

APPROPRIATIONS CONTRACT

THIS CONTRACT is executed 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 2025-2026 (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, 2025 and ending September 30, 2026; 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;

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, 2025 and ending September 30, 2026.

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

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

By: Kathleen Crissy
Print Name: Katie Crissy

Title: President

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 2nd day of September, 2025, 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
Commission # HH 262938
Expires September 3, 2026

Kathleen C. Ballman
NOTARY PUBLIC, STATE OF FLORIDA

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

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 contract.

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: Our Father's House 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:	April 21, 2025 5:09 pm
Browser:	Chrome 135.0.0.0 / OS X
IP Address:	73.155.156.69
Unique ID:	1336887352
Location:	29.763, -95.2567

About Your Organization

Which Fiscal Year Is Your Organization Applying For?	2025-2026
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Full Name of Nonprofit:	Our Father's House Soup Kitchen, Inc.
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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.
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Brief Overview of Nonprofit:

Our Father's House (OFH) has worked to feed the hungry and provide essential clothing and hygiene for those in need in Pompano Beach since 1989. Thanks to the support of our community, 60+ volunteers, a small staff of 2, and eight formerly homeless part-time employees, OFH is the currently the only daily feeding program in Broward County, serving over 110,000 meals annually. We also provide clothing, shoes, and hygiene supplies and health related services. During our 36 years we have added other services such as delivery of pantry bags to elderly and disabled neighbors who can't come to us, and showers for our homeless guests who need to be clean to get and maintain employment. We operate a Bike Academy to teach vocational skills and provide sustainable transportation to those we serve, and for homeless guests with confirmed construction job offers we supply the steel-toed boots required by OSHA, allowing them to obtain employment. Since the beginning we have been committed to treating every guest of OFH with dignity and respect.

OFH is essential to the low-income and homeless of 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 and clothing they can take home for their children and other relatives.

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?	Workforce Excellence: Workforce Readiness

How does your program/event(s) fit the funding priority/sub pillar?	<p>At Our Father's House we work to provide a safety net for essential needs that will allow our guests to improve their circumstance and have a brighter tomorrow. Along with serving their critical needs of food, clothing, and hygiene items, we have added a number of services geared to helping the homeless gain and maintain employment. In 2023 we added showers so our homeless guests could be clean for their employment. With our clothing supplies we stock long-sleeved shirts for farm workers, and each year we supply approximately 80 pairs of steel-toed boots to guests who have confirmed offers of construction employment. They wouldn't be able to take these jobs without this OSHA required safety item they can't afford. 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.</p>
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Statement of Need:

Hunger is one of the most basic human needs, and unfortunately it is unmet for hundreds of thousands of Broward County residents. In 2022, 11.3% of the county's population was food insecure, with 220,130 people not knowing where they would get their next meal. Sixty-two percent of Broward's food insecure population qualified for SNAP (food stamps) and other federal nutrition programs based on income, the other 38%, who didn't qualify for SNAP, were forced to rely on emergency food assistance programs (Source: Feeding America).

Our neighbors who cannot afford meals are also unable to afford other necessities, such as clothing, shoes, and hygiene supplies and health services. This is a difficult reality for 13% of Broward's population (251,418 out of 1,933,983) who live below the poverty line - more than the national average of 11.6% (Source: 2022 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. The percentage of Black and African American families with children living in poverty is nearly four times higher than White families (Source: Urban League of Broward County, 2020).

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 or exacerbate poor health. Research has consistently shown that ongoing exposure to economic stress and hardship harms child development because parents are stressed and unable to invest time and care on their children.

OFH is bridging the gap between poverty and food insecurity by providing hot meals and pantry food services five days per week, along with clothing and hygiene products. By providing access to showers, clothing items required for employment, and bicycles for transportation, we are also helping our homeless and LMI guests to obtain the employment they need to create a better future.

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: Our Father's House Bike Academy

Type of Program/Event: Nonprofit Program/Seminar/Workshop

Share an executive summary of the program/event:

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.

Elaborate on your program/event goals and objectives. How do you plan on using the funding to solve the problem?

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.

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.

What are the proposed outcomes of your program/event?

We propose to provide a minimum of 15 hours of vocational training and give one refurbished bicycle to approximately 200 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 eight years ago, we feel it is important to remove at least one barrier to that outcome.

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 in the heart of Pompano Beach). We serve anyone who arrives at our doors, no questions asked. We built trust in the community we serve by removing as many barriers as possible to meeting their essential needs. We estimate that our guests are predominantly African American (60-70%) and Caucasian (30-40%), with a growing number of Hispanic guests. Roughly 75% are male, and approximately 30% are veterans. Nearly all of our guests are adults and, in recent years, we have formed partnerships with Broward College and City College and have begun seeing an increasing number of younger adults 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 zip code 33069 in western Pompano Beach, and adjacent to Pompano Beach zip codes 33060 and 33064. These are three of the lowest income zip codes in Broward County. Our guests come from this local area, many arriving on foot. 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 to get to employment. 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?	Our Father's House is located on Martin Luther King Blvd in the Pompano Beach zip code of 33069. This zip code, along with the neighboring Pompano Beach zip codes of 33060 and 33064, are some of the poorest zip codes in Broward County. Our guests are mostly homeless and many access our facility daily on foot. With 36 years in the community our neighbors who need our help can easily find their way to our doors where we serve all who come, no questions asked.
How does a City of Pompano Beach resident access the services/program your nonprofit provides?	Any resident of the area only needs to come to Our Father's House Facility on Martin Luther King Blvd. to obtain complete access to our food, clothing, and care services including the Bike Academy.
Start Date of Program/Event:	Oct 01, 2025
End Date of Program/Event:	Apr 21, 2026
Does your program/event have a start time/end time?	No
Name of Program/Event Venue:	Our Father's House Bike Academy
Address of Program/Event Venue Location:	2380 Martin Luther King Blvd. Pompano Beach, FL 33069
Attire of Program/Event (select the one that best applies):	Casual
List any benefits or 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 they can seek and retain employment. Ultimately, these efforts lead to reductions in unemployment and homelessness in our community.</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 tour our facility to see your funding at work.</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?

Yes

Program/Event Information #2

Will your organization be hosting the program/event on City property?

No

Which are you applying for? (Program/Event)

Program

Program/Event Name:

Our Father's House Boots for Jobs (Part of Food, Clothing, and Care Program)

Type of Program/Event:

Nonprofit Program/Seminar/Workshop

Share an executive summary of the program/event:

Hunger is one of the most basic human needs, and unfortunately it is unmet for thousands of Pompano Beach residents. Our Father's House is bridging the gap between poverty and food insecurity by providing hot meals and pantry food services five days per week, along with clothing, hygiene products, personal and health services, and access to showers. 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. Along with providing this safety net we also want to help our guests seek solutions for a better future. Many of our guests look for work in construction jobs, however OSHA requires these workers to have steel tip construction boots. These boots generally cost over \$180 and are a necessity to work, something our homeless guests can't afford. After hearing of this need from so many of our guests, we now do our best to keep at least two dozen pairs of these boots on hand - approximately \$6,000 worth of footwear. When a guest comes to us with a job offer dependent on having boots, we carefully fit them with their correct size boot and then provide two pairs of socks to help ensure the boots are usable. The smiles on their faces demonstrate just how important this service is to their wellbeing and success. Being able to work is the first step toward getting off the streets. In 2024 alone we supplied 81 pairs of boots to guests who obtained jobs thanks to their new steel-toed construction boots.

Elaborate on your program/event goals and objectives. How do you plan on using the funding to solve the problem?

The ultimate goal of our work is to create a safety net for vulnerable members of our community and reduce unemployment by providing safety items required by our homeless and LMI individuals to get employment.

Funding from the City of Pompano Beach will help us meet this objective by helping us to purchase the expensive steel-toed Red Wing work boots required by OSHA for construction jobs. Annually we require approximately \$15,000 to pay for the boots needed.

What are the proposed outcomes of your program/event?

The outcome of the Boots for Jobs portion of our Food, Clothing, and Care Program is to provide employment for 80+ homeless and LMI guests of OFH, most of them from Pompano.

Share the primary methodology by which you will measure the outcomes of your program/event:	<p>We will measure our progress towards our stated outcomes by tracking:</p> <ul style="list-style-type: none"> • the number of individuals with confirmed job offers requiring steel-toed boots, • the number pairs of steel-toed boots we distribute.
Estimated total number of individuals expected to attend your program/event:	51-150
Please specify the number of City of Pompano Beach residents your organization will serve if the program/event is funded:	60
Describe the demographics of the population you are impacting with this program/event:	<p>OFH serves homeless and low-income individuals and families in our direct neighborhood (ZIP 33069 in the heart of Pompano Beach). We serve anyone who arrives at our doors, no questions asked. We built trust in the community we serve by removing as many barriers as possible to meeting their essential needs. We estimate that our guests are predominantly African American (60-70%) and Caucasian (30-40%), with a growing number of Hispanic guests. Roughly 75% are male, and approximately 30% are veterans. Nearly all of our guests are adults and, in recent years, we have formed partnerships with Broward College and City College and have begun seeing an increasing number of younger adults seeking our services.</p>
Include a description of the geographic area your program/event(s) will serve and how it will impact the area:	<p>OFH is located in zip code 33069 in western Pompano Beach, and adjacent to Pompano Beach zip codes 33060 and 33064. These are three of the lowest income zip codes in Broward County. Our guests come from this local area, many arriving on foot. We also receive guests served by the Broward County Bus System. Providing safety certified boots to homeless individuals with confirmed job offers positively impacts our neighborhood by providing these guests with opportunities for self-improvement, a chance to better their future, and the opportunity to become contributing members of the community. Our Father's House is working towards reducing unemployment and ultimately reducing homelessness through these efforts.</p>
Start Date of Program/Event:	Oct 01, 2025
End Date of Program/Event:	Apr 21, 2026

Does your program/event have a start time/end time?	No
Name of Program/Event Venue:	Our Father's House Boots for Jobs (Part of Food, Clothing, and Care Program)
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 Boot for Jobs provides to the City of Pompano Beach is the opportunity for homeless and LMI individuals to obtain employment for which they are qualified but unable to get because they can't afford the \$180+ cost of this important, and required, safety item. Ultimately, these efforts lead to reductions in unemployment and homelessness in our community.</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 tour our facility to see your funding at work.</p>
Total dollar amount of the overall program/event budget:	15000
Total dollar amount being requested from the City:	2500
How will your organization use the City of Pompano Beach funding?	The budget for the full Food, Clothing, and Care Program is \$1,761,748. Approximately \$15,000 of that is used to purchase the OSHA certified boots for \$180 a pair. Funding from the City of Pompano Beach will be used to purchase approximately 14 pairs of steel-toed Red Wing Work Boots. These boots will be provided, along with socks, to individuals with confirmed jobs in construction dependent upon have steel-toed boots.

Additional Activities

Are there any additional activities associated with the primary sponsorship event (Examples include VIP event, Kickoff event, Awards Ceremony, Thank You/Recognition Party, etc...)

No

Additional Information

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

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 adding clothes and basic needs assistance to what they offer. 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 29-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 more than 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. To do so we:

- ☐ Serve 52,000+ hot lunches and 8000+ breakfasts annually
- ☐ Provide 52,000+ to-go meals annually
- ☐ Provide 4000+ pantry bags (including pantry staples, fresh vegetables, and fresh meat, when available) annually (both picked up and delivered to homebound neighbors)
- ☐ Distribute 3,000+ pairs of shoes annually, including approximately 80 pairs of steel-toed work boots to guests with confirmed construction employment offers
- ☐ Provide approximately 1,440+ showers annually
- ☐ Give 190-240 bicycles to homeless and low-income volunteers annually, approximately 50 of them with bed attachments for homeless recipients
- ☐ Partner with 20+ community organizations and agencies to acquire food, clothing, hygiene supplies, and bicycles with as little cost as possible.

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. With your partnership we have been able to create brighter futures for tens of thousands of our Pompano Beach neighbors. We appreciate your consideration of this request to continue support for our Bike Academy Program, providing valuable transportation to our guests seeking employment, and additional support for Boots for Jobs. Support of the Boots for Jobs will help Pompano Beach residents gain valuable employment in construction.

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?

2024

What was the name of program/event funded?

Our Father's House Bike Academy

How much was the funding for this program/event?

