while a pedestrian, when struck by any "auto".
2. If you are an individual, any "family member" while "occupying" or, while a pedestrian, when struck by any "auto".
3. Anyone else "occupying" a covered "auto" or a temporary substitute for a covered "auto". The covered "auto" must be out of service because of its breakdown, repair, servicing, loss or destruction.

### **C. Exclusions**

This insurance does not apply to any of the following:

1. "Bodily injury" sustained by an "insured" while "occupying" a vehicle located for use as a premises.
2. "Bodily injury" sustained by you or any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by you or furnished or available for your regular use.

3. "Bodily injury" sustained by any "family member" while "occupying" or struck by any vehicle (other than a covered "auto") owned by or furnished or available for the regular use of any "family member".
4. "Bodily injury" to your "employee" arising out of and in the course of employment by you. However, we will cover "bodily injury" to your domestic "employees" if not entitled to workers' compensation benefits. For the purposes of this endorsement, a domestic "employee" is a person engaged in household or domestic work performed principally in connection with a residence premises.
5. "Bodily injury" to an "insured" while working in a business of selling, servicing, repairing or parking "autos" unless that business is yours.
6. "Bodily injury" arising directly or indirectly out of:
  - a. War, including undeclared or civil war;
  - b. Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
  - c. Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.



7. "Bodily injury" to anyone using a vehicle without a reasonable belief that the person is entitled to do so.
8. "Bodily Injury" sustained by an "insured" while "occupying" any covered "auto" while used in any professional racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply to any "bodily injury" sustained by an "insured" while the "auto" is being prepared for such a contest or activity.

#### **D. Limit Of Insurance**

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for "bodily injury" for each "insured" injured in any one "accident" is the Limit Of Insurance for Auto Medical Payments Coverage shown in the Declarations.

No one will be entitled to receive duplicate payments for the same elements of "loss" under this coverage and any Liability Coverage Form, Uninsured Motorists Coverage Endorsement or Underinsured Motorists Coverage Endorsement attached to this Coverage Part.

#### **E. Changes In Conditions**

The **Conditions** are changed for **Auto Medical Payments Coverage** as follows:

1. The **Transfer Of Rights Of Recovery Against Others To Us** Condition does not apply.
2. The reference in **Other Insurance** in the Auto Dealers and Business Auto Coverage Forms and **Other Insurance – Primary And Excess Insurance Provisions** in the Motor Carrier Coverage Form to "other collectible insurance" applies only to other collectible auto medical payments insurance.

#### **F. Additional Definitions**

As used in this endorsement:

1. "Family member" means a person related to you by blood, marriage or adoption who is a resident of your household, including a ward or foster child.
2. "Occupying" means in, upon, getting in, on, out or off.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/15/2024

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).

|                                                                                                                              |  |                                                                                                                                                       |  |
|------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PRODUCER</b><br>Deboo Insurance Agency<br>1430 S Federal Hwy<br>Ste 301<br>Deerfield Beach FL 33441                       |  | <b>CONTACT NAME:</b> Mark Sweeney<br><b>PHONE (A/C, No, Ext):</b> (561) 477-9339<br><b>E-MAIL ADDRESS:</b> mark@debooins.com<br><b>FAX (A/C, No):</b> |  |
|                                                                                                                              |  | <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                                                  |  |
|                                                                                                                              |  | <b>INSURER A:</b> MOUNT VERNON FIRE INS CO                                                                                                            |  |
|                                                                                                                              |  | <b>INSURER B:</b>                                                                                                                                     |  |
|                                                                                                                              |  | <b>INSURER C:</b>                                                                                                                                     |  |
|                                                                                                                              |  | <b>INSURER D:</b>                                                                                                                                     |  |
|                                                                                                                              |  | <b>INSURER E:</b>                                                                                                                                     |  |
|                                                                                                                              |  | <b>INSURER F:</b>                                                                                                                                     |  |
| <b>INSURED</b><br>OUR FATHERS HOUSE SOUP KITCHEN, INC.<br>2380 Doctor Martin Luther King Boulevard<br>Pompano Beach FL 33069 |  | <b>NAIC #</b><br>26522                                                                                                                                |  |

