### APPROPRIATIONS CONTRACT

THIS CONTRACT is executed on	, by the City of Pompano
Beach ("City") and FEEDING SOUTH FLORIDA,	
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 <u>Ten Thousand Dollars (\$10,000.00)</u> 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 <u>Francisco "Paco" Velez</u> 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: Francisco "Paco" Velez

President & CEO 2501 SW 32 Terrace Pembroke Park, FL 33023 Office: (954) 518-1818

Email: <a href="mailto:pvelez@feedingsouthflorida.org">pvelez@feedingsouthflorida.org</a>

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.

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**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"

FEEDING SOUTH FLORIDA, INC. (Print or type name of company Witnesses: Print Name: Francisco Velez Title: President Print or Type Name STATE OF FLORIDA COUNTY OF Broward. or online notarization, this 26th day of August , 2025, by Francisco Velez as President of FEEDING SOUTH FLORIDA, INC., a Florida non for profit corporation. He is personally known to me or who has produced Driver Ucense (type of identification) as identification. NOTARY'S SEAL: NOTARY PUBLIC, STATE OF FLORIDA Ivonne Rodriquez IVONNE RODRIGUEZ Notary Public-State of Florida Commission # HH 448396

My Commission Expires January 22, 2028

Name of Acknowledger Typed, Printed or Stamped)

HH 448396

ommission 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:

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    1<sup>st</sup> Quarterly Narrative & Financial Report (October/November/December) - February
    2<sup>nd</sup> Quarterly Narrative & Financial Report (January/February/March) - May
    1<sup>st</sup>
    3<sup>rd</sup> Quarterly Narrative & Financial Report (April/May/June) - August
    1<sup>st</sup>
    4<sup>th</sup> Quarterly Narrative & Financial Report (July/August/September) - September
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If RECIPIENT receives a lump sum payment for a one-time event or an award amount of five thousand dollars (\$5,000.00) or less, then the RECIPIENT shall be required to submit their narrative and financial report on a due date above as assigned by the CITY at a later date. The due date shall occur after the program or activity described in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description has concluded.

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

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

a. Current and final outcomes for the program based on the objectives provided in the RECIPIENT's grant application

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

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

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: FEEDING SOUTH FLORIDA, INC.

Program Funded: Mobile FARMacy

Amount Funded: \$10,000.00

Program Description: Feeding South Florida's Mobile FARMacy is a one-aisle grocery store on wheels designed to increase access to fresh, nutritious food for communities facing food insecurity, with a focused emphasis on low-income seniors in underserved areas like the City of Pompano Beach. By delivering high-quality produce and healthy food items directly to neighborhoods where grocery options are scarce, the Mobile FARMacy helps reduce barriers related to food access, transportation, and health disparities.

Unlike traditional food distributions, the Mobile FARMacy offers a dignified, choice-based shopping experience, empowering individuals to select foods that align with their health needs and cultural preferences. Each event also provides on-site nutrition education, cooking demonstrations, and individualized dietary guidance from licensed nutritionists-helping participants better understand how to prepare meals that manage or prevent chronic conditions like heart disease, diabetes, and hypertension.

In partnership with local community agencies, senior housing facilities, and health providers, the Mobile FARMacy aims to:

- Improve health outcomes for at-risk seniors through food-as-medicine initiatives
- Combat social isolation by creating welcoming, community-centered spaces
- Overcome transportation barriers that prevent access to affordable, healthy groceries
- Support overburdened nonprofit partners that may lack the infrastructure to handle perishable or specialty items

Form Name: Submission Time: Browser: IP Address: Unique ID: Location: City of Pompano Beach Nonprofit Partnership Application April 23, 2025 6:41 pm Chrome 135.0.0.0 / Windows

67.184.249.45 1337653144 41.4549, -87.0613

### **About Your Organization**

<b>Which Fiscal</b>	Year Is Your
Organization	<b>Applying For?</b>

2025-2026

**Full Name of Nonprofit:** 

Feeding South Florida

**Mission of Nonprofit:** 

Feeding South Florida's mission is to end hunger in South Florida by providing immediate access to nutritious food, leading hunger and poverty advocacy efforts and transforming lives through innovative programming and education.

**Brief Overview of Nonprofit:** 

Feeding South Florida is the region's foremost hunger-relief organization, dedicated to ending food insecurity across Palm Beach, Broward, Miami-Dade, and Monroe Counties. For over 40 years, we have relentlessly worked to empower more than 1.1 million individuals who experience hunger daily move past barriers to access needed resources. We distribute over 100 million pounds of nutritious food annually through direct distributions, senior programs, and a robust network of over 300 community-based agencies, such as pantries, soup kitchens, congregate meal sites, and shelters. However, our work doesn't stop there. We believe in addressing the root causes of hunger, which is why we also focus on long-term solutions like workforce development programs and educational initiatives that provide individuals with the tools and opportunities they need to become self-sufficient. Through advocacy, policy reform, and skills training, we aim to break the cycle of food insecurity, fostering a future where everyone has access to both food and the opportunities they need to thrive.

Type of Organization: Health

Nonprofit Website: www.feedingsouthflorida.org

Federal Tax ID Number: 59-2097520

Which funding priority/sub pillar does your nonprofit qualify for?

Community Excellence: Senior Services

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

Feeding South Florida directly supports the "Community Excellence: Senior Services" priority/sub pillar by enhancing food access for seniors in Pompano Beach. Through its Mobile FARMacy program, the organization tackles critical challenges such as food insecurity, social isolation, and transportation, enabling seniors to maintain their independence, health, and quality of life. This initiative ensures that seniors receive nutritious food directly at their doorstep, empowering them to thrive within their community.

#### Statement of Need:

As South Florida's senior population continues to grow, food insecurity among older adults has become a pressing issue, significantly impacting their health and well-being. In our region, which is home to a rapidly aging demographic, the factors contributing to food insecurity-such as limited income, physical and cognitive challenges, and chronic health conditions-are becoming more pronounced. According to Feeding South Florida's 2023 data, approximately 1 in 4 seniors in our service area experience food insecurity, a figure that is higher than the national average. This alarming trend threatens to worsen as the number of seniors in our region continues to rise, placing additional strain on our local support systems and highlighting the urgent need for targeted interventions.