5000

Requested Budget Information

What is your organization's operational budget?	1849440
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What is the total value your nonprofit is applying for?	7500
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If you are not awarded the full funding requested for your program/event(s), will you be able to complete your project?	Yes
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About Your Staff and Leadership

Total Number of Employees:	10
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Full Name of President/CEO/Executive Director:	Katie Crissy, President
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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 36 years have brought - and her commitment to providing job skills training through the Bike Academy is changing lives.
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About Your Board of Directors

Total Board Members:	8
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How many board members contribute financially to the organization?	3
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Is there a formal give/get policy for board members?	No
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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.

The Jim Moran Foundation \$30,000
The Leslie L. Alexander Foundation \$75,000
Albert and Birdie Einstein Fund \$15,000
Wawa Foundation \$1,500
Josephine Leiser Foundation \$5,000
Thomas Foundation \$10,000
Walter and Adi Blum Foundation \$1,000
Lawrence Sander Foundation \$20,000
William R. Watts Foundation \$5,000
Wye Foundation \$10,000
Eric R. Tarmey Memorial Foundation \$25,000
Harry T. Mangurian Foundation \$10,000
Saul & Pauline Gittleman Foundation \$13,936
TD Charitable Foundation \$10,000

Financial Information

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

Internal Financial Audit conducted by your organizations's internal team

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 accountants prepare compiled financial statement for the year. These are reviewed by the Board of Directors.

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/17899812630>

Agency Operational Budget <https://www.formstack.com/admin/download/file/17899812631>

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/17899812632>

W9 <https://www.formstack.com/admin/download/file/17899812633>

IRS 501(c)(3) Determination Letter <https://www.formstack.com/admin/download/file/17899812634>

Articles of Incorporation <https://www.formstack.com/admin/download/file/17899812635>

Most Recent 990 Form <https://www.formstack.com/admin/download/file/17899812636>

List of Board of Directors <https://www.formstack.com/admin/download/file/17899812637>

Matching Gift Documentation

Does Your Organization Receive Matching Funds? No

President/CEO/Executive Director Contact Information

Name Katie Crissy

Title President

Email jimc@ofhsoupkitchen.org

Phone Number (954) 968-7550

Mailing Address PO Box 668571
Pompano Beach, FL 33066

Primary Nonprofit Contact

Name	Jim Crissy
Title	Executive Director
Email	jimc@ofhsoupkitchen.org
Phone Number	(954) 610-5341

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
65-0150748 000000 00

00026026

BODC: TE

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



002518

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

Dear Taxpayer:

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

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

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

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

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

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

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

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

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

4077383720
Jan. 16, 2020 LTR 4168C 0
65-0150748 000000 00
00026027

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.) OUR FATHER'S HOUSE SOUP KITCHEN, INC
	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 checked="" type="checkbox"/> Other (see instructions) NONPROFIT CORPORATION
	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) _____ (Applies to accounts maintained outside the United States.)
	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. PO BOX 668571	Requester's name and address (optional)
6 City, state, and ZIP code POMPANO BEACH, FL 33066	
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										
6	5	-	0	1	5	0	7	4	8	

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 <i>Patricia A. Haritty</i>	Date <i>2-19-25</i>
------------------	---	---------------------

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

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

A FLORIDA CORPORATION

ARTICLE ONE
NAME

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

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.
M'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
Mpmhc.T!':

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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o
n
s

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

NAME	ADDRESS
Jimmy F. Rotonno	21910 Cricklewood Terrace Boca Raton, Florida 33428
Phyllis Rotonno	21910 cricklewood Terrace Boca Raton, Florida 33428
Barbara Rielly	23000 Camino Del Mar Apt. 198 Boca Raton, Florida
Paul D. Houle	512 W. Oakland Park Blvd. Fort Lauderdale, Fl. 33331
Winston Davis	1051 N. E. 43rd Ct. Oakland Park, Florida
M'laine Nace	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
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.

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.

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The ARTICLE FOURTEEN
Limitation on member's
of the liability

private property
members of this
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shall not be liable for its corporate debts.

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

In the event of the dissolution of this corporatig~;~ 0'2
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 .

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Incorporator

Incorporator

Incorporator

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Incorporato
r

State of Florida
County of Broward

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

official seal

A/t~f

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6.
STATE OF FLORIDA
COUNTY OF PALM BEACH

I HEREBY CERTIFY that on this 0C, ~ 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
F:G 4.0

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

Carol M. Peters
NOTARY PUBLIC

MY COMMISSION
EXPIRES:

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MY COMM EXP SEPT 22, 1990

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(11)

STATE OF FLORIDA  
COUNTY OF PALM BEACH

I HEREBY CERTIFY that on this hl:::111.day off~l""'~'  
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.



MY COMM EXP SEPT 22, 1990

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

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afore a~  
above

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MY COMMISSION  
EXPIRES:

STATE OF FLORIDA  
COUNTY OF BROWARD

I HEREBY CERTIFY that on this ~day of J#htJ..t..4t...v:19B9,  
before me, an officer duly authorized, personally appeared  
BARBARA RIELLY known to be the person described in and who  
executed the foregoing instrument and she acknowledged before me  
that she executed said instrument.

WITNESS my hand and official seal in the County and State  
aforesaid, this the day and year last above written.

NOT~

8.  
MY COMMISSION EXPIRES,

STATE OF FLORIDA

WITNESS my  
aforesaid, this

Carol M. Peters  
NOTARY PUBLIC

COUNTY OF BROWARD

I HEREBY CERTIFY that on this ~day of Jmrl1 ~ 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 f;?~J~,,t3fc! 21, 1992

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My f;?~J~,,t3fc! 21, 1992

STATE OF FLORIDA  
COUNTY OF  
BROWARD

I HEREBY CERTIFY that on this 14<sup>th</sup> day of April, 1989,  
before me, an officer duly authorized, personally appeared  
WINSTON DAVIS known to be the person described in and who  
executed the foregoing instrument and he acknowledged before me  
that he executed said instrument.

WITNESS my hand and official seal in the county and State  
of Florida, this 14<sup>th</sup> day of April, 1989.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

February 21, 1992

STATE OF FLORIDA  
COUNTY OF BROWARD

Notary Seal  
Winston Davis  
Notary Public  
State of Florida  
Commission Expires  
February 21, 1992

I HEREBY CERTIFY that on this 14<sup>th</sup> day of April, 1989,  
before me, an officer duly authorized, personally appeared  
ELAINE NACE known to be the person described in and who executed  
the foregoing instrument and she acknowledged before me that she  
executed said instrument.

WITNESS my hand and official seal in the County and state  
of Florida, this 14<sup>th</sup> day of April, 1989.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

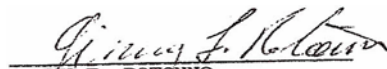
February 21, 1992

land.d.th.iff.oyf@a-law.one.nc

ACCEPTANCE OF RESIDENCE AGENT

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

Dated: 14<sup>th</sup> of April, 1989

  
JIMMY F. ROTUNNO



## 2025 Board of Directors

### OFFICERS

**Katherine Crissy – President**

Executive Director, OFH Soup Kitchen  
jfcissy@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

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### DIRECTORS

**Paul Crissy – Director**

Local Businessman  
954-328-6904  
Member since 2024

**Matthew Crissy – Director**

Local Businessman  
954-588-5583  
Member since 2024

**Sergio DoRosario – Director**

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

### HONORARY DIRECTORS

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

(561) 488-2051  
Member since 1989

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

Sister of Mercy

**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](mailto: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)**2024**Department of the Treasury  
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for instructions and the latest information.**Open to Public Inspection**

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> For the <b>2024</b> calendar year, or tax year beginning , <b>2024</b> , and ending , <b>20</b>                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <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<br><br><b>F</b> Name and address of principal officer: KATHERINE CRISSY<br>445 S OCEAN WAY 206 DEERFIELD BEACH, FL 33441 | <b>D</b> Employer identification number<br>65-0150748<br><b>E</b> Telephone number<br>954-968-7550<br><br><b>G</b> Gross receipts \$ 1,750,916.<br><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 checked="" type="checkbox"/> No<br>If "No," attach a list. See instructions.<br><b>H(c)</b> Group exemption number |
| <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>J</b> Website: WWW.OFHSOUPKITCHEN.ORG                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <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: 1989 <b>M</b> State of legal domicile: FL                                                    |                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

|                                    |                                                                        |                                                                                                                                         |                           |
|------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>Part I Summary</b>              |                                                                        |                                                                                                                                         |                           |
| <b>Activities &amp; Governance</b> | <b>1</b>                                                               | Briefly describe the organization's mission or most significant activities: PROVIDE HOT LUNCHES TO THE HOMELESS AND NEEDY.              |                           |
|                                    | <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)                                                                       | 9                         |
|                                    | <b>4</b>                                                               | Number of independent voting members of the governing body (Part VI, line 1b)                                                           | 5                         |
|                                    | <b>5</b>                                                               | Total number of individuals employed in calendar year 2024 (Part V, line 2a)                                                            | 10                        |
|                                    | <b>6</b>                                                               | Total number of volunteers (estimate if necessary)                                                                                      | 150                       |
|                                    | <b>7a</b>                                                              | Total unrelated business revenue from Part VIII, column (C), line 12                                                                    | 0.                        |
| <b>b</b>                           | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 0.                                                                                                                                      |                           |
| <b>Revenue</b>                     | <b>8</b>                                                               | Contributions and grants (Part VIII, line 1h)                                                                                           | 1,745,426.                |
|                                    | <b>9</b>                                                               | Program service revenue (Part VIII, line 2g)                                                                                            | 1,631,532.                |
|                                    | <b>10</b>                                                              | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                           | 117,719.                  |
|                                    | <b>11</b>                                                              | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                | 119,384.                  |
|                                    | <b>12</b>                                                              | Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                      | 1,863,145.                |
|                                    | <b>12</b>                                                              | Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                      | 1,750,916.                |
| <b>Expenses</b>                    | <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)                                                       | 186,448.                  |
|                                    | <b>16a</b>                                                             | Professional fundraising fees (Part IX, column (A), line 11e)                                                                           | 255,910.                  |
|                                    | <b>b</b>                                                               | Total fundraising expenses (Part IX, column (D), line 25)                                                                               | 24,000.                   |
|                                    | <b>b</b>                                                               | Total fundraising expenses (Part IX, column (D), line 25)                                                                               | 24,000.                   |
|                                    | <b>17</b>                                                              | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                            | 24,724.                   |
|                                    | <b>17</b>                                                              | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                            | 1,343,001.                |
| <b>Net Assets or Fund Balances</b> | <b>18</b>                                                              | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                               | 1,329,768.                |
|                                    | <b>18</b>                                                              | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                               | 1,553,449.                |
|                                    | <b>19</b>                                                              | Revenue less expenses. Subtract line 18 from line 12                                                                                    | 1,609,678.                |
|                                    | <b>19</b>                                                              | Revenue less expenses. Subtract line 18 from line 12                                                                                    | 309,696.                  |
| <b>Net Assets or Fund Balances</b> | <b>20</b>                                                              | Total assets (Part X, line 16)                                                                                                          | 141,238.                  |
|                                    | <b>20</b>                                                              | Total assets (Part X, line 16)                                                                                                          | Beginning of Current Year |
|                                    | <b>21</b>                                                              | Total liabilities (Part X, line 26)                                                                                                     | 1,540,579.                |
|                                    | <b>21</b>                                                              | Total liabilities (Part X, line 26)                                                                                                     | 1,679,492.                |
| <b>22</b>                          | Net assets or fund balances. Subtract line 21 from line 20             | 19,531.                                                                                                                                 |                           |
| <b>22</b>                          | Net assets or fund balances. Subtract line 21 from line 20             | 17,206.                                                                                                                                 |                           |
| <b>22</b>                          | Net assets or fund balances. Subtract line 21 from line 20             | 1,521,048.                                                                                                                              |                           |
| <b>22</b>                          | Net assets or fund balances. Subtract line 21 from line 20             | 1,662,286.                                                                                                                              |                           |

|                                                                                                                                                                                                                                                                                                                       |                                                              |                      |      |                                                            |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------|------|------------------------------------------------------------|-----------|
| <b>Part II Signature Block</b>                                                                                                                                                                                                                                                                                        |                                                              |                      |      |                                                            |           |
| 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                                         | Date                 |      |                                                            |           |
|                                                                                                                                                                                                                                                                                                                       | JAMES CRISSY<br>Type or print name and title                 | VICE PRESIDENT       |      |                                                            |           |
| <b>Paid Preparer Use Only</b>                                                                                                                                                                                                                                                                                         | Preparer's name                                              | Preparer's signature | Date | Check <input checked="" type="checkbox"/> if self-employed | PTIN      |
|                                                                                                                                                                                                                                                                                                                       | GARY S. RUDERMAN                                             | GARY S. RUDERMAN     |      |                                                            | P00379705 |
|                                                                                                                                                                                                                                                                                                                       | Firm's name                                                  | Firm's EIN           |      |                                                            |           |
|                                                                                                                                                                                                                                                                                                                       | RUDERMAN AND COMPANY, PA                                     | 26-0036268           |      |                                                            |           |
|                                                                                                                                                                                                                                                                                                                       | Firm's address                                               | Phone no.            |      |                                                            |           |
|                                                                                                                                                                                                                                                                                                                       | 2637 E. ATLANTIC BLVD., #155<br>POMPANO BEACH, FL 33062-4939 | 954-773-8291         |      |                                                            |           |
| May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 \$ 1,536,051. 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 1,536,051.