**COVERAGES** **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                                    |                          |         |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|--------------------------|---------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                          |           |          | NPP2589661    | 02/10/2024              | 02/10/2025              | EACH OCCURRENCE                           | \$ 1000000               |         |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100000                |         |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |               |                         |                         |                                           | MED EXP (Any one person) | \$ 5000 |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$ 1000000               |         |
|          | OTHER:                                                                                                    |           |          |               |                         |                         | GENERAL AGGREGATE                         | \$ 2000000               |         |
|          | <b>AUTOMOBILE LIABILITY</b>                                                                               |           |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ 2000000               |         |
|          | <input type="checkbox"/> ANY AUTO                                                                         |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$                       |         |
|          | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per person)                | \$                       |         |
|          | <input type="checkbox"/> HIRED AUTOS ONLY                                                                 |           |          |               |                         |                         | BODILY INJURY (Per accident)              | \$                       |         |
|          | <input type="checkbox"/> SCHEDULED AUTOS                                                                  |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$                       |         |
|          | <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                             |           |          |               |                         |                         |                                           | \$                       |         |
|          | <b>UMBRELLA LIAB</b>                                                                                      |           |          |               |                         |                         | EACH OCCURRENCE                           | \$                       |         |
|          | <input type="checkbox"/> OCCUR                                                                            |           |          |               |                         |                         | AGGREGATE                                 | \$                       |         |
|          | <b>EXCESS LIAB</b>                                                                                        |           |          |               |                         |                         |                                           | \$                       |         |
|          | <input type="checkbox"/> CLAIMS-MADE                                                                      |           |          |               |                         |                         |                                           | \$                       |         |
|          | DED                                                                                                       |           |          |               |                         |                         |                                           | \$                       |         |
|          | RETENTION \$                                                                                              |           |          |               |                         |                         |                                           | \$                       |         |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                                      |           |          |               |                         |                         | PER STATUTE                               | OTH-ER                   |         |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$                       |         |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |               |                         |                         | 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)

**APPROVED** *Daniel Beecher*  
By Daniel Beecher at 3:00 pm, Aug 15, 2024

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

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**From:** jimc@ofhsoupkitchen.org    
**Subject:** Our Father's House Soup Kitchen Bike Academy  
**Date:** August 8, 2024 at 2:22 PM  
**To:** Kelly Vitale kelly@strategicphilanthropyinc.com



Attached are the required documents for our FY 2024-2025 Award.

Current W9  
Liability Certificate including City of Pompano Beach  
Auto Insurance  
Signed workmen's comp waiver

We do not use any volunteers or employees in the Bike Academy under the age of 18.

The auto insurance policy expires next month and are in the process of renewing.

Thanks,

*Jim Crissy*, Executive Director  
Our Father's House Soup Kitchen  
PO Box 668571 (for mailing)  
Pompano Beach, FL 33066  
2380 Martin Luther King Blvd.  
Pompano Beach, FL 33069  
954-968-7550

**APPROVED** *Daniel Beecher*  
**By Daniel Beecher at 2:57 pm, Aug 15, 2024**

Budget Office  
City of Pompano Beach, Florida

100 W. Atlantic Blvd. Pompano Beach, Florida 33060 | p: 954.786.4070

8/8/2024

**APPROVED** *Daniel Beecher*  
**By Daniel Beecher at 3:01 pm, Aug 15, 2024**

Our Father's House Soup Kitchen, Inc  
2380 Hammondville Rd.  
Pompano Beach, Florida 33069

Dear Ms. Patty Garitty,

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 W. Atlantic Blvd. (Budget Office) Pompano Beach, Florida 33060. If you have any questions about this letter please telephone me at 954-786-4070.