A primary contributor to food insecurity among seniors in South Florida is the financial strain of fixed incomes. Many older adults rely heavily on Social Security or pensions, which often fail to meet the rising costs of living-especially in high-cost areas like Miami-Dade, Broward, and Palm Beach Counties. According to the American Council on Aging (2022), nearly 15% of older adults live in poverty, with an even larger proportion experiencing food insecurity. In South Florida, where housing costs, healthcare, and groceries continue to rise, many seniors are forced to make difficult decisions, such as choosing between paying for prescriptions or purchasing nutritious meals.

In addition to financial hardships, many seniors in South Florida face physical and mobility limitations that hinder their ability to access food. The warm climate and sprawling urban areas of our region make it challenging for older adults with limited mobility to visit grocery stores or participate in community meal programs. Research from the National Foundation to End Senior Hunger (2021) indicates that approximately 1 in 5 older adults struggle with mobility, which directly impacts their ability to secure and prepare food. These challenges are compounded by cognitive decline, which makes meal preparation difficult and increases the likelihood of poor dietary choices.

Furthermore, many seniors in South Florida live with chronic health conditions such as diabetes, hypertension, and heart disease, which require specialized diets to manage. However, access to affordable, nutritious food remains a significant barrier for these individuals. Studies from the Centers for Disease Control and Prevention (2020) show that seniors who face food insecurity are more likely to experience worsened health outcomes, including malnutrition and the exacerbation of chronic diseases. In South Florida, where healthcare disparities are pronounced, food insecurity among seniors can contribute to higher rates of hospitalization and emergency care, further stressing our already

overburdened healthcare system.

Beyond physical health, food insecurity among seniors in South Florida also has significant social and emotional consequences. Many older adults rely on community-based meal programs and social services not only for nutrition but for companionship and a sense of belonging. According to the AARP Foundation (2022), isolated seniors are at a higher risk of experiencing depression and anxiety, which can worsen their overall well-being. In a region as diverse and sprawling as South Florida, these social connections are vital for combating isolation and improving the quality of life for seniors.

Addressing food insecurity in South Florida's seniors is critical not only to improve their immediate access to nutritious food but also to enhance their long-term health, independence, and overall quality of life. Without intervention, food insecurity will lead to higher healthcare costs, greater dependence on social services, and a diminished quality of life for our aging population. It is essential that we prioritize local policies and programs that address the unique needs of South Florida seniors, ensuring they can lead healthier, more independent lives.

### Program/Event Information #1

Will your organization be hosting	No
the program/event on City	
property?	

Which	are you	applying	for?
(Progr	am/Ever	nt)	

Program

**Program/Event Name:** 

Mobile FARMacy

**Type of Program/Event:** 

Other

If other, please specify:

Food Distribution

### Share an executive summary of the program/event:

Feeding South Florida's Mobile FARMacy is a one-aisle grocery store on wheels designed to increase access to fresh, nutritious food for communities facing food insecurity, with a focused emphasis on low-income seniors in underserved areas like the City of Pompano Beach. By delivering high-quality produce and healthy food items directly to neighborhoods where grocery options are scarce, the Mobile FARMacy helps reduce barriers related to food access, transportation, and health disparities.

Unlike traditional food distributions, the Mobile FARMacy offers a dignified, choice-based shopping experience, empowering individuals to select foods that align with their health needs and cultural preferences. Each event also provides on-site nutrition education, cooking demonstrations, and individualized dietary guidance from licensed nutritionists-helping participants better understand how to prepare meals that manage or prevent chronic conditions like heart disease, diabetes, and hypertension. In partnership with local community agencies, senior housing facilities, and health providers, the Mobile FARMacy aims to:

- Improve health outcomes for at-risk seniors through food-as-medicine initiatives
- Combat social isolation by creating welcoming, community-centered spaces
- Overcome transportation barriers that prevent access to affordable, healthy groceries
- Support overburdened nonprofit partners that may lack the infrastructure to handle perishable or specialty items

goals and objectives. How do you plan on using the funding to solve the problem?

**Elaborate on your program/event** The primary goal of the Mobile FARMacy is to improve the health and well-being of food-insecure seniors in Pompano Beach by providing consistent access to nutritious food and education. Specific objectives include:

- Increase access to fresh fruits, vegetables, lean proteins, and whole grains for at least 200 low-income seniors across two Mobile FARMacy events
- Deliver personalized nutrition education and healthy cooking demonstrations led by licensed nutritionists
- Enhance community capacity by working in collaboration with local partner agencies and service providers

Food insecurity among seniors is closely linked to poor health outcomes. Compared to their food-secure counterparts, food-insecure seniors are:

- ☐53% more likely to have experienced a heart attack
- 40% more likely to have experienced congestive heart failure
- ☐ 50% more likely to be diabetic
- ☐ 14% more likely to have high blood pressure (Source: Feeding America, The Health Consequences of Senior Hunger in the United States, 2014)

Further, food insecurity can lead to increased healthcare costs, with estimates showing that each food-insecure adult incurs an additional \$1,834 in healthcare expenses annually (Berkowitz et al., Health Affairs, 2018). Feeding South Florida's belief that "food is medicine" is backed by growing research demonstrating that improving access to healthy food can significantly reduce the burden of chronic disease and improve quality of life.

### What are the proposed outcomes of your program/event?

Proposed outcomes for the Mobile FARMacy would include the following:

- □Increase food access to at-risk seniors by 100%
- ☐ Improve nutrition for at-risk seniors by 75%
- ☐ Improve household budgets for at-risk seniors by 40%

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

Feeding South Florida measures the outcomes of our program using a dual-system approach that ensures both efficiency and accuracy. We utilize Oasis Insights, a comprehensive case management software, to collect and analyze client-level data-including demographics, household composition, and services received. This enables us to assess program reach, identify trends, and ensure services are equitably distributed across communities.