**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)? If "Yes," complete Schedule A                                                                                                                                                                         | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions                                                                                                                                                                                                           | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                                                                                      |     | 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? If "Yes," complete Schedule C, Part II                                                                                                       |     | 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? If "Yes," complete Schedule C, Part III                                                                               |     | 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? If "Yes," complete Schedule D, Part I                                                    |     | 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? If "Yes," complete Schedule D, Part II                                                                                            |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                                                                         |     | 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? If "Yes," complete Schedule D, Part IV            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                                                               |     | 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? If "Yes," complete Schedule D, Part VI                                                                                                                                                                       | 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? If "Yes," complete Schedule D, Part VII                                                                                                  |     | 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? If "Yes," complete Schedule D, Part VIII                                                                                                  |     | 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? If "Yes," complete Schedule D, Part IX                                                                                                                     |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                                     | 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)? If "Yes," complete Schedule D, Part X                                                            |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII                                                                                                                                                        |     | X  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                           |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                        |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                             |     | 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? If "Yes," complete Schedule F, Parts I and IV |     | 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? If "Yes," complete Schedule F, Parts II and IV                                                                                                           |     | 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? If "Yes," complete Schedule F, Parts III and IV                                                                                                     |     | 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? If "Yes," complete Schedule G, Part I. See instructions                                                                                             | 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? If "Yes," complete Schedule G, Part II                                                                                                                           |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                                     |     | X  |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                             |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                              |     |    |
| 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? If "Yes," complete Schedule I, Parts I and II                                                                                            |     | 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> .....                                                                                                                                                                                        | <b>22</b>  | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> .....                                                                                                                            | <b>23</b>  | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> .....                                                                                                  | <b>24a</b> | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....                                                                                                                                                                                                                                                                                         | <b>24b</b> |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....                                                                                                                                                                                                                                                | <b>24c</b> |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....                                                                                                                                                                                                                                                                                   | <b>24d</b> |    |
| <b>25a 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> .....                                                                                                                                                                      | <b>25a</b> | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> .....                                                                                                               | <b>25b</b> | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i> .....                                                       | <b>26</b>  | X  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> ..... | <b>27</b>  | 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> .....                                                                                                                                                                                                                              | <b>28a</b> | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i> .....                                                                                                                                                                                                                                                                                   | <b>28b</b> | 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> .....                                                                                                                                                                                                                                      | <b>28c</b> | X  |
| <b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i> .....                                                                                                                                                                                                                                                                          | <b>29</b>  | 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> .....                                                                                                                                                                                                         | <b>30</b>  | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> .....                                                                                                                                                                                                                                                               | <b>31</b>  | 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> .....                                                                                                                                                                                                                                             | <b>32</b>  | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> .....                                                                                                                                                                                             | <b>33</b>  | 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> .....                                                                                                                                                                                                                                         | <b>34</b>  | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....                                                                                                                                                                                                                                                                                                 | <b>35a</b> | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> .....                                                                                                                                                                 | <b>35b</b> |    |
| <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> .....                                                                                                                                                                                                         | <b>36</b>  | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> .....                                                                                                                                                    | <b>37</b>  | 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. ....                                                                                                                                                                                                   | <b>38</b>  | X  |

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

|                                                                                                                                                                         | Yes       | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. ....                                                                            | <b>1a</b> | 6  |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. ....                                                                          | <b>1b</b> | 0  |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | <b>1c</b> | X  |



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

|                                                                                                                                                                                                                                                                     | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return..... <b>2a</b> 10                                                           |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... <b>2b</b>                                                                                                                              | X   |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?..... <b>3a</b>                                                                                                                                              |     | X  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. .... <b>3b</b>                                                                                                                                |     |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?..... <b>4a</b> |     | X  |
| <b>b</b> If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                                     |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... <b>5a</b>                                                                                                                                      |     | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... <b>5b</b>                                                                                                                            |     | X  |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?..... <b>5c</b>                                                                                                                                                                          |     |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?..... <b>6a</b>                                    |     | X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?..... <b>6b</b>                                                                                               |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                              |     |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?..... <b>7a</b>                                                                                             |     | X  |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?..... <b>7b</b>                                                                                                                                             |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?..... <b>7c</b>                                                                                                        |     | X  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year. <b>7d</b>                                                                                                                                                                               |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... <b>7e</b>                                                                                                                             |     | X  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... <b>7f</b>                                                                                                                                |     | X  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?..... <b>7g</b>                                                                                                            |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?..... <b>7h</b>                                                                                                          |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?..... <b>8</b>                                                      |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                  |     |    |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?..... <b>9a</b>                                                                                                                                                          |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... <b>9b</b>                                                                                                                                           |     |    |
| <b>10 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 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 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 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?..... <b>15</b>                                                                                 |     | X  |
| If "Yes," see the instructions and file Form 4720, Schedule N.                                                                                                                                                                                                      |     |    |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?..... <b>16</b>                                                                                                                            |     | X  |
| If "Yes," complete Form 4720, Schedule O.                                                                                                                                                                                                                           |     |    |
| <b>17 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?..... <b>17</b>                                     |     |    |
| If "Yes," complete Form 6069.                                                                                                                                                                                                                                       |     |    |

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

**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<br>(do not check more than one box, unless person is both an officer and a director/trustee) |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/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                                                                               | Officer | Key employee | Highest compensated employee | Former |                                                                               |                                                                                    |                                                                                               |
| (1) KATHERINE CRISSY<br>PRESIDENT  | 40<br>0                                                                                    | X                                                                                                            | X       |              |                              |        | 66,103.                                                                       | 0.                                                                                 | 0.                                                                                            |
| (2) JAMES CRISSY<br>VICE PRESIDENT | 40<br>0                                                                                    | X                                                                                                            | X       |              |                              |        | 45,956.                                                                       | 0.                                                                                 | 0.                                                                                            |
| (3) MATTHEW CRISSY<br>DIRECTOR     | 40<br>0                                                                                    | X                                                                                                            |         |              |                              |        | 20,000.                                                                       | 0.                                                                                 | 0.                                                                                            |
| (4) PATRICIA GARITTY<br>SECRETARY  | 5<br>0                                                                                     | X                                                                                                            | X       |              |                              |        | 3,600.                                                                        | 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) GEORGE GARDNER<br>DIRECTOR     | 0<br>0                                                                                     | X                                                                                                            |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (9) PAUL CRISSY<br>DIRECTOR        | 0<br>0                                                                                     | X                                                                                                            |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (10)                               |                                                                                            |                                                                                                              |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (11)                               |                                                                                            |                                                                                                              |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (12)                               |                                                                                            |                                                                                                              |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (13)                               |                                                                                            |                                                                                                              |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (14)                               |                                                                                            |                                                                                                              |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |

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

| (A)<br>Name and title                                                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/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 |                                                                               |                                                                                    |                                                                                               |
| (15) _____                                                           | _____                                                                                      |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (16) _____                                                           | _____                                                                                      |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (17) _____                                                           | _____                                                                                      |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (18) _____                                                           | _____                                                                                      |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (19) _____                                                           | _____                                                                                      |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (20) _____                                                           | _____                                                                                      |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (21) _____                                                           | _____                                                                                      |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (22) _____                                                           | _____                                                                                      |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (23) _____                                                           | _____                                                                                      |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (24) _____                                                           | _____                                                                                      |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| (25) _____                                                           | _____                                                                                      |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| <b>1b Subtotal</b> .....                                             |                                                                                            |                                                                                                              |                       |         |              |                              |        | 135,659.                                                                      | 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> .....                           |                                                                                            |                                                                                                              |                       |         |              |                              |        | 135,659.                                                                      | 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

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual.* .....

|          | Yes | No |
|----------|-----|----|
| <b>3</b> |     | X  |
| <b>4</b> |     | X  |
| <b>5</b> |     | X  |

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual.* .....

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person.* .....

**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> | 1a                                                       | Federated campaigns                                                                                                      | 1a                   |                                                    |                                         |                                                                  |
|                                                                    | b                                                        | Membership dues                                                                                                          | 1b                   |                                                    |                                         |                                                                  |
|                                                                    | c                                                        | Fundraising events                                                                                                       | 1c                   |                                                    |                                         |                                                                  |
|                                                                    | d                                                        | Related organizations                                                                                                    | 1d                   |                                                    |                                         |                                                                  |
|                                                                    | e                                                        | Government grants (contributions)                                                                                        | 1e                   |                                                    |                                         |                                                                  |
|                                                                    | f                                                        | All other contributions, gifts, grants, and<br>similar amounts not included above                                        | 1f                   | 1,631,532.                                         |                                         |                                                                  |
|                                                                    | g                                                        | Noncash contributions included in<br>lines 1a-1f                                                                         | 1g                   | 1,039,440.                                         |                                         |                                                                  |
|                                                                    | h                                                        | <b>Total.</b> Add lines 1a-1f                                                                                            |                      | 1,631,532.                                         |                                         |                                                                  |
| <b>Program Service Revenue</b>                                     | Business Code                                            |                                                                                                                          |                      |                                                    |                                         |                                                                  |
|                                                                    | 2a                                                       |                                                                                                                          |                      |                                                    |                                         |                                                                  |
|                                                                    | b                                                        |                                                                                                                          |                      |                                                    |                                         |                                                                  |
|                                                                    | c                                                        |                                                                                                                          |                      |                                                    |                                         |                                                                  |
|                                                                    | d                                                        |                                                                                                                          |                      |                                                    |                                         |                                                                  |
|                                                                    | e                                                        |                                                                                                                          |                      |                                                    |                                         |                                                                  |
|                                                                    | f                                                        | All other program service revenue                                                                                        |                      |                                                    |                                         |                                                                  |
|                                                                    | g                                                        | <b>Total.</b> Add lines 2a-2f                                                                                            |                      |                                                    |                                         |                                                                  |
| <b>Other Revenue</b>                                               | 3                                                        | Investment income (including dividends, interest, and<br>other similar amounts)                                          |                      | 119,384.                                           |                                         | 119,384.                                                         |
|                                                                    | 4                                                        | Income from investment of tax-exempt bond proceeds                                                                       |                      |                                                    |                                         |                                                                  |
|                                                                    | 5                                                        | Royalties                                                                                                                |                      |                                                    |                                         |                                                                  |
|                                                                    | 6a                                                       | Gross rents                                                                                                              | 6a                   |                                                    |                                         |                                                                  |
|                                                                    | b                                                        | Less: rental expenses                                                                                                    | 6b                   |                                                    |                                         |                                                                  |
|                                                                    | c                                                        | Rental income or (loss)                                                                                                  | 6c                   |                                                    |                                         |                                                                  |
|                                                                    | d                                                        | Net rental income or (loss)                                                                                              |                      |                                                    |                                         |                                                                  |
|                                                                    | 7a                                                       | Gross amount from<br>sales of assets<br>other than inventory                                                             | 7a                   |                                                    |                                         |                                                                  |
|                                                                    | b                                                        | Less: cost or other basis<br>and sales expenses                                                                          | 7b                   |                                                    |                                         |                                                                  |
|                                                                    | c                                                        | Gain or (loss)                                                                                                           | 7c                   |                                                    |                                         |                                                                  |
|                                                                    | d                                                        | Net gain or (loss)                                                                                                       |                      |                                                    |                                         |                                                                  |
|                                                                    | 8a                                                       | Gross income from fundraising events<br>(not including \$ of contributions reported on line 1c).<br>See Part IV, line 18 | 8a                   |                                                    |                                         |                                                                  |
|                                                                    | b                                                        | Less: direct expenses                                                                                                    | 8b                   |                                                    |                                         |                                                                  |
|                                                                    | c                                                        | Net income or (loss) from fundraising events                                                                             |                      |                                                    |                                         |                                                                  |
|                                                                    | 9a                                                       | Gross income from gaming activities.<br>See Part IV, line 19                                                             | 9a                   |                                                    |                                         |                                                                  |
|                                                                    | b                                                        | Less: direct expenses                                                                                                    | 9b                   |                                                    |                                         |                                                                  |
| c                                                                  | Net income or (loss) from gaming activities              |                                                                                                                          |                      |                                                    |                                         |                                                                  |
| 10a                                                                | Gross sales of inventory, less<br>returns and allowances | 10a                                                                                                                      |                      |                                                    |                                         |                                                                  |
| b                                                                  | Less: cost of goods sold                                 | 10b                                                                                                                      |                      |                                                    |                                         |                                                                  |
| c                                                                  | Net income or (loss) from sales of inventory             |                                                                                                                          |                      |                                                    |                                         |                                                                  |
| <b>Miscellaneous<br/>Revenue</b>                                   | Business Code                                            |                                                                                                                          |                      |                                                    |                                         |                                                                  |
|                                                                    | 11a                                                      |                                                                                                                          |                      |                                                    |                                         |                                                                  |
|                                                                    | b                                                        |                                                                                                                          |                      |                                                    |                                         |                                                                  |
|                                                                    | c                                                        |                                                                                                                          |                      |                                                    |                                         |                                                                  |
|                                                                    | d                                                        | All other revenue                                                                                                        |                      |                                                    |                                         |                                                                  |
|                                                                    | e                                                        | <b>Total.</b> Add lines 11a-11d                                                                                          |                      |                                                    |                                         |                                                                  |
| 12                                                                 | <b>Total revenue.</b> See instructions                   |                                                                                                                          | 1,750,916.           | 0.                                                 | 0.                                      | 119,384.                                                         |