Very truly yours,

Liliana Alvarez  
Senior Budget Analyst

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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 Garitty*  
\_\_\_\_\_  
Signature

*8-8-24*  
\_\_\_\_\_  
Date

*BOARD SECRETARY*  
\_\_\_\_\_  
Name and Title (print)

**Our Father's House Soup Kitchen, Inc.**  
**Financial Statements**  
**For The Month Ended February 29, 2024**

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Ruderman and Company, PA  
2605 E. Atlantic Blvd., Suite 200  
Pompano Beach, FL 33062  
P: 954-773-8291 ♦ F: 954-301-2230  
<http://www.southfloridacpa.com>

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## Accountant's Compilation Report

Board of Directors  
Our Father's House Soup Kitchen, Inc.  
Pompano Beach, FL 33066

Management is responsible for the accompanying financial statements of Our Father's House Soup Kitchen, Inc. (a not-for-profit corporation), which comprise the Statement of Financial position as of February 29, 2024 and the related Statement of Activities and Statement of Functional Expenses for the period then ended in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

Management has elected to omit substantially all of the disclosures (and the statement of cash flows) required by accounting principles generally accepted in the United States of America. If the omitted disclosures and statement of cash flows were included in the financial statements, they might influence the user's conclusions about the company's financial position, results of operations, and cash flows. Accordingly, the financial statements are not designed for those who are not informed about such matters.

The supplementary schedule on page 4 is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management. The supplementary information was subject to our compilation engagement. We have not audited or reviewed the supplementary information and do not express an opinion, a conclusion, nor provide any assurance on such information.

*Ruderman and Company, PA*  
Ruderman and Company, PA  
Pompano Beach, FL  
March 6, 2024

**Our Father's House Soup Kitchen, Inc.**  
**Statement of Financial Position**  
As of Feb 29, 2024

**Assets**

|                                     | <b>2024</b>                          |
|-------------------------------------|--------------------------------------|
| <b>Current Assets</b>               |                                      |
| Cash and Cash Equivalents           | \$ 196,203.55                        |
| Buses (for Homes)                   | 13,304.03                            |
| Prepaid Insurance                   | <u>10,843.48</u>                     |
| <b>Total Current Assets</b>         | <b>220,351.06</b>                    |
| <b>Property and Equipment</b>       |                                      |
| Building                            | 380,189.00                           |
| Furniture and Fixtures              | 12,328.00                            |
| Machinery and Equipment             | 177,483.77                           |
| Vehicles                            | 90,528.93                            |
| Land Improvements                   | 20,700.00                            |
| Less Accumulated Depreciation       | <u>(386,297.00)</u>                  |
| <b>Total Property and Equipment</b> | <b>294,932.70</b>                    |
| <b>Other Assets</b>                 |                                      |
| Deposits                            | 507.00                               |
| Schwab - Investments                | <u>1,017,377.56</u>                  |
| <b>Total Other Assets</b>           | <b><u>1,017,884.56</u></b>           |
| <b>Total Assets</b>                 | <b><u><u>\$ 1,533,168.32</u></u></b> |

**Liabilities and Stockholders' Equity**

|                                                   | <b>2024</b>                          |
|---------------------------------------------------|--------------------------------------|
| <b>Current Liabilities</b>                        |                                      |
| PNC Credit Card                                   | \$ 12,966.63                         |
| Payroll Tax Payable                               | <u>3,587.99</u>                      |
| <b>Total Current Liabilities</b>                  | <b>16,554.62</b>                     |
| <b>Long-Term Liabilities</b>                      |                                      |
| <b>Total Long-Term Liabilities</b>                | <u><b>0.00</b></u>                   |
| <b>Total Liabilities</b>                          | <b>16,554.62</b>                     |
| <b>Stockholders' Equity</b>                       |                                      |
| Unrestricted Net Assets                           | <u>1,516,613.70</u>                  |
| <b>Total Stockholders' Equity</b>                 | <b><u>1,516,613.70</u></b>           |
| <b>Total Liabilities and Stockholders' Equity</b> | <b><u><u>\$ 1,533,168.32</u></u></b> |