Additionally, our warehouse management system (CERES) provides real-time tracking of food inventory and distribution, allowing us to monitor the volume and frequency of food deliveries by location. By integrating both platforms, we can evaluate program performance, identify areas for improvement, and ensure that we are meeting both the immediate needs and long-term outcomes of food-insecure families across South Florida.

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

151-250

Please specify the number of City 250 of Pompano Beach residents your organization will serve if the program/event is funded:

population you are impacting with this program/event:

Describe the demographics of the Feeding South Florida serves a diverse and often underserved population of individuals and families experiencing food insecurity-many of whom live below the federal poverty line or are struggling to make ends meet despite working full-time. The populations impacted by our programs in the City of Pompano Beach include:

- Working Families Households with one or more working adults who are often one emergency away from crisis.
- Seniors on Fixed Incomes Older adults who face difficult choices between food, medication, and housing costs.
- Single-Parent Households Primarily led by women, these families are disproportionately impacted by economic challenges.
- | Veterans Individuals who have served our country and now face barriers to employment, housing, and healthcare.
- Immigrant & Minority Communities Residents from historically marginalized backgrounds who often experience

systemic inequities and lack access to critical resources.

Hunger knows no boundaries, and our outreach is intentionally designed to reach those who are most vulnerable-regardless of age, race, gender, or background. By focusing our efforts on high-need neighborhoods and lifting up communities that have been historically under-resourced, Feeding

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

Our program in 2024-2025 held two Mobile FARMacy events in the zip code area of 33069 with the support of the City of Pompano Beach Community Partnership funding. This area will be considered along with others in the City of Pompano Beach for placing the Mobile FARMacy program visits.

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

Feeding South Florida takes a targeted, community-driven approach to marketing our programs and events to residents of the City of Pompano Beach. Through our Partner Services team, we work closely with local partner agencies that serve seniors and other vulnerable populations to ensure outreach is tailored, effective, and culturally relevant.

#### Our marketing strategy includes:

- Collaborative Outreach: We guide selected partner agencies through the full event process, including coordinated outreach to their clients via email, text alerts, and phone calls.
- On-Site Promotion: Partner agencies display bilingual signage and flyers in high-traffic areas leading up to the event to ensure maximum visibility.
- Community-Based Promotion: We leverage trusted community spaces-such as senior centers, churches, housing developments, and libraries-to spread awareness through posters and word-of-mouth.
- Digital Promotion: Events are promoted through our website, social media platforms, and email newsletters to reach a broader audience, with special emphasis on geo-targeted messaging for Pompano Beach ZIP codes.
- Municipal Collaboration: When possible, we partner with the City to promote events through its communication channels, including newsletters, digital boards, and community calendars.

Our goal is to ensure that every Pompano Beach resident who needs support knows when and where to access it-with dignity and ease. How does a City of Pompano Beach resident access the services/program your nonprofit provides? Feeding South Florida is committed to making food access simple, dignified, and community-driven for Pompano Beach residents. There are several easy ways individuals and families can connect with our programs and services:

• ☐ Attend a Local Food Distribution: Residents can visit one of our regularly scheduled food distributions-including

Mobile FARMacy events and drive-thru pantries-hosted in partnership with local organizations throughout Pompano Beach.

- $\bullet \square \text{Connect}$  with a Local Partner Agency: With 10+ partner agencies located within the city, residents can access
- groceries, meals, and additional support services close to home.
- Phone for Assistance: Our multilingual team is available by phone to guide residents to the nearest food distribution site or help them navigate services such as SNAP application assistance or benefits enrollment.
- [Visit Our Website: Our interactive "Find Food" tool at www.feedingsouthflorida.org allows users to easily search for food pantries, mobile distributions, and other resources by ZIP code.

No matter the path, we ensure every resident is met with compassion, respect, and access to the nutritious food and support they need.

Start Date of Program/Event:	Oct 01, 2025
End Date of Program/Event:	Apr 01, 2026
Does your program/event have a start time/end time?	No
Name of Program/Event Venue:	TBD
Address of Program/Event Venue Location:	TBD 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:

Feeding South Florida is proud to partner with the City of Pompano Beach in a relationship that is truly transformational-not merely transactional. Through this partnership, the City gains access to a wide range of impactful benefits and opportunities, including:

- Community Engagement opportunities: City officials and staff are invited to volunteer at Mobile FARMacy distributions and other food access events, providing a hands-on way to witness the impact of these services and engage directly with residents.
- Targeted Program Implementation: Feeding South Florida welcomes collaboration with City leadership to identify high-need areas and align food assistance programs that best serve Pompano Beach residents.
- Visibility and Public Impact: The City's involvement helps elevate community trust and visibility around food security efforts, showcasing a shared commitment to improving quality of life for all residents.
- Data and Insights: We provide useful reports and community feedback to help inform the City's strategies around poverty reduction, public health, and social services.
- Collaborative Grant Opportunities: Feeding South Florida actively seeks joint funding opportunities with municipal partners, multiplying the impact of public-private collaboration.

Together, we are building a healthier, stronger Pompano Beach-one partnership, one meal, and one neighbor at a time.

Total dollar amount of the overall program/event budget:	15000
Total dollar amount being requested from the City:	15000

## How will your organization use the City of Pompano Beach funding?

If awarded, Feeding South Florida will use City of Pompano Beach funding to support the implementation of 3 Mobile FARMacy food distributions. The associated expenses include:

- Food Produce, Nonperishables, Frozen Protein/Meat and Dairy
- □ Program Operating Expenses Warehousing, Marketing, Fuel, GPS, Insurance & Truck Maintenance
- □ Program Staffing Expense Driver, Program Coordinator, Transportation Manager, Distribution Manager, Distribution Coordinator

### Are you applying for a second program/event?

No

### **Additional Activities**

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

No

### **Additional Information**

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

Feeding South Florida is the largest, most efficient food bank in the state and a proud member of the Feeding America network-the nation's largest domestic hunger-relief organization. As the leading hunger-relief organization in South Florida, we serve 25% of the state's food-insecure population across Palm Beach, Broward, Miami-Dade, and Monroe Counties. What sets us apart is our scale, reach, and impact. Each year, we rescue tens of millions of pounds of high-quality food and get it directly into the hands of nearly 1 million individuals, children, and seniors struggling with food insecurity. Our state-of-the-art operations allow us to respond quickly and efficiently-whether in times of everyday need or crisis.