**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. ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                             | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<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.                                                                                                                                                                | 132,059.              | 115,534.                        | 16,525.                                | 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.                                                                                                                                                                                                                | 105,320.              | 105,320.                        |                                        |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                      |                       |                                 |                                        |                             |
| 9 Other employee benefits.                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 10 Payroll taxes.                                                                                                                                                                                                                          | 18,531.               | 17,254.                         | 1,277.                                 |                             |
| 11 Fees for services (nonemployees):                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| a Management.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| b Legal.                                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| c Accounting.                                                                                                                                                                                                                              | 8,600.                | 4,300.                          | 4,300.                                 |                             |
| 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.)                                                                                                                            | 175.                  | 175.                            |                                        |                             |
| 12 Advertising and promotion.                                                                                                                                                                                                              | 3,104.                | 2,979.                          |                                        | 125.                        |
| 13 Office expenses.                                                                                                                                                                                                                        | 2,537.                | 1,684.                          | 254.                                   | 599.                        |
| 14 Information technology.                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 15 Royalties.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 16 Occupancy.                                                                                                                                                                                                                              | 42,985.               | 37,609.                         | 5,376.                                 |                             |
| 17 Travel.                                                                                                                                                                                                                                 | 985.                  | 887.                            | 98.                                    |                             |
| 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.                                                                                                                                                                                              | 34,260.               | 34,260.                         |                                        |                             |
| 23 Insurance.                                                                                                                                                                                                                              | 16,646.               | 16,646.                         |                                        |                             |
| 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 FOOD & SUPPLIES IN KIND                                                                                                                                                                                                                  | 1,039,440.            | 1,039,440.                      |                                        |                             |
| b FOOD & SUPPLIES                                                                                                                                                                                                                          | 47,656.               | 47,656.                         |                                        |                             |
| c TEMPORARY HELP                                                                                                                                                                                                                           | 28,385.               | 28,025.                         | 360.                                   |                             |
| d REPAIRS & MAINTENANCE                                                                                                                                                                                                                    | 26,403.               | 13,202.                         | 13,201.                                |                             |
| e All other expenses.                                                                                                                                                                                                                      | 78,592.               | 71,080.                         | 7,512.                                 |                             |
| 25 Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 1,609,678.            | 1,536,051.                      | 48,903.                                | 24,724.                     |
| 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 |            |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------|------------|
| Assets                      | 1                                                                                                                                    | Cash — non-interest-bearing .....                                                                                                                                                                                     | 359,117.     | 1                  | 253,011.   |
|                             | 2                                                                                                                                    | Savings and temporary cash investments .....                                                                                                                                                                          | 16,601.      | 2                  | 22,244.    |
|                             | 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 .....                                                                                                                                                                           | 20,143.      | 9                  | 24,208.    |
|                             | 10a                                                                                                                                  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....                                                                                                                             | 10a 687,058. |                    |            |
|                             | b                                                                                                                                    | Less: accumulated depreciation .....                                                                                                                                                                                  | 10b 414,887. |                    |            |
|                             |                                                                                                                                      |                                                                                                                                                                                                                       | 300,601.     | 10c                | 272,171.   |
|                             | 11                                                                                                                                   | Investments — publicly traded securities .....                                                                                                                                                                        | 843,610.     | 11                 | 1,107,351. |
|                             | 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) .....                                                               | 1,540,579.                                                                                                                                                                                                            | 16           | 1,679,492.         |            |
| Liabilities                 | 17                                                                                                                                   | Accounts payable and accrued expenses .....                                                                                                                                                                           | 209.         | 17                 | 258.       |
|                             | 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 .....                                           | 19,322.      | 25                 | 16,948.    |
|                             | 26                                                                                                                                   | <b>Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                                                               | 19,531.      | 26                 | 17,206.    |
| Net Assets or Fund Balances | <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 .....                                                                                                                                                                           | 1,521,048.   | 27                 | 1,662,286. |
|                             | 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> .....                                                                                                                                                                       | 1,521,048.   | 32                 | 1,662,286. |
|                             | 33                                                                                                                                   | <b>Total liabilities and net assets/fund balances.</b> .....                                                                                                                                                          | 1,540,579.   | 33                 | 1,679,492. |



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

|    |                                                                                                                |    |            |
|----|----------------------------------------------------------------------------------------------------------------|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | 1  | 1,750,916. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2  | 1,609,678. |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                             | 3  | 141,238.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 1,521,048. |
| 5  | Net unrealized gains (losses) on investments                                                                   | 5  |            |
| 6  | Donated services and use of facilities                                                                         | 6  |            |
| 7  | Investment expenses                                                                                            | 7  |            |
| 8  | Prior period adjustments                                                                                       | 8  |            |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)                                           | 9  | 0.         |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 1,662,286. |

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

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

BAA

TEEA0112L 09/05/24

Form 990 (2024)



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

2024

Open to Public  
Inspection

Name of the organization

OUR FATHER'S HOUSE SOUP KITCHEN, INC

Employer identification number

65-0150748

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

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

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

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

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                            | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                                                   |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.                                                                                                     |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.                                                                                             |          |          |          |          |          |           |
| 4 <b>Total.</b> Add lines 1 through 3.                                                                                                                                                                 |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). |          |          |          |          |          |           |
| 6 <b>Public support.</b> Subtract line 5 from line 4.                                                                                                                                                  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                  | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4.                                                                                                                                                                       |          |          |          |          |          |                          |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.                                                           |          |          |          |          |          |                          |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on.                                                                                        |          |          |          |          |          |                          |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                           |          |          |          |          |          |                          |
| 11 <b>Total support.</b> Add lines 7 through 10.                                                                                                                                             |          |          |          |          |          |                          |
| 12 Gross receipts from related activities, etc. (see instructions)                                                                                                                           |          |          |          |          | 12       |                          |
| 13 <b>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**

|                                                                                                                                                                                                                                                                                                                                                                                                         |    |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)).                                                                                                                                                                                                                                                                                                             | 14 | %                        |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14.                                                                                                                                                                                                                                                                                                                                    | 15 | %                        |
| 16a <b>33-1/3% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.                                                                                                                                                                       |    | <input type="checkbox"/> |
| b <b>33-1/3% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.                                                                                                                                                                    |    | <input type="checkbox"/> |
| 17a <b>10%-facts-and-circumstances test—2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.    |    | <input type="checkbox"/> |
| b <b>10%-facts-and-circumstances test—2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. |    | <input type="checkbox"/> |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.                                                                                                                                                                                                                                                           |    | <input type="checkbox"/> |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                        | (a) 2020   | (b) 2021   | (c) 2022   | (d) 2023   | (e) 2024   | (f) Total  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")                                                                        | 1,269,226. | 1,339,278. | 1,340,644. | 1,745,426. | 1,631,532. | 7,326,106. |
| <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.                                                                             |            |            |            |            |            | 0.         |
| <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.                                                                                                                                             | 1,269,226. | 1,339,278. | 1,340,644. | 1,745,426. | 1,631,532. | 7,326,106. |
| <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.)                                                                                                                           |            |            |            |            |            | 7,326,106. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                   | (a) 2020   | (b) 2021   | (c) 2022   | (d) 2023   | (e) 2024   | (f) Total                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|--------------------------|
| <b>9</b> Amounts from line 6.                                                                                                                                                                 | 1,269,226. | 1,339,278. | 1,340,644. | 1,745,426. | 1,631,532. | 7,326,106.               |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.                                                   | 8,312.     | 9,742.     | 25,014.    | 25,598.    | 21,158.    | 89,824.                  |
| <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.                                                                                                                                                               | 8,312.     | 9,742.     | 25,014.    | 25,598.    | 21,158.    | 89,824.                  |
| <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.)                                                                                                                                      | 1,277,538. | 1,349,020. | 1,365,658. | 1,771,024. | 1,652,690. | 7,415,930.               |
| <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 2024 (line 8, column (f), divided by line 13, column (f)). | <b>15</b> | 98.79 % |
| <b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15.                       | <b>16</b> | 98.84 % |

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

|                                                                                                                |           |        |
|----------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)). | <b>17</b> | 1.21 % |
| <b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17.                         | <b>18</b> | 1.16 % |

- 19a 33-1/3% support tests—2024.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☒
- b 33-1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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



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

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

| Section A – Adjusted Net Income |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (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              |                             |

| Section B – Minimum Asset Amount |                                                                                                                                 | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities                                                                                             | 1a             |                             |
| b                                | Average monthly cash balances                                                                                                   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets                                                                                | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets                                                                    | 2              |                             |
| 3                                | Subtract line 2 from line 1d.                                                                                                   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 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              |                             |

| Section C – Distributable Amount |                                                                                                                                                                           |   | Current Year |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)                                                                                                     | 1 |              |
| 2                                | Enter 0.85 of line 1.                                                                                                                                                     | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)                                                                                                    | 3 |              |
| 4                                | Enter greater of line 2 or line 3.                                                                                                                                        | 4 |              |
| 5                                | Income tax imposed in prior year                                                                                                                                          | 5 |              |
| 6                                | <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). |   |              |

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Schedule A (Form 990) 2024

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

|    |                                                                                                                                                    | Current Year |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1  | Amounts paid to supported organizations to accomplish exempt purposes                                                                              | 1            |
| 2  | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | 2            |
| 3  | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                              | 3            |
| 4  | Amounts paid to acquire exempt-use assets                                                                                                          | 4            |
| 5  | Qualified set-aside amounts (prior IRS approval required – provide details in <b>Part VI</b> )                                                     | 5            |
| 6  | Other distributions (describe in <b>Part VI</b> ). See instructions.                                                                               | 6            |
| 7  | <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                          | 7            |
| 8  | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | 8            |
| 9  | Distributable amount for 2024 from Section C, line 6                                                                                               | 9            |
| 10 | Line 8 amount divided by line 9 amount                                                                                                             | 10           |