**Our Father's House Soup Kitchen, Inc.**  
**Statement of Activities**  
**For The Month And 2 Months Ended Feb 29, 2024**

|                                                                   | <b>Month Ended<br/>Feb 29, 2024</b> | <b>2 Months Ended<br/>Feb 29, 2024</b> |
|-------------------------------------------------------------------|-------------------------------------|----------------------------------------|
| <b>Unrestricted Net Assets</b>                                    |                                     |                                        |
| <b>Support</b>                                                    |                                     |                                        |
| Public Donations                                                  | \$ 24,731.00                        | \$ 74,715.65                           |
| Gifts in Kind                                                     | 86,620.00                           | 173,240.00                             |
| Interest Income                                                   | 2.39                                | 5.33                                   |
| Dividend Income                                                   | 323.72                              | 534.14                                 |
| Unrealized Gains (Losses)                                         | 24,920.54                           | 23,167.77                              |
| Total Revenue                                                     | 136,597.65                          | 271,662.89                             |
| <b>Expenses</b>                                                   |                                     |                                        |
| Program Services                                                  | 125,834.57                          | 262,599.76                             |
| General Support                                                   | 2,871.25                            | 9,491.31                               |
| Fundraising Activities                                            | 2,003.24                            | 4,006.48                               |
| Total Expenses                                                    | 130,709.06                          | 276,097.55                             |
| <b>Increases (Decreases) In Unrestricted Net Assets</b>           | <b>5,888.59</b>                     | <b>(4,434.66)</b>                      |
| <b>Donor Restricted (Time/Purpose) Net Assets</b>                 |                                     |                                        |
| Contributions                                                     | 0.00                                | 0.00                                   |
| Net Assets Released From Restrictions                             | 0.00                                | 0.00                                   |
| <b>Increases (Decreases) In Temporarily Restricted Net Assets</b> | <b>0.00</b>                         | <b>0.00</b>                            |
| <b>Increase (Decrease) In Net Assets</b>                          | <b>5,888.59</b>                     | <b>(4,434.66)</b>                      |
| <b>Net Assets</b>                                                 |                                     |                                        |
| Beginning of Period                                               | 1,510,725.11                        | 1,521,048.36                           |
| End of Period                                                     | <b>\$ 1,516,613.70</b>              | <b>\$ 1,516,613.70</b>                 |

**Our Father's House Soup Kitchen, Inc.**  
**Statement of Functional Expenses**  
For The Month And 2 Months Ended Feb 29, 2024