With roughly 95% of every dollar donated going directly into programs and services, Feeding South Florida is consistently ranked among the top-performing food banks in the nation in terms of cost-efficiency and pounds distributed. We're not just providing meals-we're restoring dignity, supporting stability, and building pathways to self-sufficiency through workforce training, benefits assistance, and nutrition education.

Feeding South Florida does more than feed people-we nourish communities and create lasting change.

Other than the program/event you are applying for, how is your organization serving the residents of the City of Pompano Beach? Beyond the specific program for which we are applying, Feeding South Florida maintains a strong, ongoing presence in the City of Pompano Beach. We work closely with ten dedicated partner agencies located within city limits, providing them with nutritious food on a daily or weekly basis to meet the needs of local residents.

Our support extends beyond food distribution. Through additional funding sources and targeted initiatives, we are able to implement and sustain programs focused specifically on Pompano Beach-ranging from mobile pantries and child hunger initiatives to benefits assistance and nutrition education. These programs are tailored to address the unique needs of Pompano Beach residents and are delivered in partnership with community-based organizations to maximize local impact.

By combining direct services with deep community partnerships, Feeding South Florida ensures that residents of Pompano Beach have consistent access to nutritious food and wraparound support services that foster long-term food security and well-being.

### Any other information you wish to share?

Feeding South Florida is grateful for the partnership with the City of Pompano Beach over the years. We look forward to continued opportunities to serve residents together.

City of Pompano Beach Fund	
Has your organization been funded before by City of Pompano Beach?	Yes
If yes, when was the most recent year?	2024-2025
What was the name of program/event funded?	Mobile FARMacy
How much was the funding for this program/event?	10000
Requested Budget Informati	on
What is your organization's operational budget?	22452011
What is the total value your nonprofit is applying for?	15000
If you are not awarded the full funding requested for your program/event(s), will you be able to complete your project?	No
About Your Staff and Leader	rship
Total Number of Employees:	135
Full Name of President/CEO/Executive Director:	Francisco "Paco" Velez

Include your
President/CEO/Executive
Director's biography:

Francisco ("Paco") Vélez, President & CEO of Feeding South Florida (FSF), leads the organization and fulfillment of its mission to end hunger in South Florida by providing immediate access to nutritious food, leading hunger and poverty advocacy efforts and transforming lives through innovative programming and education. FSF serves more than 25% of Florida's food insecure population throughout Palm Beach, Broward, Miami-Dade, and Monroe Counties.

As President & CEO, Vélez is responsible for the overall vision of FSF. He is also charged with the administration, management, and leadership of the organization in pursuit of its mission, goals, and objectives.

Since his arrival in 2012, Vélez has increased the number of pounds of food distributed across Palm Beach, Broward, Miami-Dade, and Monroe Counties, from 29 million pounds in 2012 to over 176 million in 2020. He has increased funding and reduced expenses to ensure a healthy financial position for the organization, bringing it from seven figures in the red to eight figures in the black.

South Florida Business Journal named Vélez as Ultimate CEO of 2015 and 2021, as well as a member of the 40 Under 40 Class of 2013 for his accomplishments as CEO of Feeding South Florida.

Prior to joining Feeding South Florida in April 2012, Vélez served as executive vice president of programs and initiatives at the San Antonio Food Bank in San Antonio, Texas, one of the leading food banks in the Feeding America network. Vélez's responsibilities at the San Antonio Food Bank included oversight of six divisions responsible for all outreach programs and initiatives of the food bank.

Vélez holds a Certification in Non-Profit Management from the University of Texas in San Antonio, Texas, and a Bachelor of Science in Biology from Baylor University in Waco, Texas.

Vélez serves as the President to the Florida Department of Agriculture and Consumer Service's Living Healthy in Florida Advisory Board.

He also serves on Feeding Florida's Board of Directors Executive Committee as Vice Chair, while also serving on the board of the Emergency Food and Shelter Program with the United Way of Miami-Dade.

In Texas, Vélez served on the boards of the South Alamo Regional Alliance for the Homeless (Continuum of Care) and Holy Spirit

Catholic Church Homeless and Hunger Ministry. Vélez is also a Leadership San Antonio alum of The Greater San Antonio Chamber of Commerce/San Antonio Hispanic Chamber of Commerce.

### **About Your Board of Directors**

Total Board Members:	13
How many board members contribute financially to the organization?	12
Is there a formal give/get policy for board members?	Yes
If so, what is the required amount?	2500

### **About Your Partnerships and Contributors**

Does your organization have any other community partners? If so, please list them and provide a brief description of their involvement with your organization.

Feeding South Florida is built on the power of collaboration. We programmatic collaborations with proudly partner with a robust network of more than 300 nonprofit partner agencies and community-based organizations across our service area-including Pompano Beach-to ensure a comprehensive and coordinated response to food insecurity.

#### Our partners include:

- Healthcare Providers Collaborating on food-as-medicine programs and chronic disease prevention by connecting patients with healthy, nutritious foods.
- Senior Centers & Residential Communities Supporting aging populations with tailored food distributions and wellness services in partnership with the local Area Agency on Aging.
- Community-Based Organizations Working hand-in-hand to reach vulnerable populations through mobile pantries, after-school programs, and neighborhood food hubs.
- Faith-Based Organizations Leveraging trusted community anchors to extend our reach and deepen engagement.
- Schools and Educational Institutions Partnering on child hunger programs including school pantries and summer meal services.

These partnerships are central to our case management and community-based approach. By aligning food assistance with social services, benefits access, and workforce development, we ensure our efforts are not only meeting immediate needs but also helping individuals and families achieve long-term stability.

