INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

AUG 1 9 2010

Date:

PRO DEO YOUTH CENTER C/O ZACHARY R LUND 1308 NE WINDSOR DR LEES SUMMIT, MO 64086 Employer Identification Number: 27-1834872 17053168303020 Contact Person: THOMAS C KOESTER ID# 31116 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Yes Effective Date of Exemption: March 25, 2010 Contribution Deductibility: Addendum Applies: No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

PRO DEO YOUTH CENTER

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Robert Choi

Director, Exempt Organizations Rulings and Agreements

Enclosure: Publication 4221-PC



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/8/202

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 be endorsed. If SUBROGATION IS WAIVED, subject to

the terms and conditions of the policy certificate holder in lieu of such endor					ni. A Sidi	ament on th	s certificate does not co	omer f	ignis to the	
PRODUCER Britton-Gallagher and Associates, Inc. One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114					CONTACT NAME:					
					PHONE (A/C, No, Ext): 216-658-7100 FAX (A/C, No): 216-658-7101					
					E-MAIL ADDRESS: info@brittongallagher.com					
					INSURER(S) AFFORDING COVERAGE					
				INSURER A	: Everest I	ndemnity Insi	urance Co.		10851	
INSURED 18166 Ingram Enterprises, Inc. dba Fireworks Over America					INSURER B:					
					INSURER C:					
1100 West 40 Highway				INSURER D :						
Odessa MO 64076 COVERAGES CERTIFICATE NUMBER: 2113219006					INSURER E :					
					INSURER F:					
					REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH INSR TYPE OF INSURANCE	EQUIF PERT POLI	REME AIN, CIES. ISUBR	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY C ED BY THE BEEN RED	ONTRACT POLICIES OUCED BY F	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	OT TO V	WHICH THIS	
A GENERAL LIABILITY	INSR	WVD	POLICY NUMBER SI8GL00655-201		12/1/2020	(MM/DD/YYYY) 12/1/2021		- Constanting		
W)			5.55200005-201		12 112020	12021	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,	UUU	
COMMERCE SERVICE CONTRACTOR							PREMISES (Ea occurrence)	\$		
CLAIMS-MADE X OCCUR					=		MED EXP (Any one person)	\$		
\$2500 Deductible							PERSONAL & ADV INJURY	\$ 1,000,		
							GENERAL AGGREGATE	\$ 2,000,		
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$ 2,000,	000	
X POLICY PRO- JECT X LOC	1						COMBINED SINGLE LIMIT	\$	//	
AUTOMOBILE LIABILITY							(Ea accident)	\$		
ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE			
HIRED AUTOS AUTOS					=		(Per accident)	\$		
								\$		
UMBRELLA LIAB OCCUR			E 15				EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE					- 1		AGGREGATE	\$		
DED RETENTION \$								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				(19		E.L. EACH ACCIDENT	\$		
(Mandatory in NH)	1				-		E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
							= 10			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Additional Insured extension of coverage is Stand Owner, Property Owner and Others Stand Owner: Stan Bloom, Sky Bloom Fire Property Owner: McKeever Enterprise Stand Manager: Pro Deo Youth Center Other: City of Lee's Summit, MO Location: 840 NW Pryor Road, Lee's Sum Effective Dates: June 20, 2021 through Jul	s prov listed works	ided belov s, LLC	by above referenced Gene w are named additional ins	ral Liability	nore space is policy who	required) ere required b	oy written agreement.	=		
CERTIFICATE HOLDER				CANCEL	LATION					
Sky Bloom Fireworks LLC					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

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Stan Bloom

L112 Lakeshore Drive

Lake Lotawana MO 64086

AUTHORIZED REPRESENTATIVE

Sky Blooms Fireworks, LLC

L 112 Lakeshore Drive

Lake Lotawana, Missouri 64086

(816) 916-9801

Fax: (816) 229-0099

To whom it may concern,

Pro Deo Youth Center would like to propose to the City of Lee's Summit, Missouri from the dates June 24, 2021 to July 4, 2021 to have a fireworks tent located on the property of 840 NW Pryor Rd. Lee's Summit, MO (McKeevers Market) for the purpose of selling fireworks and as a fundraiser.

The hours of operation for this tent will be from 8:00 AM to 10:00 PM on the days that the tent is open for business. The anticipated attendance of the tent is expected to be around 600 customers based on the attendance of the tent in previous years.

This event will include one 40 ft by 80 ft tent along with banners displaying the name of the nonprofit organization and the sale of fireworks. The electrical source for this tent will be a generator or the direct access to an electrical outlet in compliance with all city and fire safety codes. A certified security company will provide the security for this location from the hours of 10:00 PM to 8:00 AM. The group will provide their own potable water throughout the course of the event.

Pro Deo Youth Center will be operating this tent in conjunction with Sky Blooms Fireworks, LLC. This permit is being submitted as Sky Blooms Fireworks, LLC will be the responsible party for insurance purposes, thus relieving the non-profit organization from any liability.

If you have any questions concerning this application, please do not hesitate to contact me at 816-916-9801.

Sincerel

Stan Bloom

President



Imagery ©2021 Maxar Technologies, Map data ©2021

50 ft

McKeever's Market & Eatery Google Maps

MM Fores Rd DATE WAS THE PHIDAMINI.

Imagery ©2021 Maxar Technologies, Map data ©2021

100 ft