|                                 | Month Ended          |                    |                    | 2 Months Ended       |                    |                    |
|---------------------------------|----------------------|--------------------|--------------------|----------------------|--------------------|--------------------|
|                                 | Feb 29, 2024         | Month Ended        | Month Ended        | Feb 29, 2024         | 2 Months Ended     | 2 Months Ended     |
|                                 | Program              | Feb 29, 2024       | Feb 29, 2024       | Program              | Feb 29, 2024       | Feb 29, 2024       |
|                                 | Services             | Administrative     | Fundraising        | Services             | Administrative     | Fundraising        |
| <b>Operating Expenses</b>       |                      |                    |                    |                      |                    |                    |
| Food and Supplies               | \$ 4,436.46          | \$ 0.00            | \$ 0.00            | \$ 8,804.02          | \$ 0.00            | \$ 0.00            |
| Food and Supplies (In Kind)     | 86,620.00            | 0.00               | 0.00               | 173,240.00           | 0.00               | 0.00               |
| Bus Passes                      | 0.00                 | 0.00               | 0.00               | 940.00               | 0.00               | 0.00               |
| Client Assistance               | 978.50               | 0.00               | 0.00               | 1,467.65             | 0.00               | 0.00               |
| Salaries - Officers             | 4,496.14             | 865.38             | 0.00               | 19,642.28            | 5,280.76           | 0.00               |
| Salaries and Wages              | 9,900.00             | 0.00               | 0.00               | 19,700.00            | 0.00               | 0.00               |
| Accounting Fees                 | 300.00               | 300.00             | 0.00               | 550.00               | 550.00             | 0.00               |
| Advertising and Promotion       | 727.90               | 0.00               | 3.24               | 727.90               | 0.00               | 6.48               |
| Auto and Truck Expense          | 1,628.27             | 180.92             | 0.00               | 3,656.69             | 406.30             | 0.00               |
| Bank Charges                    | 208.14               | 0.00               | 0.00               | 295.75               | 0.00               | 0.00               |
| Contract Labor                  | 270.00               | 30.00              | 0.00               | 540.00               | 60.00              | 0.00               |
| Depreciation                    | 2,834.00             | 0.00               | 0.00               | 5,668.00             | 0.00               | 0.00               |
| Donations                       | 470.00               | 0.00               | 0.00               | 882.00               | 0.00               | 0.00               |
| Dues and Subscriptions          | 199.00               | 0.00               | 0.00               | 199.00               | 0.00               | 0.00               |
| Entertainment/Meals             | 182.48               | 192.38             | 0.00               | 447.57               | 457.47             | 0.00               |
| Insurance - Property Damage     | 738.71               | 0.00               | 0.00               | 1,800.68             | 0.00               | 0.00               |
| Insurance - D&O / EPL           | 66.94                | 0.00               | 0.00               | 133.88               | 0.00               | 0.00               |
| Insurance - Auto                | 830.25               | 0.00               | 0.00               | 1,660.50             | 0.00               | 0.00               |
| Licenses, Permits, and Fees     | 70.00                | 0.00               | 0.00               | 70.00                | 0.00               | 0.00               |
| Office Supplies and Expense     | 135.35               | 15.04              | 0.00               | 171.34               | 19.04              | 0.00               |
| Postage and Freight             | 0.00                 | 0.00               | 0.00               | 96.03                | 0.00               | 0.00               |
| Professional Fees               | 0.00                 | 0.00               | 2,000.00           | 0.00                 | 0.00               | 4,000.00           |
| Repairs and Maintenance         | 255.63               | 255.63             | 0.00               | 625.28               | 625.28             | 0.00               |
| Supplies                        | 2,435.02             | 270.56             | 0.00               | 5,405.15             | 600.57             | 0.00               |
| Taxes - Payroll                 | 1,183.91             | 66.20              | 0.00               | 3,210.93             | 416.23             | 0.00               |
| Telephone                       | 1,404.19             | 468.06             | 0.00               | 1,842.86             | 614.29             | 0.00               |
| Temporary Help                  | 3,420.00             | 0.00               | 0.00               | 6,670.00             | 0.00               | 0.00               |
| Utilities - Electric            | 1,166.89             | 129.66             | 0.00               | 2,389.62             | 265.52             | 0.00               |
| Utilities - Gas                 | 171.91               | 19.10              | 0.00               | 346.51               | 38.50              | 0.00               |
| Utilities - Water               | 267.16               | 29.68              | 0.00               | 540.68               | 60.07              | 0.00               |
| Utilities - Trash Removal       | 437.72               | 48.64              | 0.00               | 875.44               | 97.28              | 0.00               |
| <b>Total Operating Expenses</b> | <b>\$ 125,834.57</b> | <b>\$ 2,871.25</b> | <b>\$ 2,003.24</b> | <b>\$ 262,599.76</b> | <b>\$ 9,491.31</b> | <b>\$ 4,006.48</b> |

**Our Father's House Soup Kitchen, Inc.**  
**Supplemental Schedule of Fundraising Activity**  
For The Month And 2 Months Ended Feb 29, 2024

|                                     | <u>Month Ended<br/>Feb 29, 2024<br/>Fundraising</u> | <u>2 Months Ended<br/>Feb 29, 2024<br/>Fundraising</u> |
|-------------------------------------|-----------------------------------------------------|--------------------------------------------------------|
| <b>Revenue</b>                      |                                                     |                                                        |
| <b>Operating Expenses</b>           |                                                     |                                                        |
| Advertising and Promotion           | \$ 3.24                                             | \$ 6.48                                                |
| Professional Fees                   | <u>2,000.00</u>                                     | <u>4,000.00</u>                                        |
| <b>Total Operating Expenses</b>     | <u><b>2,003.24</b></u>                              | <u><b>4,006.48</b></u>                                 |
| <br><b>Net Fundraising Activity</b> | <br><u><u><b>\$ (2,003.24)</b></u></u>              | <br><u><u><b>\$ (4,006.48)</b></u></u>                 |