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

Gerstner Philanthropies - \$300,000 Ocean Reef Community Foundation - \$110,000 Impact 100 - Palm Beach County - \$100,000 Joy in Childhood Foundation - \$50,000

#### **Financial Information**

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

External Financial Audit conducted by an professional auditing firm

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

https://www.formstack.com/admin/download/file/17910677339

### Agency Operational Budget

https://www.formstack.com/admin/download/file/17910677340

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

**Agency External or Internal Audit** https://www.formstack.com/admin/download/file/17910677341

### W9

https://www.formstack.com/admin/download/file/17910677342

### IRS 501(c)(3) Determination Letter

https://www.formstack.com/admin/download/file/17910677343

### **Articles of Incorporation**

https://www.formstack.com/admin/download/file/17910677344

#### **Most Recent 990 Form**

https://www.formstack.com/admin/download/file/17910677345

#### List of Board of Directors

https://www.formstack.com/admin/download/file/17910677346

### **Matching Gift Documentation**

### **Does Your Organization Receive Matching Funds?**

Yes

### Please indicate one or more matching gift options below:

One or more donors match general contributions to our organization.

### Matching Gift Documentation Supporting Your Organization

https://www.formstack.com/admin/download/file/17910677349

Is your matching gift supporting your organization \$1/\$1 or capped at a specific amount? If capped, please include the cap

amount.

capped at \$50,000 and specifically to acquire a reefer trailer

President/CEO/Executive	Director (	Contact L	nformation
I I CSIGCIIL/CLO/LACCGIVE	DII CCCOI C	sonicact n	momation

Name	Francisco "Paco" Velez
Title	President & CEO
Email	pvelez@feedingsouthflorida.org
Phone Number	(954) 518-1818
Mailing Address	2501 SW 32 Terrace Pembroke Park, FL 33023

### **Primary Nonprofit Contact**

Name	Allyson Vaulx
Title	AVP of Philanthropy
Email	grants@feedingsouthflorida.org
Phone Number	(954) 518-1818

### **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



#### PHILADELPHIA PA 19255

In reply refer to: 3552894949 Mar. 17, 2025 LTR 4168C 0 59-2097520 000000 00

00035151

BODC: TE



024665

FEEDING SOUTH FLORIDA INC % PACO VELEZ 2501 SW 32ND TER PEMBROKE PARK FL 33023

Employer ID number: 59-2097520 Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Mar. 06, 2025, about your tax-exempt status.

We issued you a determination letter in July 1981, 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.,

# Form W-9 (Rev. March 2024) Department of the Treasury Internal Revenue Service

## 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.

Befor	e you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.							
	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the own entity's name on line 2.)	wner's na	me on lin	e 1, and	enter the	e business/	disregarded	
Print or type. See Specific Instructions on page 3.	felding South Florida							
	2 Business name/disregarded entity name, if different from above.			***************************************				
		Exem Exem Com code	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.)  and address (optional)					
	2501 SW 32 Terrace							
	Pemboke Pack, FL 33023							
	7 List account number(s) here (optional)							
Par	Taxpayer Identification Number (TIN)							
		Т	Social se	curity	numher			
backu	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoi p withholding. For individuals, this is generally your social security number (SSN). However, for	31()						
reside entitie	nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i> :		r			] - 📗		
<i>TIN</i> , la	ter.		Employe	r identi	fication	number		
Note: Numb	If the account is in more than one name, see the instructions for line 1. See also <i>What Name ar</i> er To Give the Requester for guidelines on whose number to enter.		59	- 2	09	75	20	
Part	II Certification					1101		
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 is	sued to	o me); a	nd		
2. I am Sen	n not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or onger subject to backup withholding; and	have no	t been r	otified	by the I	Internal Re	evenue that I am	
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	j is corre	ct.					
oecaus acquis	cation instructions. You must cross out item 2 above if you have been notified by the IRS that you se you have failed to report all interest and dividends on your tax return. For real estate transaction ition or abandonment of secured property, cancellation of debt, contributions to an individual retire han interest and dividends, you are not required to sign the certification, but you must provide you	ns, item 2 ement ar	does normander	ot apply	y. For m ), and, c	ortgage int senerally, c	terest paid, pavments	
Sign Here	Signature of		'0/z	4/2	24		<u></u>	
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#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

**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

OF

#### DATLY BREAD COMMUNITY FOOD BANK, 1

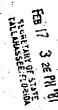
(A Florida Corporation Not for Profit)

WE, the undersigned subscribers to these Articles of Incorporation, being natural persons competent to contract, do hereby associate ourselves in the formation of a corporation not for profit under the laws of the State of Florida, pursuant to the provisions of Chapter 617, Florida Statutes.

#### ARTICLE I

#### CORPORATE NAME

The name of the Corporation shall be: DAILY BREAD COMMUNITY FOOD BANK, INC.



#### ARTICLE II

#### PURPOSES

The purposes of which this Corporation is organized are:

- 1. To feed the hungry through the procurement and distribution of salvageable and surplus food and to operate and maintain Community Food Bank facilities.
- 2. To collect, store, warehouse and distribute salvageable and surplus food to social and charitable agencies and other organizations that qualify under Section 501(c)(3) of the Internal Revenue Code of 1954, as tax exempt organizations.
- 3. To operate exclusively for such charitable and educational purposes that will qualify this Corporation as a tax exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1954, or the corresponding provision of any subsequent internal Revenue Code or tax law.

WALTON LANTAFF SCHROEDER & CAREON

#### QUALIFICATION OF MEMBERS AND MANNER OF THEIR ADMISSION

Any person interested in feeding the hungry and dedicated to the purposes and objectives specified in these Articles of Incorporation is qualified and eligible for membership in this Corporation. The manner of admission to membership shall be evidenced by a Certificate of Membership issued by the Corporation to each member. Each member shall be subject to the rights, privileges and duties set forth in the By-Laws.

ARTICLE IV

TERM

This Corporation shall have perpetual existence.

