Borrower Name Kathy Mann Borrower SSN [illegible]

SECTION 3: EMPLOYER INFORMATION (TO BE COMPLETED BY THE BORROWER OR EMPLOYER)

1. Employer Name:

Solomon's Porch Returns

2. Federal Employer Identification Number (FEIN)

3. Employer Address

4. Employer Website / Email:

14-2012824

5. Employment Begin Date

2008, Feb 1

6. Employment End Date

OR ☑ Still Employed

7. Employment Status: ☑ Full-Time ☐ Part-Time

8. Hours Per Week (Average): 20-25 hrs (32)

Include vacation, sick time, or any leave taken under the Family Medical Leave Act of 1993. If your employer is a 501(c)(3) or a "not-for-profit" organization, do not include any hours you spent on **religious instruction, worship services, or proselytizing.**

9. Is your employer a **governmental** organization?

A governmental organization is a Federal, State, local, or Tribal government organization, agency, or entity, a public child or family service agency, a Tribal college or university, or the Peace Corps or AmeriCorps.

☐ Yes - Skip to Section 4.

☑ No - Continue to Item 10.

10. Is your employer tax exempt under Section 501(c)(3) of the Internal Revenue Code (IRC)?

If your employer is tax-exempt under another subsection of 501(c) of the IRC, such as 501(c)(4) or 501(c)(6), check "No" to this question.

✓ Yes - Skip to Section 4

☐ No - Continue to Item 11.

11. Is your employer a **not-for-profit** organization that is not tax-exempt under Section 501(c)(3) of the Internal Revenue Code?

☐ Yes - Continue to Item 12.

☐ No - Your employer does not qualify.

12. Is your employer a partisan political organization or a labor union?

☐ Yes - Your employer does not qualify.

☐ No - Continue to Item 13.

13. Which of the following services does your employer provide? Check all that apply. If none, continue to Section 4. If you check "None of the above", do not submit this form.

☐ Emergency management

☐ Military service (See Section 6)

☐ Public safety

☐ Law enforcement

☐ Fire (not forest) fighting services (See Section 6)

☐ Early childhood education (See Section 6)

☐ Public service for individuals with disabilities

☐ Public service for the elderly

☐ Public health (See Section 6)

☐ Public education

☐ Public library services

☐ School library services

☐ Other social / human services

☐ None of the above - this employer does not qualify.

SECTION 4: EMPLOYER CERTIFICATION (TO BE COMPLETED BY THE EMPLOYER)

By signing, **I certify (1)** that the information in Section 3 is true, complete, and correct to the best of my knowledge and belief, **(2)** that I am an authorized official (see Section 6) of the organization named in Section 3, and **(3)** that the borrower named in Section 1 is or was an employee of the organization named in Section 3.

Note: If any of the information is crossed out or altered in Section 3, you must initial those changes.

Official's Name: Emani Evon Official's Phone: (410) 241-4726

Official's Title: Secretary Official's Email: Solomons.Porch.Returns@gmail.com

Authorized Official's Signature Emani Evon **Date** 3/2/2021

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