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

|   | (i)<br>Excess<br>Distributions                                                                                                                                                  | (ii)<br>Underdistributions<br>Pre-2024 | (iii)<br>Distributable<br>Amount for 2024 |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|
| 1 | Distributable amount for 2024 from Section C, line 6                                                                                                                            |                                        |                                           |
| 2 | Underdistributions, if any, for years prior to 2024 (reasonable cause required – explain in <b>Part VI</b> ). See instructions.                                                 |                                        |                                           |
| 3 | Excess distributions carryover, if any, to 2024                                                                                                                                 |                                        |                                           |
| a | From 2019 .....                                                                                                                                                                 |                                        |                                           |
| b | From 2020 .....                                                                                                                                                                 |                                        |                                           |
| c | From 2021 .....                                                                                                                                                                 |                                        |                                           |
| d | From 2022 .....                                                                                                                                                                 |                                        |                                           |
| e | From 2023 .....                                                                                                                                                                 |                                        |                                           |
| f | <b>Total</b> of lines 3a through 3e                                                                                                                                             |                                        |                                           |
| g | Applied to underdistributions of prior years                                                                                                                                    |                                        |                                           |
| h | Applied to 2024 distributable amount                                                                                                                                            |                                        |                                           |
| i | Carryover from 2019 not applied (see instructions)                                                                                                                              |                                        |                                           |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                          |                                        |                                           |
| 4 | Distributions for 2024 from Section D, line 7: \$                                                                                                                               |                                        |                                           |
| a | Applied to underdistributions of prior years                                                                                                                                    |                                        |                                           |
| b | Applied to 2024 distributable amount                                                                                                                                            |                                        |                                           |
| c | Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                |                                        |                                           |
| 5 | Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                                        |                                           |
| 6 | Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                                        |                                           |
| 7 | <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.                                                                                                             |                                        |                                           |
| 8 | Breakdown of line 7:                                                                                                                                                            |                                        |                                           |
| a | Excess from 2020 .....                                                                                                                                                          |                                        |                                           |
| b | Excess from 2021 .....                                                                                                                                                          |                                        |                                           |
| c | Excess from 2022 .....                                                                                                                                                          |                                        |                                           |
| d | Excess from 2023 .....                                                                                                                                                          |                                        |                                           |
| e | Excess from 2024 .....                                                                                                                                                          |                                        |                                           |

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Schedule A (Form 990) 2024

**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)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

OUR FATHER'S HOUSE SOUP KITCHEN, INC

Employer identification number

65-0150748

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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                 | Employer identification number |
| OUR FATHER'S HOUSE SOUP KITCHEN, INC | 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          | SCOT & JESSICA EISENFELDER<br>2760 NE 29TH STREET<br>LIGHTHOUSE POINT, FL 33064 | \$ 8,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | ST JUDE CATHOLIC CHURCH<br>21689 TOLEDO ROAD<br>BOCA RATON, FL 33433            | \$ 18,000.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | 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.) |
| 5          | 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.) |
| 6          | WYE FOUNDATION<br>212 WARREN ST., 16C<br>NEW YORK, NY 10282                     | \$ 10,000.                 | 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                 | Employer identification number |
| OUR FATHER'S HOUSE SOUP KITCHEN, INC | 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          | PUBLIX SUPER MARKETS<br>PO BOX 407<br>LAKELAND, FL 33802                               | \$ 397,440.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | 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.) |
| 9          | ST GABRIEL CATHOLIC CHURCH<br>731 N OCEAN BLVD<br>POMPANO BEACH, FL 33062              | \$ 48,000.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | 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.) |
| 11         | CHILDREN'S AID SOCIETY<br>3296 N FEDERAL HWY 11503<br>FORT LAUDERDALE, FL 33339        | \$ 12,000.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | 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.) |

|                                      |                                |
|--------------------------------------|--------------------------------|
| Name of organization                 | Employer identification number |
| OUR FATHER'S HOUSE SOUP KITCHEN, INC | 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         | RICHARD RAMSPACHER<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.) |
| 14         | LESLIE L ALEXANDER FOUNDATION<br>110 E ATLANTIC AVE, STE 320<br>DELRAY BEACH, FL 33444          | \$ 75,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | 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.) |
| 16         | GOLDMAN SACHS CHARITABLE GIVING FND<br>PO BOX 15203<br>ALBANY, NY 12212-5203                    | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         | 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.) |
| 18         | 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.) |

|                                      |                                |
|--------------------------------------|--------------------------------|
| Name of organization                 | Employer identification number |
| OUR FATHER'S HOUSE SOUP KITCHEN, INC | 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         | 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.) |
| 20         | BROWARD SHERIFF OFFICE<br>2601 W BROWARD BLVD<br>FORT LAUDERDALE, FL 33312  | \$ 252,000.                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         | CARDINAL GIBBONS HIGH SCHOOL<br>2900 NE 47 ST<br>FORT LAUDERDALE, FL 33308  | \$ 36,000.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         | PINE CREST SCHOOL<br>1501 NE 62 ST<br>FORT LAUDERDALE, FL 33334             | \$ 36,000.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         | CONGREGATION KOL TIKVAH<br>6750 N UNIVERSITY DR<br>CORAL SPRINGS, FL 33067  | \$ 48,000.                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         | ST NICHOLAS EPISCOPAL CHURCH<br>1111 E SAMPLE RD<br>POMPANO BEACH, FL 33064 | \$ 30,000.                 | 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                 | Employer identification number |
| OUR FATHER'S HOUSE SOUP KITCHEN, INC | 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         | ANGELICA GUCKES & EDUARDO FERNANDEZ<br>4351 NE 22 AVE<br>FORT LAUDERDALE, FL 33308 | \$ 30,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 26         | PUBLIX SUPER MARKETS CHARITIES<br>PO BOX 407<br>LAKELAND, FL 33802                 | \$ 7,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 27         | THE CAESARS FOUNDATION<br>1800 SW 3 ST<br>POMPANO BEACH, FL 33069                  | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 28         | THE WALTER & ADI BLUM FOUNDATION<br>PO BOX 33598<br>PALM BEACH GARDENS, FL 33420   | \$ 8,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 29         | JOHN WYNS<br>21809 BEACHNUT DR<br>BOCA RATON, FL 33433                             | \$ 45,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 30         | STEPHANIE RADER<br>212 WARREN ST, APT 166<br>NEW YORK, NY 10282                    | \$ 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                 | Employer identification number |
| OUR FATHER'S HOUSE SOUP KITCHEN, INC | 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         | THE SAUL & PAULINE GETTLEMAN FOUNDN<br>2600 NE 14 ST CSWY<br>POMPANO BEACH, FL 33062    | \$ 13,936.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 32         | TD CHARITABLE FOUNDATION<br>PO BOX 9540<br>PORTLAND, ME 04112                           | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 33         | AL & PHYLLIS THOMAS<br>649 IDLEWYLD DR<br>FORT LAUDERDALE, FL 33301                     | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 34         | CITY OF NORTH LAUDERDALE<br>701 SW 71 AVE<br>NORTH LAUDERDALE, FL 33068                 | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 35         | ST MARY MAGDALENE EPISCOPAL CHURCH<br>PO BOX 771145<br>CORAL SPRINGS, FL 33071          | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 36         | THOMAS & MICHAEL MCGOVERN<br>2490 DEER CREEK EMERALD WAY N<br>DEERFIELD BEACH, FL 33442 | \$ 7,500.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

Name of organization

OUR FATHER'S HOUSE SOUP KITCHEN, INC

Employer identification number

65-0150748

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|--------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 37         | SUSAN C NELSON<br>PO BOX 5460<br>LIGHTHOUSE POINT, FL 33064        | \$ 6,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 38         | TOM SHEEHAN<br>2800 N FEDERAL HWY<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.) |
| 39         | KELLY ALVAREZ VITALE<br>2600 NE 12 ST<br>FORT LAUDERDALE, FL 33304 | \$ 5,000.                  | Person <input checked="" 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

OUR FATHER'S HOUSE SOUP KITCHEN, INC

Employer identification number

65-0150748

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

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|----------------------------------------------|-------------------------------------------------|----------------------|
| 3                         | FOOD                                         | \$ 18,000.                                      |                      |
| 5                         | FOOD                                         | \$ 6,000.                                       |                      |
| 7                         | FOOD                                         | \$ 397,440.                                     |                      |
| 8                         | FOOD                                         | \$ 25,000.                                      |                      |
| 9                         | FOOD                                         | \$ 48,000.                                      |                      |
| 10                        | FOOD                                         | \$ 48,000.                                      |                      |

BAA

TEEA0703L 01/02/25

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

OUR FATHER'S HOUSE SOUP KITCHEN, INC

Employer identification number

65-0150748

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

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|---------------------------|----------------------------------------------|-------------------------------------------------|----------------------|
| 11                        | FOOD                                         | \$ 12,000.                                      |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| 20                        | FOOD                                         | \$ 252,000.                                     |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| 21                        | FOOD                                         | \$ 36,000.                                      |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| 22                        | FOOD                                         | \$ 36,000.                                      |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| 23                        | FOOD                                         | \$ 48,000.                                      |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| 24                        | FOOD                                         | \$ 30,000.                                      |                      |

BAA

TEEA0703L 01/02/25

Schedule B (Form 990) (Rev. 12-2024)

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

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Employer identification number

OUR FATHER'S HOUSE SOUP KITCHEN, INC

65-0150748

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

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

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

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

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

**Part II Conservation Easements**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

|                                                                                                     |                                                                             |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                              | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space                                                 |                                                                             |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|                                                                                                                                                            | Held at the End of the Tax Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements .....                                                                                                             | 2a                              |
| b Total acreage restricted by conservation easements .....                                                                                                 | 2b                              |
| c Number of conservation easements on a certified historic structure included on line 2a. ....                                                             | 2c                              |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

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

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

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part XIII and complete the following table.

c Beginning balance.

d Additions during the year.

e Distributions during the year.

f Ending balance.

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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 |
|---------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a 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%.

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

(i) Unrelated organizations?

(ii) Related organizations?

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

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

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

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

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

| Description of property                                                                                | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land.                                                                                               |                                      | 50,000.                         |                              | 50,000.        |
| b Buildings.                                                                                           |                                      | 324,750.                        | 190,332.                     | 134,418.       |
| c Leasehold improvements.                                                                              |                                      | 20,700.                         | 20,214.                      | 486.           |
| d Equipment.                                                                                           |                                      | 271,491.                        | 193,511.                     | 77,980.        |
| e Other.                                                                                               |                                      | 20,117.                         | 10,830.                      | 9,287.         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). |                                      |                                 |                              | 272,171.       |

**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) .....                                                                        |                |                                                           |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, column (B))..... |                |                                                           |

**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) .....                                                                        |                |                                                           |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, column (B))..... |                |                                                           |

**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) .....                                                                        |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, column (B))..... |                |

**Part X Other Liabilities**

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

| 1.                                                                          | (a) Description of liability | (b) Book value |
|-----------------------------------------------------------------------------|------------------------------|----------------|
|                                                                             | (1) Federal income taxes     |                |
|                                                                             | (2) CREDIT CARD PAYABLE      | 11,841.        |
|                                                                             | (3) PAYROLL TAX PAYABLE      | 5,107.         |
|                                                                             | (4)                          |                |
|                                                                             | (5)                          |                |
|                                                                             | (6)                          |                |
|                                                                             | (7)                          |                |
|                                                                             | (8)                          |                |
|                                                                             | (9)                          |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, column (B)) |                              | 16,948.        |

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>2a</b> |           |  |
| <b>b</b> | Donated services and use of facilities                                                         | <b>2b</b> |           |  |
| <b>c</b> | Recoveries of prior year grants                                                                | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.)                                                                 | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>                                                          |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</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>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.)                                                                 | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>                                                              |           | <b>4c</b> |  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</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>2a</b> |           |  |
| <b>b</b> | Prior year adjustments                                                                          | <b>2b</b> |           |  |
| <b>c</b> | Other losses                                                                                    | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.)                                                                  | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>                                                           |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</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>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.)                                                                  | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>                                                               |           | <b>4c</b> |  |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</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)

(Rev. December 2024)

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

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 e ☒ Solicitation of nongovernment grants  
b ☐ Internet and email solicitations f ☐ Solicitation of government grants  
c ☐ Phone solicitations g ☐ Special fundraising events  
d ☐ In-person solicitations

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 col. (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                                                              |                 |                                                                |    |                                   |                                                                   |                                                   |
| Total.....                                                      |                 |                                                                |    |                                   | 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.