ARTICLE V :

#### NAMES AND RESIDENCES OF SUBSCRIBERS

The names and residences of the Subscribers are:

WILLIAM J. GRAY 6030 S. W. 8th Street Plantation, Florida 33317

NICHOLAS E. CHRISTIN 15521 S. W. 79th Avenue Niami, Florida 33157

GEORGE CHESROW 1230 So. Alhambra Circle Coral Gables, Florida 33146

#### ARTICLE VI

#### OFFICERS AND THEIR ELECTION OR APPOINTMENT.

The affairs of this Corporation are to be managed by a President, one or more Vice Presidents, a Secretary and a Treasurer. Those Officers shall be elected or appointed at the annual meeting of the members of the Corporation.

#### ARTICLE VII

#### FIRST OFFICERS

The names of the officers who are to serve until the first election or appointment under these Articles of corporation are:

Name

WILLIAM J, GRAY

NICHOLAS E. CHRISTIN

GEORGE CHESROW

Office

President

Vice President

Secretary and Treasurer

#### ARTICLE VIII

#### FIRST BOARD OF DIRECTORS

The affairs of this Corporation shall be conducted by a Board of Directors of at least three members. The names and addresses of the persons who are to serve as Directors until the first election thereof are:

Name

WILLIAM J. GRAY

RICHOLAS E. CHRISTIN

GEORGE CHESROW

Address

6030 S. W. 8th Street Plantation, Florida 33317

15521 S. W. 79th Avenue Miami, Florida 33157

1230 S. Alhambra Circle Coral Gables, Florida 33146.

#### ARTICLE IX

#### BY-LAWS

The By-Laws of this Corporation are to be made, altered, amended or rescinded by a two-thirds vote of all of the members of the Board of Directors, at a meeting duly called for that specific purpose. A meeting hereunder is duly called if it is called by any Director or the President of the Corporation, at any regular or special meeting held prior to the meeting provided for herein.

#### ARTICLE X

#### AMENDMENTS TO ARTICLES OF INCORPORATION

Amendments to these Articles of Incorporation may be proposed by any member of the Board of Directors and adopted by

a two-thirds voce of all the Directors at any meeting duly called for that specific purpose.

#### ARTICLE XI

#### POWERS.

As a means of accomplishing the purposes set forth in Article II herein, this Corporation shall have the following powers:

- 1. To raise funds by solicitations, business enterprises, or borrowing.
- Accept and receive donations and contributions of services and money and property of every kind and description by gift, subscription, devise, bequest, or otherwise.
- 3. Buy, build, lease, sell, mortgage, manage or otherwise deal with real or personal property.
  - 4. Enter into contracts or agreements of any kind.
- To hold, invost, reinvest, and manage money and property and to use the principal and income thereof.
- 6. To borrow money and execute and issue promissory notes, bonds, dehentures, and other evidence of indebtedness, from time to lime, for any lawful corporate purpose and to mortgage, pledge and otherwise charge any and all of its property and other assets to secure the payment thereof.
- 7. To do all and everything necessary and proper for the accomplishment of any of the objects or purposes enumerated in these Articles of Incorporation or any amendment thereto, or in the furtherance thereof or necessary or incidental to the protection and benefit of the Corporation, and in general, either alone or in association with other charitable corporations, organizations, associations, partnerships, firms or individuals, to carry on any lawful pursuit necessary or incidental to the accomplishment of the purposes or the attainment of the objectives or the furtherance of such purposes or objectives for which this Corporation is formed, and to have all of the powers conferred upon this Corporation by the laws of the State of Florida, or of any other state or country, and not prohibited by the Corporations Not for Profit Act.

-4-

8. The objects and purposes specified in the foregoing clauses of this Article, unless expressly limited, shall not be limited or restricted by reference to, or inference from, any provision in this or any other Article of these Articles of Incorporation, shall be regarded as independent objects and purposes and shall be construed as powers as well as objects and purposes, all as permitted by law.

#### ARTICLE XII

#### CHARITABLE RESTRICTIONS AND LIMITATIONS

The purposes and operations of this Corporation shall be specifically restricted and limited as follows:

- 1. No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its members, directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article II hereof.
- 2. No substantial part of the activities of the Corporation shall consist of carrying on propagands, or otherwise attempting to influence legislation except as otherwise provided in Section 501(h) of the Internal Revenue Code of 1954, or the corresponding provision of any subsequent Internal Revenue Code or tax law. The Corporation shall not perticipate in, or intervene in (including the publishir: or distributing of statements), any political campaign on behalf of any candidate for public office.
- 3. The Corporation shall not operate for the purpose of carrying on a trade or business for profit, or engage in any prohibited transaction described in Section 503 of the Internal Revenue Code of 1954, or the corresponding provision of any subsequent Internal Revenue Code or tax law.

4: In the event of the dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the paying of all Habilities. • the Corporation, dispose of all of the assets, real and personal, of the Corporation exclusively for the purposes of the Corporation, by distributing said assets to such organization or organizations organized and operated exclusively for charitable purposes as shall at the time qualify as a tax exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1954, or the corresponding provision of any subsequent Internal Revenue Code of contax law.

#### ARTICLE XIII

#### OFFICE AND RESIDENT AGENT

The Corporation shall maintain an office in Florida with a Resident Agent thereat upon whom process may be served. The initial Resident Agent shall be WILLIAM J. GRAY, ESQ., whose office is located at 900 A.fred I. duPont Building, 169 East Flagler Street, Miami, Florida 33131.

IN WITNESS WHEREOF, the undersigned Subscribers have hereunto set their hands and seals this  $12^{19}$  day of February, 1981.

11501.1

Steppe W.

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STATE OF FLORIDA COUNTY OF DADE

I HEREBY CERTIFY that on February 1981, personally appeared before me, the undersigned authority, WILLIAM J. GRAY, WICHOLAS E. CHRISTIN and GEORGE CHESROW, to me well known and known by me to be the persons by those names described in and who executed the foregoing Articles of Incorporation, and they acknowledged to me that they executed the same as their free and voluntary act and deed and for the uses and purposes therein act forth and expressed.

in witness whereof. I have hereunto set my hand and affixed my official seal, on the day and year first above written.

HOTAR) PUBLIC State of Florida at Large

My Commission Expires:

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#### ACKNOWLEDGMENT OF RESILENT AGENT

Having been named to accept service of process for DAILY BREAD COMMUNITY FOOD BANK, INC., at the place designated in Article XIII of the attached Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provision of Section 48.091, Florida Statutes, relative to keeping open the resident office.

Resident Agent

(SEAL)

ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION OF

HAT | 8 | 2 16 PH | BI SECRETARY OF STATE TALLAHASSEE FLORIDA

#### DAILY BREAD COMMUNITY FOOD BANK, INC.

(A Florida Corporation Not for Profit)

Pursuant to the provisions of Section 617.02 of the Florida Statutes, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation, filed February 17, 1981:

1. The Board of Directors of seid corporation at a meeting called and held on May 6, 1981, adopted the following resolution:

RESOLVED that Article III of the Articles of Incorporation is hereby completely amended as follows:

"ARTICLE III - QUALIFICATION OF MEMBERS AND HANNER OF THEIR ADMISSION

The members of the corporation shall consist of the persons signing the Articles of incorporation and such other person or persons or organization or organizations as the Board of Directors may elect, by vote of a majority of the members of the Board of Directors of the corporation, at any Annual or Special Meeting of the Board of Directors."

2. The Board of Directors of such corporation at a meeting duly called and held on May 6, 1981 adopted said resolution amending the Articles of Incorporation as aforesaid, no shares of stock having been issued nor permitted under general law.

IN WITNESS WHEREOF, the undersigned Directors have executed these Articles of Amendment this 11th day of May, 1981.

DAILY BREAD COMPUTTY FOOD BANK, INC.

[SEAL]

, Notal, E Chin

NICHOLAS E. CHRISTIN

June W

Therror

A-1968

STATE OF FLORIDA COUNTY OF DADE

On this day personlly appeared before me, the undersigned officer duly authorized by the laws of the State of Florida to take acknowledgements WILLIAM J. GRAY, NICHOLAS E. CHRISTIN, and GEORGE CRESKOW, Directors of Daily Bread Community Food Bank, Inc., a Florida corporation, and they acknowledged that they executed the herein and foregoing Articles of Amendment as such Directors for and on behalf of said Corporation after having been duly authorized to do so.

WITNESS my hand and official seal at Miami, Dade County, Florida, this 12 day of May, 1981.

Notary Public, State of Florida at Large

My Commission Expires:

NOTARY FUELD STATE OF FLORIDA AT LANGE
MY COLAMISSION BOTHES JULY 15, 1867

#### ARTICLES OF AMENDMENT

TO

# ARTICLES OF INCORPORATION DAILY BREAD COMMUNITY FOOD BANK, INC.

Pursuant to the provisions of Section 617.018, Florida Statutes, the undersigned Corporation adopts the following Articles of Amendment to its Articles of Incorporation, filed February 17, 1981.

FIRST: The name of the corporation is: DAILY BREAD COMMUNITY FOOD BANK, INC.

SECOND: The following amendment of the Articles of Incorporation was adopted by the Corporation:

"ARTICLE I.

#### CORPORATE NAME

The new name of the Corporation shall be: DAILY BREAD FOOD BANK, INC."

THIRD: This Amendment was adopted unanimously by the Board of Directors on the 11th day of September 1986 at a meeting duly called for that purpose.

Dated: September 20 1986

DAILY BREAD COMMUNITY FOOD BANK, INC.

٠., .

Richard Walter, Secretary

STATE OF FLORIDA )
COUNTY OF DADE )

Before me, the undersigned authority, personally appeared Joseph Sciortino and Richard Walter, President and Secretary respectively, to me well known to be the persons who executed the foregoing Articles of Amendment to Articles of Incorporation and acknowledged before me, according to law, that they made and subscribed the same for the purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this  $3D_{-}^{\gamma N}$  day of September 1986.

Notary Public, State of Florida at Large

My Commission Expires:

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Pursuant to the applicable provisions of the Florida Statutes, this Florida not for for corporation adopts the following articles of amendment to its articles of incorporation:

- 1. The name of the corporation is DAILY BREAD FOOD BANK, INC. (the "Corporation").
- 2. The Amendment set forth below was adopted on March 26, 2009 by unanimous consent of all of the members entitled to vote on the board of directors of the Corporation.
- 3. Article I of the Articles of Incorporation of the Constration shall be deleted in its entirety and replaced with the following:

#### ARTICLE I

#### **CORPORATE NAME**

The name of the Corporation shall be:

#### FEEDING SOUTH FLORIDA, INC., a Florida not for profit corporation

4. All of the provisions of the Articles of Incorporation not amended herein are hereby ratified, confirmed and shall remain unchanged.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Amendment to the Articles of Incorporation.

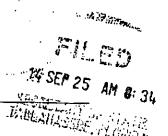
DAILY BRE.\D FOOD BANK, INC., a Florida not for profite apporation

Bruce J. Berman, President and Chairman of the Board of Directors

MIA 352508-1,099749,0129

H09000208152 3

### Articles of Amendment Articles of Incorporation of



Fre Did 9 South FloridA, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

75-6490 (Document Number of Corporation (if known)

ving

A. If amending name, enter the new na	ime of the corporation:	
name must be distinguishable and contain "Company" or "Co." may not be used in	the word "corporation" or "incorporated" or the abbre	The newlation "Corp." or "Inc
3. Enter new principal office address, i Principal office address MUST BE A S	f applicable:	
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a student to the		
Enter new mailing address, if applic (Mailing address MAY BE A POST C	PADICE BOX)	
If among the section of a section of	·	- NY
new registered agent and/or the new	Vor registered office address in Florida, enter the pam registered office address:	e of the
Name of New Registered Agent:	PACO Velez	
	2501 SW 32 MD Terrace (Florida street address)	
New Registered Office Address:		
,	Pembroke Paak. , Florida	33023
	(City)	(Zip Code)
w Registered Agent's Signature, if cha ereby accept the appointment as register	anging Registered Agest; red agent and accept the obligations	of the position.
<del></del>	Signature of New Registered Agent, if changing	
	Page 1 of 4	