**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<br>(event type) | (b) Event #2<br>(event type) | (c) Other events<br>NONE<br>(total number) | (d) Total events<br>(add col. (a) through col. (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<br>bingo/progressive<br>bingo                 | (c) Other gaming                                                    | (d) Total gaming<br>(add col. (a) through col. (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 the name and address of the third party:

Name

Address

## 16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

☐

Director/officer

☐

Employee

☒

Independent contractor

## 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. \$

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

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

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Name of the organization

OUR FATHER'S HOUSE SOUP KITCHEN, INC

Employer identification number

65-0150748

**Part I** **Types of Property**

|                                                                       | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported<br>on Form 990,<br>Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|-----------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------|
| 1 Art — Works of art .....                                            |                               |                                                           |                                                                                       |                                                              |
| 2 Art — Historical treasures .....                                    |                               |                                                           |                                                                                       |                                                              |
| 3 Art — Fractional interests .....                                    |                               |                                                           |                                                                                       |                                                              |
| 4 Books and publications .....                                        |                               |                                                           |                                                                                       |                                                              |
| 5 Clothing and household goods .....                                  |                               |                                                           |                                                                                       |                                                              |
| 6 Cars and other vehicles .....                                       |                               |                                                           |                                                                                       |                                                              |
| 7 Boats and planes .....                                              |                               |                                                           |                                                                                       |                                                              |
| 8 Intellectual property .....                                         |                               |                                                           |                                                                                       |                                                              |
| 9 Securities — Publicly traded .....                                  |                               |                                                           |                                                                                       |                                                              |
| 10 Securities — Closely held stock .....                              |                               |                                                           |                                                                                       |                                                              |
| 11 Securities — Partnership, LLC, or trust interests .....            |                               |                                                           |                                                                                       |                                                              |
| 12 Securities — Miscellaneous .....                                   |                               |                                                           |                                                                                       |                                                              |
| 13 Qualified conservation contribution —<br>Historic structures ..... |                               |                                                           |                                                                                       |                                                              |
| 14 Qualified conservation contribution — Other .....                  |                               |                                                           |                                                                                       |                                                              |
| 15 Real estate — Residential .....                                    |                               |                                                           |                                                                                       |                                                              |
| 16 Real estate — Commercial .....                                     |                               |                                                           |                                                                                       |                                                              |
| 17 Real estate — Other .....                                          |                               |                                                           |                                                                                       |                                                              |
| 18 Collectibles .....                                                 |                               |                                                           |                                                                                       |                                                              |
| 19 Food inventory .....                                               | X                             | 14                                                        | 1,039,440.                                                                            |                                                              |
| 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

30a During the year, did the organization receive by contribution any property reported on 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? .....

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

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

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

b If "Yes," describe in Part II.

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

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  |     | X  |
| 32a |     | X  |
| 33  |     |    |

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

**Schedule M (Form 990) 2024**

**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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E-FILED

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No. 1545-0047

**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. PAUL CRISSY  
AND MATTHEW CRISSY ARE THEIR SONS.

**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

**Our Father's House Soup Kitchen, Inc.**  
**2025 Budget**

| <b>INCOME:</b>                       | <b>2025</b>        |
|--------------------------------------|--------------------|
| Public Donations                     | \$665,000          |
| Gifts in Kind                        | \$1,039,440        |
| Interest/Investments                 | \$145,000          |
| <b>TOTAL</b>                         | <b>\$1,849,440</b> |
|                                      |                    |
| <b>EXPENSES:</b>                     | <b>2025</b>        |
| Food & Supplies                      | \$90,000           |
| Food & Supplies (in Kind)            | \$1,039,440        |
| Client Assistance (direct)           | \$36,500           |
| Salaries – Officers (administrative) | \$17,350           |
| Salaries & Wages (Program Services)  | \$232,000          |
| Contract Labor & Temporary Help      | \$60,000           |
| Auto & Truck Expense                 | \$75,000           |
| Depreciation                         | \$35,000           |
| Fundraising Expenses                 | \$36,500           |
| Dues & Subscriptions                 | \$750              |
| Insurance – Bldg.                    | \$10,000           |
| Insurance - D&O/EPL, W/C             | \$2,600            |
| Licenses, permits and fees           | \$10,200           |
| Office Supplies & Expenses           | \$4,475            |
| Bldg. Maintenance & Upgrades         | \$101,500          |
| Payroll Taxes                        | \$20,000           |
| Security                             | \$3,000            |
| Travel                               | \$1,000            |
| Utilities – phone & internet         | \$9,000            |
| Utilities – Electric                 | \$22,000           |
| Utilities – Propane Gas              | \$2,800            |
| Utilities – Water & Sewer            | \$4,400            |
| Utilities – Trash                    | \$6,100            |
| Reserves                             | \$29,825           |
| <b>TOTAL</b>                         | <b>\$1,849,440</b> |

**Our Father's House Soup Kitchen, Inc**  
**2025 Program Budget - Bike Academy**

| <b>EXPENSES:</b>                            | <b>2025</b>     |
|---------------------------------------------|-----------------|
| Salary of one part-time coordinator         | \$12,000        |
| Replacement Parts                           | \$5,000         |
| Building Space (1,000 sq. ft.)<br>Utilities | \$4,800         |
| Building Space Maintenance                  | \$2,000         |
| Tools                                       | \$2,000         |
| <b>TOTAL</b>                                | <b>\$25,800</b> |

**Our Father's House Soup Kitchen, Inc**  
**2025 Program Budget - Food Clothing, Care Program**

| <b>EXPENSES:</b>                       | <b>2025</b>        |
|----------------------------------------|--------------------|
| Food & Supplies                        | \$90,000           |
| Food & Supplies (in Kind)              | \$1,039,440        |
| Client Assistance (direct)             | \$21,500           |
| <b>Boots for Jobs - Boot purchases</b> | <b>\$15,000</b>    |
| Salaries & Wages (Program Services)    | \$232,000          |
| Contract Labor & Temporary Help        | \$60,000           |
| Auto & Truck Expense                   | \$75,000           |
| Payroll Taxes                          | \$20,000           |
| Security                               | \$3,000            |
| Admin and Occupancy Fees               | \$205,808          |
| <b>TOTAL</b>                           | <b>\$1,761,748</b> |

**Exhibit “B”**  
**Payment Schedule – Lump Sum Payment**

**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 Our Father's House 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.

**Type of Insurance**

**Limits of Liability**

**GENERAL LIABILITY:**

Minimum \$1,000,000 Per Occurrence and  
\$2,000,000 Per Aggregate

\* Policy to be written on a claims incurred basis

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

**AUTOMOBILE LIABILITY:**

Minimum \$10,000/\$20,000/\$10,000

XX comprehensive form  
XX owned  
XX hired  
XX non-owned

**REAL & PERSONAL PROPERTY**

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

**EXCESS LIABILITY**

Per Occurrence Aggregate

|   |                     |                                            |             |             |
|---|---------------------|--------------------------------------------|-------------|-------------|
| — | other than umbrella | bodily injury and property damage combined | \$1,000,000 | \$1,000,000 |
|---|---------------------|--------------------------------------------|-------------|-------------|

**PROFESSIONAL LIABILITY**

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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/11/2025

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>Barefoot Insurance Brokers of Margate<br>1141 Banks Rd<br><br>Margate FL 33063                     |  | <b>CONTACT NAME:</b> Julia Dourvetakis<br><b>PHONE (A/C No. Ext):</b> 954-368-0060<br><b>E-MAIL ADDRESS:</b> julia@barefootins.com<br><b>FAX (A/C No):</b> 888-480-8730                                                      |  |
| <b>INSURED</b><br>OUR FATHER'S HOUSE SOUP KITCHEN, INC.<br>2380 Martin Luther King Blvd<br><br>Pompano Beach FL 33066 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Mount Vernon Fire Insurance Company<br><b>INSURER B:</b> Pie Insurance Company<br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |
|                                                                                                                       |  | <b>NAIC #</b><br>26522<br>21857                                                                                                                                                                                              |  |

**APPROVED**

Daniel Beecher

By Daniel Beecher at 7:26 am, Feb 18, 2025

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b>                                   | Y         |          | NPP2589661A       | 02/10/2025              | 02/10/2026              | EACH OCCURRENCE                                                                 |              |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                            |           |          |                   |                         |                         | \$ 1,000,000                                                                    |              |
|          |                                                                                                           |           |          |                   |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                       | \$ 100,000   |
|          |                                                                                                           |           |          |                   |                         |                         | MED EXP (Any one person)                                                        | \$ 5,000     |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                        |           |          |                   |                         |                         | PERSONAL & ADV INJURY                                                           | \$ 1,000,000 |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          |                   |                         |                         | GENERAL AGGREGATE                                                               | \$ 2,000,000 |
|          | OTHER:                                                                                                    |           |          |                   |                         |                         | PRODUCTS - COMP/OP AGG                                                          | \$ 2,000,000 |
|          |                                                                                                           |           |          |                   |                         |                         |                                                                                 | \$           |
|          | <b>AUTOMOBILE LIABILITY</b>                                                                               |           |          |                   |                         |                         | COMBINED SINGLE LIMIT (Ea accident)                                             | \$           |
|          | <input type="checkbox"/> ANY AUTO                                                                         |           |          |                   |                         |                         | BODILY INJURY (Per person)                                                      | \$           |
|          | <input type="checkbox"/> OWNED AUTOS ONLY                                                                 |           |          |                   |                         |                         | BODILY INJURY (Per accident)                                                    | \$           |
|          | <input type="checkbox"/> HIRED AUTOS ONLY                                                                 |           |          |                   |                         |                         | PROPERTY DAMAGE (Per accident)                                                  | \$           |
|          | <input type="checkbox"/> SCHEDULED AUTOS                                                                  |           |          |                   |                         |                         |                                                                                 | \$           |
|          | <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                             |           |          |                   |                         |                         |                                                                                 | \$           |
|          | <b>UMBRELLA LIAB</b>                                                                                      |           |          |                   |                         |                         | EACH OCCURRENCE                                                                 | \$           |
|          | <input type="checkbox"/> EXCESS LIAB                                                                      |           |          |                   |                         |                         | AGGREGATE                                                                       | \$           |
|          | <input type="checkbox"/> OCCUR                                                                            |           |          |                   |                         |                         |                                                                                 | \$           |
|          | <input type="checkbox"/> CLAIMS-MADE                                                                      |           |          |                   |                         |                         |                                                                                 | \$           |
|          | DED                                                                                                       |           |          |                   |                         |                         |                                                                                 | \$           |
|          | RETENTION \$                                                                                              |           |          |                   |                         |                         |                                                                                 | \$           |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                                      | N/A       |          | WC PI 1807521-000 | 11/15/2024              | 11/15/2025              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |              |
|          | E.L. EACH ACCIDENT                                                                                        |           |          |                   |                         |                         | \$ 1,000,000                                                                    |              |
|          | E.L. DISEASE - EA EMPLOYEE                                                                                |           |          |                   |                         |                         | \$ 1,000,000                                                                    |              |
|          | E.L. DISEASE - POLICY LIMIT                                                                               |           |          |                   |                         |                         | \$ 1,000,000                                                                    |              |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                               |           |          |                   |                         |                         |                                                                                 |              |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                    |           |          |                   |                         |                         |                                                                                 |              |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

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

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Tree of Life

# Our Father's House Family Services

P.O. Box 668571  
Pompano Beach, Florida 33066

**APPROVED**

*Daniel Beecher*

**By Daniel Beecher at 10:54 am, Aug 25, 2025**

August 15, 2025

City of Pompano Beach, FL

We do not allow anyone under the age of 18 to interact with our Bike Academy.

Thank you,

*Katherine Crissy*

Katherine Crissy, Director

Located at: 2380 Martin Luther King Boulevard • Pompano Beach, FL 33069 (NO MAIL)  
Ph: 954-968-7550 • [www.ofhsoupkitchen.org](http://www.ofhsoupkitchen.org)

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

In compliance and as required by Florida Statutes, The Pie Insurance Company is making available a telephone number for policyholders to present inquiries or obtain information about coverage and to provide assistance in resolving complaints.

Administrative Office:      The Pie Insurance Company  
                                         1755 Blake St.  
                                         Suite 500  
                                         Denver, CO 80202

Telephone Number:      855-705-2716

INFORMATION PAGE

New Policy

Insurer: The Pie Insurance Company  
1755 Blake St.  
Suite 500  
Denver, CO 80202  
A Stock Company

POLICY NO.

|   |   |  |   |   |  |   |   |   |   |   |   |   |   |   |   |   |
|---|---|--|---|---|--|---|---|---|---|---|---|---|---|---|---|---|
| W | C |  | P | I |  | 1 | 8 | 0 | 7 | 5 | 2 | 1 | - | 0 | 0 | 0 |
|---|---|--|---|---|--|---|---|---|---|---|---|---|---|---|---|---|

1. The Insured: OUR FATHER'S HOUSE SOUP KITCHEN, INC
- ☐ Individual

☐ Partnership

☐ Corporation or 

Non-Profit
- Mailing address: 2380 Martin Luther King Blvd  
Pompano Beach, FL 33066

- Other workplaces not shown above:
2. The policy period is from 11/15/2024 to 11/15/2025 12:01 A.M. at the insured's mailing address.
3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: FL
- B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:
- Bodily Injury by Accident

\$

1,000,000.00

each accident

Bodily Injury by Disease

\$

1,000,000.00

policy limit

Bodily Injury by Disease

\$

1,000,000.00

each employee
- C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here:  
AK, AL, AR, AZ, CA, CO, DE, DC, GA, IL, IN, IA, KS, KY, LA, MD, MI, MS, MO , NE, NV, NH, NJ, NM, NY, NC, OK, OR, PA, RI, SC, TN, TX, UT, VT, VA, WV, WI
- D. This policy includes these endorsements and schedules:  
See Schedule of Forms and Endorsements.
4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

| Classifications | Code No. | Premium Basis<br>Total Estimated<br>Annual Remuneration | Rate Per<br>\$100 of<br>Remuneration | Estimated<br>Annual<br>Premium |
|-----------------|----------|---------------------------------------------------------|--------------------------------------|--------------------------------|
|-----------------|----------|---------------------------------------------------------|--------------------------------------|--------------------------------|

Minimum Premium \$ 284.00

Total Estimated Annual Premium \$ 1,450.00

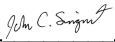
Expense Constant \$ 160.00

FL Workers Comp Ins. Guaranty Assoc Surcharge:0

Audit Period: 2024-11-15 - 2025-11-15

Total Cost: 1,450.00

Countersigned by



Policy Number WC PI 1807521-000

The Pie Insurance Company

NCCI Carrier Code 22981

**NAME AND LOCATION SCHEDULE**

Named Insured OUR FATHER'S HOUSE SOUP KITCHEN, INC.

Effective Date: 11/15/2024

12:01 A.M., Standard Time

Agent Name North Broward Insurance Solutions

Agent No. A14322

State: FL

OUR FATHER'S HOUSE SOUP KITCHEN, INC.

FEIN: 650150748

NAICS Code: 311812

2380 Martin Luther King Blvd

Pompano Beach, FL 33066



The Pie Insurance Company

Policy Number  
WC PI 1807521-000**EXTENSION OF INFORMATION PAGE  
WORKERS COMPENSATION CLASSIFICATION SCHEDULE**

State of: FL

Named Insured OUR FATHER'S HOUSE SOUP KITCHEN, INC.

Effective Date: 11/15/2024  
12:01 A.M., Standard Time

Agent Name North Broward Insurance Solutions

Agent No. A14322

| Classification of Operation                                                                                                                                              | Code No. | Annual<br>Remuneration | Total Estimated Per<br>\$100 of<br>Remuneration | Estimated Annual<br>Premium |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------|-------------------------------------------------|-----------------------------|
| 0001-01 OUR FATHER'S HOUSE SOUP KITCHEN, INC.<br>FEIN # 650150748<br><br>2380 Martin Luther King Blvd<br>Pompano Beach, FL 33066<br><br>Period: 11/15/2024 to 11/15/2025 |          |                        |                                                 |                             |
| RESTAURANT: FAST FOOD                                                                                                                                                    | 9083     | \$93,600.00            | 1.24                                            | \$1,161.00                  |
| SOCIAL SERVICES ORGANIZATION-ALL<br>EMPLOYEES & SALESPERSONS, DRIVERS                                                                                                    | 8864     | \$1.00                 | 1.11                                            | \$0.00                      |
| Total Class Premium                                                                                                                                                      |          |                        |                                                 | \$1,161.00                  |
| Increase Limits 0.01                                                                                                                                                     |          |                        |                                                 | \$120.00                    |
| Total Subject Premium                                                                                                                                                    |          |                        |                                                 | \$1,281.00                  |
| Total Modified Premium                                                                                                                                                   |          |                        |                                                 | \$1,281.00                  |
| Schedule Modification 1.00                                                                                                                                               |          |                        |                                                 | \$0.00                      |
| Standard Total                                                                                                                                                           |          |                        |                                                 | \$1,281.00                  |
| Expense Constant                                                                                                                                                         |          |                        |                                                 | \$160.00                    |
| Terrorism 0.01                                                                                                                                                           |          |                        |                                                 | \$9.00                      |
| Total Estimated Premium                                                                                                                                                  |          |                        |                                                 | \$1,450.00                  |
| Period Total                                                                                                                                                             |          |                        |                                                 | \$1,450.00                  |
| Final Total                                                                                                                                                              |          |                        |                                                 | \$1,450.00                  |
| Policy Total Estimated Cost                                                                                                                                              |          |                        |                                                 | \$1,450.00                  |

Policy Number  
WC PI 1807521-000

**SCHEDULE OF FORMS AND ENDORSEMENTS**

The Pie Insurance Company

Named Insured OUR FATHER'S HOUSE SOUP KITCHEN, INC.

Effective Date: 11/15/2024  
12:01 A.M., Standard Time

Agent Name North Broward Insurance Solutions

Agent No. A14322

**WORKERS COMPENSATION FORMS AND ENDORSEMENTS**

|                                               |                                                                                      |
|-----------------------------------------------|--------------------------------------------------------------------------------------|
| WC 00 03 08                                   | PARTNERS, OFFICERS AND OTHERS EXCLUSION<br>ENDORSEMENT                               |
| WC 89 06 01                                   | Extension of Information Page - Item 1                                               |
| WC 09 06 06                                   | Florida Employment and Wage Information Release<br>endorsement                       |
| WC 09 03 03                                   | Florida Employers Liability Coverage Endorsement                                     |
| WC 00 00 00C                                  | WORKERS COMPENSATION AND EMPLOYERS LIABILITY<br>INSURANCE POLICY                     |
| WC 00 04 14A                                  | 90-DAY REPORTING REQUIREMENT—NOTIFICATION OF<br>CHANGE IN OWNERSHIP ENDORSEMENT      |
| WC 09 06 07A                                  | Florida Workers Compensation Insurance Guaranty Association<br>Surcharge Endorsement |
| Form 09-01A                                   | Application for Drug-Free Workplace Premium Credit Program                           |
| Form 09-3A                                    | Certification of Employer Workplace Safety Program Premium<br>Credit                 |
| WC 09 04 03C                                  | Florida Terrorism Risk Insurance Program Reauthorization Act<br>Endorsement          |
| INSTALLMENT SCHEDULE                          | Payment Plan Installment Schedule                                                    |
| FLORIDA NOTICE OF INSURER<br>TELEPHONE NUMBER | Florida Notice of Insurer's Telephone Number                                         |
| WC 99 06 03                                   | EXECUTION CLAUSE ENDORSEMENT                                                         |
| WC 89 06 14                                   | SCHEDULE OF FORMS & ENDORSEMENTS                                                     |
| WC 09 04 07A                                  | FLORIDA NON-COOPERATION WITH PREMIUM AUDIT<br>ENDORSEMENT                            |
| WC 09 06 09                                   | Florida Cancellation and Nonrenewal Endorsement                                      |
| WC 09 04 09                                   | Florida Premium Due Date Endorsement                                                 |

Policy Number  
WC PI 1807521-000

**SCHEDULE OF FORMS AND ENDORSEMENTS**

The Pie Insurance Company

Named Insured OUR FATHER'S HOUSE SOUP KITCHEN, INC.

Effective Date: 11/15/2024  
12:01 A.M., Standard Time

Agent Name North Broward Insurance Solutions

Agent No. A14322

**WORKERS COMPENSATION FORMS AND ENDORSEMENTS**

WC 00 00 01A

WC INFORMATION PAGES

WC 89 04 15

WC CLASSIFICATION SCHEDULE

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

**GENERAL SECTION****A. The Policy**

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

**B. Who is Insured**

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

**C. Workers Compensation Law**

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

**D. State**

State means any state of the United States of America, and the District of Columbia.

**E. Locations**

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

**PART ONE  
WORKERS COMPENSATION INSURANCE****A. How This Insurance Applies**

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

**B. We Will Pay**

We will pay promptly when due the benefits required of you by the workers compensation law.

**C. We Will Defend**

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

**D. We Will Also Pay**

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance; and
5. expenses we incur.

**E. Other Insurance**

We will not pay more than our share of benefits and costs covered by this insurance and other

insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

#### F. Payments You Must Make

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

#### G. Recovery From Others

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

#### H. Statutory Provisions

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.
3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.

5. This insurance conforms to the parts of the workers compensation law that apply to:
  - a. benefits payable by this insurance;
  - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

### PART TWO

#### EMPLOYERS LIABILITY INSURANCE

##### A. How This Insurance Applies

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

##### B. We Will Pay

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against

such third party as a result of injury to your employee;

2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and
4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

#### C. Exclusions

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 U.S.C. Sections 901 et seq.), the Nonappropriated Fund Instrumentalities Act (5 U.S.C. Sections 8171 et seq.), the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.), the Defense Base Act (42 U.S.C. Sections 1651-1654), the Federal Mine Safety and Health Act (30 U.S.C. Sections 801 et seq.

and 901-944), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;

9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 U.S.C. Sections 51 et seq.), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel, and does not cover punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law;
11. Fines or penalties imposed for violation of federal or state law; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. Sections 1801 et seq.) and under any other federal law awarding damages for violation of those laws or regulations issued thereunder, and any amendments to those laws.

#### D. We Will Defend

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

#### E. We Will Also Pay

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
5. Expenses we incur.

**F. Other Insurance**

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

**G. Limits of Liability**

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. Bodily Injury by Accident. The limit shown for "bodily injury by accident—each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. Bodily Injury by Disease. The limit shown for "bodily injury by disease—policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease—each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

**H. Recovery From Others**

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

**I. Actions Against Us**

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

**PART THREE  
OTHER STATES INSURANCE**

**A. How This Insurance Applies**

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

**B. Notice**

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

**PART FOUR  
YOUR DUTIES IF INJURY OCCURS**

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal

papers related to the injury, claim, proceeding or suit.

4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

## **PART FIVE PREMIUM**

### **A. Our Manuals**

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

### **B. Classifications**

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

### **C. Remuneration**

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

### **D. Premium Payments**

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

### **E. Final Premium**

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancellation table and procedure. Final premium will not be less than the minimum premium.

### **F. Records**

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

### **G. Audit**

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.



**PART SIX  
CONDITIONS**

**A. Inspection**

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

**B. Long Term Policy**

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

**C. Transfer of Your Rights and Duties**

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

**D. Cancellation**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

**E. Sole Representative**

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.

**NOTICE TO EMPLOYER:** If you have a Drug-Free Workplace Program established and maintained in accordance with Florida law, and you would like to apply for the 5% premium credit that is available, please complete this form and forward it to your insurer. Re-certification is required annually.

**APPLICATION FOR DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM**

Name of Employer: \_\_\_\_\_

Date Program Implemented: \_\_\_\_\_

**Testing:**

Procedures for drug testing have been established and/or drug testing has been conducted in the following areas:

- |                                               |                                                                           |
|-----------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Job applicant        | <input type="checkbox"/> Routine fitness for duty                         |
| <input type="checkbox"/> Reasonable suspicion | <input type="checkbox"/> Follow-up testing to Employee Assistance Program |

**Notice of Employer's Drug Testing Policy:**

- |                                                                        |                                                                                                                            |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Copy to all employees prior to testing        | <input type="checkbox"/> Show notice of drug testing on vacancy announcements                                              |
| <input type="checkbox"/> Posted on employer's premises                 | <input type="checkbox"/> Copies available in personnel office or other suitable locations                                  |
| <input type="checkbox"/> Copy to job applicants prior to testing       | <input type="checkbox"/> No notice required because the employer had a drug testing program in place prior to July 1, 1990 |
| <input type="checkbox"/> General notice given 60 days prior to testing |                                                                                                                            |

**Education:**

- ☐ Resource file on providers
- ☐ Employee Assistance Program
- ☐ Education

Name of Medical Review Officer: \_\_\_\_\_

A. Name of approved Agency for Health Care Administration Lab or United States Department of Health and Human Services Certified Laboratory: \_\_\_\_\_

B. Phone No.: (    ) \_\_\_\_\_

C. Address: \_\_\_\_\_

Your certification is subject to physical verification by the insurer. Your policy is subject to additional premium for reimbursement of premium credit, and cancellation provisions of the policy if it is determined that you misrepresented your compliance with Florida law. Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information with the purpose of avoiding or reducing the amount of premiums for workers compensation coverage is guilty of a felony of the third degree, punishable as provided in Section 775.082, s. 775.083, or s. 775.084, Florida Statutes.

Under penalties of perjury, I declare that I have read the foregoing Application for Drug-Free Workplace Premium Credit Program, and that the facts stated in it are true.

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Officer/Owner Signature\*

\_\_\_\_\_  
Title

\* Application must be signed by an officer or owner.

## CERTIFICATION OF EMPLOYER WORKPLACE SAFETY PROGRAM PREMIUM CREDIT

Employer Name: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Effective Date of Policy: \_\_\_\_\_

I am submitting a copy of my workplace safety program which meets the requirements of Section 440.1025, Florida Statutes. I certify that this safety program has been implemented in my workplace and is being maintained as submitted to my carrier.

This is to certify that my workplace safety program meets or exceeds the following provisions as provided for in Section 440.1025, Florida Statutes:

- |                                           |                             |
|-------------------------------------------|-----------------------------|
| 1) Written safety policy and safety rules | 5) First aid                |
| 2) Safety inspections                     | 6) Accident investigation   |
| 3) Preventive maintenance                 | 7) Necessary record keeping |
| 4) Safety training                        |                             |

I am aware that I may be subject to an on-site inspection by my carrier, for the purpose of validating the accuracy of this information.

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information with the purpose of avoiding or reducing the amount of premiums for workers compensation coverage is guilty of a felony of the third degree, punishable as provided in Section 775.082, s. 775.083, or s. 775.084, Florida Statutes.

Under penalties of perjury, I declare that I have read the foregoing Certification of Employer Workplace Safety Program Premium Credit, and that the facts stated in it are true.

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Officer/Owner Signature\*

\_\_\_\_\_  
Title

\* Application must be signed by an officer or owner.

## Payment Plan Schedule

All payments are on a recurring charge, meaning all payments will automatically be paid through the default payment method on file on the date shown below. The total shown includes any State Tax or Pie Insurance Installment Fees. Create your account at [account.pieinsurance.com](https://account.pieinsurance.com) to access your policy information, payment information, and documents.

| Due Date   |  | Total      |
|------------|--|------------|
| 11/15/2024 |  | \$1,450.00 |

Note: Installments may vary slightly due to rounding differences against whole dollar amounts for all previous installments. Payments made by checking/savings may take up to 3 business days to reflect as paid on your account.

**PARTNERS, OFFICERS AND OTHER EXCLUSION ENDORSEMENT**

The policy does not cover bodily injury to any person described in the Schedule.

The premium basis for the policy does not include the remuneration of such persons.

You will reimburse us for any payment we must make because of bodily injury to such persons.

Schedule

Partners

Officers

Others

Board Of Directors

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium

Insurance Company

Countersigned by \_\_\_\_\_

**90-DAY REPORTING REQUIREMENT—NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT**

You must report any change in ownership to us in writing within 90 days of the date of the change. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity, and other changes provided for in the applicable experience rating plan. Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes.

Failure to report any change in ownership, regardless of whether the change is reported within 90 days of such change, may result in revision of the experience rating modification factor used to determine your premium.

This reporting requirement applies regardless of whether an experience rating modification is currently applicable to this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium

Insurance Company

Countersigned by \_\_\_\_\_

**FLORIDA EMPLOYERS LIABILITY COVERAGE ENDORSEMENT**

C. Exclusion 5, Section C. of Part Two of the policy, is replaced by following:

This insurance does not cover

5. bodily injury intentionally caused or aggravated by you or which is the result of your engaging in conduct equivalent to an intentional tort, however defined, or other tortious conduct, such that you lose your immunity from civil liability under the workers compensation laws.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium

Insurance Company

Countersigned by \_\_\_\_\_

**Florida Terrorism Risk Insurance Program Reauthorization Act Endorsement**

This endorsement addresses requirements of the Terrorism Risk Insurance Act of 2002 as amended by the Terrorism Risk Insurance Program Reauthorization Act of 2019.

**Definitions**

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

1. "Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments, including any amendments resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2019.
2. "Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, as meeting all of the following requirements:
  - a. The act is an act of terrorism.
  - b. The act is violent or dangerous to human life, property, or infrastructure.
  - c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
  - d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.
3. "Insured Loss" means any loss resulting from an act of terrorism (including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.
4. "Insurer Deductible" means, for the period beginning on January 1, 2021, and ending on December 31, 2027, an amount equal to 20% of our direct earned premiums during the immediately preceding calendar year.

**Limitation of Liability**

The Act may limit our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a calendar year and if we have met our Insurer Deductible, we may not be liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we may only have to pay a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.

**Policyholder Disclosure Notice**

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses occurring in any calendar year exceed \$200,000,000, the United States Government would pay 80% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government may not have to make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charged for the coverage for Insured Losses under this policy is included in the amount shown in Item 4 of the Information Page or the Schedule below.



**Schedule**

0.01

Rate per \$100 of Remuneration

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium

Insurance Company

Countersigned by \_\_\_\_\_

**Florida Non-Cooperation With Premium Audit Endorsement**

This endorsement applies because Florida is shown in Item 3.A. of the Information Page.

This endorsement adds the following provisions to Part Five—Premium, G. Audit of the policy:

We are required to complete the premium audit process no later than 90 days after policy termination. If you fail to return the final mail audit or refuse to cooperate in completing the final physical audit or final physical onsite audit, you must pay us a premium not to exceed three times the most recent estimated annual premium on this policy subject to the following conditions:

1. We make two good faith efforts to obtain the final mail audit or complete the final physical audit or final physical onsite audit.
2. We document the audit file regarding the two good faith attempts to obtain the required audit information.
3. After the two good faith attempts to obtain records or gain access to your premises or your worksites, we send a letter by certified mail to you advising you of the specific records that are required or the premises or worksites that must be accessed and the premium that will be charged if you continue to refuse access to the records, premises, and/or worksites.

If you do not provide all the specific records required and/or fail to permit access to your premises or worksites as applicable, and if we satisfy the conditions above on or before 90 days from the date of policy termination, we may continue to try and conduct the audit and/or reopen the audit for up to three years from the date of policy termination. Alternatively, we may immediately bill you a premium not to exceed three times the most recent estimated annual premium on this policy. If you provide all the specific records required and/or permit access to the premises or worksites as applicable to complete the premium audit process within the three-year period, we will determine your final premium in accordance with Part Five—Premium, E. Final Premium of the policy.

If we cannot complete the audit because you do not permit us to make a physical inspection of your operation or provide us with the necessary records, you must pay us \$500 to defray the costs of the audit. The \$500 charge may be imposed only if we have incurred actual travel expenses and we notified you in writing of the potential charge when access was denied. Denial of access to records and your premises or worksites by your agent or representative is considered the same as a denial by you.

If you understate or conceal payroll, or misrepresent or conceal employee duties to avoid proper classification for premium calculations or misrepresent or conceal information pertinent to the calculation and application of an experience rating modification factor, then you, your agent or your attorney, must pay us a penalty charge of 10 times the difference in the amount of premium that you paid and the amount that you should have paid and reasonable attorney's fees. The penalty may be enforced in the Florida circuit courts.

At the end of each quarter, you must submit to us a copy of the quarterly earnings reports you filed with the Florida Department of Revenue and any self-audits supported by the quarterly earnings report. The report must include a sworn statement by an officer or principal of your company attesting to the accuracy of the information in it. If you have an employee who suffered a compensable injury and was not reported as having earned wages on your last quarterly earnings report, you must indemnify us for all workers compensation benefits paid to or on behalf of the employee unless you establish that the employee was hired after the filing of the quarterly report, in which case you and the employee must attest to fact that the employee was employed by you at the time of injury.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium

Insurance Company

Countersigned by \_\_\_\_\_

**Florida Premium Due Date Endorsement**

This endorsement applies because Florida is shown in Item 3.A. of the Information Page.  
Part Five—Premium, Section D. (Premium Payments) is replaced by the following provision:

**D. Premium Payments**

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. The due date for audit and retrospective premiums is the due date specified in the billing for the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

|                       |                  |                 |
|-----------------------|------------------|-----------------|
| Endorsement Effective | Policy No.       | Endorsement No. |
| Insured               |                  | Premium         |
| Insurance Company     |                  |                 |
|                       | Countersigned by | _____           |

**FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT**

This policy requires you to release certain employment and wage information maintained by the State of Florida pursuant to federal and state unemployment compensation laws except to the extent prohibited or limited under federal law. By entering into this policy, you consent to the release of the information.

We will safeguard the information and maintain its confidentiality. We will limit use of the information to verifying compliance with the terms of the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium:

Insurance Company

Countersigned by \_\_\_\_\_

**WC 09 06 06**  
(Ed. 10-98)

**FLORIDA WORKERS COMPENSATION INSURANCE GUARANTY ASSOCIATION SURCHARGE ENDORSEMENT**

This endorsement applies because Florida is shown in Item 3.A. of the Information Page.

Part Five—Premium, Section D. (Premium Payments) of the policy is revised by adding the following:

Florida statutes establish the Florida Workers' Compensation Insurance Guaranty Association Act.

On behalf of the Florida Workers' Compensation Insurance Guaranty Association (Association), we are required to bill and collect a surcharge, for all workers compensation and employers liability insurance policies as prescribed by order of the Florida Office of Insurance Regulation.

The Association will use the funds collected through the surcharge to:

1. Pay for covered claims
2. Pay for reasonable costs to administer these covered claims
3. Avoid excessive delay in payment and to avoid financial loss to claimants because of the insolvency of a carrier

Part Six—Conditions of the policy is revised by adding the following:

**F. Florida Workers' Compensation Insurance Guaranty Association Surcharge**

Failure to pay the Florida Workers' Compensation Insurance Guaranty Association surcharge will result in this policy being subject to pro rata cancellation in accordance with Part Six—Conditions, Section D. (Cancellation).

**Schedule**

Surcharge rate 0 %

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium

Insurance Company

Countersigned by \_\_\_\_\_

**Florida Cancellation and Nonrenewal Endorsement**

This endorsement applies because Florida is shown in Item 3.A. of the Information Page.

Part Six—Conditions, Section D. of the policy is replaced by the following:

**D. Cancellation**

1. You may cancel this policy by giving a written request to us stating when the cancellation is to take effect. If you do not specify the cancellation effective date in your written request, the cancellation is effective on the date of your written request. We are not required to send notice of cancellation to you if you requested the cancellation in writing. Any retroactive assumption of coverage and liabilities under this policy may not exceed 21 days.
2. We may cancel this policy by giving the first-named insured written notice of cancellation, including in the written notice the reason or reasons for the cancellation.
  - a. We must give at least 10 days' written notice prior to the effective date of cancellation when the cancellation is for nonpayment of premium.
  - b. We must give at least 30 days' written notice prior to the effective date of cancellation when the policy has been in effect for 60 days or less and the policy is cancelled for reasons other than nonpayment of premium, except where there has been a material misstatement or misrepresentation or failure to comply with our underwriting requirements, then at least 45 days' written notice is required.
  - c. We must give at least 45 days' written notice prior to the effective date of cancellation when the policy has been in effect for 61 days or more. We may cancel the policy only when there is
    - (1) a material misstatement
    - (2) a nonpayment of premium
    - (3) a failure to comply with our underwriting requirements that we established within 60 days of the effective date of coverage
    - (4) a substantial change in the risk covered by the policy, or
    - (5) a cancellation for all insureds under such policies for a given class of insureds.
3. If we decide not to renew this policy, we must give the first-named insured written notice of nonrenewal at least 45 days prior to the expiration date of the policy. The written notice will state the reasons for the nonrenewal.
4. If we fail to provide written notice of cancellation or nonrenewal to the first-named insured within the required time frame, the coverage provided to the named insured under this policy will remain in effect until 45 days after the notice is given or until the effective date of replacement coverage obtained by the named insured, whichever occurs first. The premium for the coverage will remain the same during any such extension period except that, in the event of failure to provide notice of nonrenewal, if the rate filing then in effect would have resulted in a premium reduction, the premium during such extension of coverage must be calculated based upon the later rate filing.
5. The policy period will end on the day and hour stated in the cancellation notice.
6. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

All other policy terms, conditions, and exclusions remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium

Insurance Company

Countersigned by \_\_\_\_\_

**WC 09 06 09**  
(Ed. 07-2024)

Policy Number: WC PI 1807521-000

**EXTENSION OF INFORMATION PAGE – ITEM 1 NAMED  
INSURED/OTHER WORKPLACE SCHEDULE  
WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

Named Insured OUR FATHER'S HOUSE SOUP KITCHEN, INC.

Agent Name North Broward Insurance Solutions

Agent No A14322

Named Insured: OUR FATHER'S HOUSE SOUP KITCHEN, INC. Phone #: 954-588-5583

FEIN: 650150748

Address: 2380 Martin Luther King Blvd

City: Pompano Beach

State: FL

Zip Code: 33066

**EXECUTION CLAUSE ENDORSEMENT**

In Witness Whereof, The Pie Insurance Company has caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our duly authorized representative.

Secretary

President and Chief Executive Officer

Theresa R. T. Leon

John Swigart

A handwritten signature in blue ink, appearing to read "Theresa R. T. Leon".A handwritten signature in blue ink, appearing to read "John C. Swigart".