If amending the Officers and/or Directors, enter the title and name of each on, er/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director this by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	YP.	Roche, ORlando	2501 SW 32 Terrau Pembroke Park FL 33023
2) Change Add	P	MilARES MARIA	2501 SW 32 Tellace Pembroke PARK FL.
Remove  3 ) Change Add Remove			33023
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Remove		Page 2 of 4	

* 14 without at adding additional Vall	cies, enter change(s) here:	•
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The date of each amendment(s) adopt date this document was signed.	ion: August 18, 2014	_, if other than the
Effective date if applicable:		
	(no more than 90 days after umendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
There are no members or members of adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
Dated		
Signature(By the chairman	or vice chairman of the board, president or other officer-if directors	-
have not been sel other court appoi	ected, by an incorporator - if in the hands of a receiver, trustee, or neel fiduciary by that fiduciary)	
Pac	vélez	·
Pre	ed or printed name of person signing)  Sident & CEO	
	(Title of person signing)	

#### Articles of Amendment

to
Articles of Incorporation

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Feeding Sow	the Florida Th	C. 2015 AUG -7 PM 1: 42
(Name of Cornorat	ion as currently filed with the Florida Dep	t. of State) STATE
# 756490	2	t. of State) : TALE/CHASSEE, FLORID
(Do	cument Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, I amendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida Not For Profit (	Corporation adopts the following
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain the wi "Company" or "Co." may not be used in the na	ord "corporation" or "incorporated" or the	abbreviation "Corp." or "Inc."
Company of Co. may not be used in the Ma	une.	
B. Enter new principal office address, if appli		
(Principal office address <u>MUST BE A STREET</u>	(ADDRESS)	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFIC</u>	E BOX)	
D. If amending the registered agent and/or re-	gistered office address in Florida, enter the	name of the
new registered agent and/or the new regist		
Name of New Registered Agent	FRANCISCO R. VELE	2
	2501 SW 32 TERRACE	·
New Registered Office Addres	(Florida street a	address)
		-
	PEMBROKE PANK	, Florida
	(0.0)	(Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:	
hereby accept the appointment as registered age	ent. I am familiar with and accept the obliga	tions of the position.
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	Page 1 of 4	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S - Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe. PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change X Remove X Add	<u>V Mik</u>	n <u>Doe</u> e Jones y Smith	
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Add			PEMBAOKE PARK
Remove			FG 33023
2) Change	VP	PACO VELEZ	
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Page 2 of 4

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Page 3 of 4

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dat	te this document was signed.		
£Π	fective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
<u>No</u> doc	te: If the date inserted in this block do cument's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will no tent of State's records.	t be listed as the
Ad	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopted was/were sufficient for approval.	i by the members and the number of votes cast for the amendment(s)	
e	There are no members or members en adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were	
	Dated	8/3/2015	
	Signature	he!	
	have not been sele	or vice chairman of the board, president or other officer-if directors etted, by an incorporator if in the hands of a receiver, trustee, or ited fiduciary by that fiduciary)	
		Francisco Velec	
		(Typed or printed name of person signing)	
		Tros ident + CEO (Title of person signing)	

From: Ashley Smith

# ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION OF DAILY BREAD FOOD BANK, INC.

H090002081523

Pursuant to the applicable provisions of the Florida Statutes, this Florida not for profit corporation adopts the following articles of amendment to its articles of incorporation:

- 1. The name of the corporation is DAILY BREAD FOOD BANK, INC. (the "Corporation").
- 2. The Amendment set forth below was adopted on March 26, 2009 by unanimous consent of all of the members entitled to vote on the board of directors of the Corporation.
- 3. Article I of the Articles of Incorporation of the Corporation shall be deleted in its entirety and replaced with the following:

#### ARTICLE I

#### CORPORATE NAME

The name of the Corporation shall be:

#### FEEDING SOUTH FLORIDA, INC., a Florida not for profit corporation

4. All of the provisions of the Articles of Incorporation not amended herein are hereby ratified, confirmed and shall remain unchanged.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Amendment to the Articles of Incorporation.

DAILY BRE.\D FOOD BANK, INC., a Florida not for profit corporation

Bruce J. Berman, President and Chairman of the

Board of Directors



September 25, 2009

### FLORIDA DEPARTMENT OF STATE Division of Corporations

FEEDING SOUTH FLORIDA, INC. 5850 N.W. 32ND AVENUE MIAMI, FL 33142

. V.

Re: Document Number 756490

The Articles of Amendment to the Articles of Incorporation of DAILY BREAD FOOD BANK, INC. which changed its name to FEEDING SOUTH FLORIDA, INC., a Florida corporation, were filed on September 25, 2009.

This document was electronically received and filed under FAX audit number H09000208152.

Should you have any questions regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Annette Ramsey Regulatory Specialist II Division of Corporations

Letter Number: 409A00031453



Board Member	Joined Board	Place of Employment	Title
Michael Block	6/1/2015	Witty Toys	CEO
Henry Del Campo	3/1/2016	Bank of Montreal	Director, Sr. Relationship Manager
Michelle Esposito	3/3/2022	JM Family	VP, JM&A IT
Ignacio Felix	1/22/2021	McKinsey & Company	Managing Partner, Leader in Manufactur Supply Chain
William Fletcher	7/1/2017		
Randy Friedlander	2/13/2024	Morgan Stanley	Sr. VP, Family Wealth Advisor
Robert "Bob" McCabe	1/1/2014	Oppenheimer & Co.	Branch Manager, Sr. Director
Chris Mellgren	7/1/2017	Surfside Coffee Company	CEO
Kelly Murphy	9/1/2018	Events on the Loose	Founder, Creative Curator
Harris Siskind	8/23/2013	McDermott Will & Emery	Partner, Global Head of Transactions Practice Group
Steve Stowe	1/22/2021	Miami Heat	VP/Executive Director
Dr. Jennyfer Uzor	9/14/2023	Allegra Family Pediatrics	CEO
Stephanie G. Wicky	10/28/2021	Ryder Systems, Inc	VP of Marketing

#### EXTENDED TO MAY 15, 2024 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.

2023 A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN Check if applicable C Name of organization D Employer identification number Address change FEEDING SOUTH FLORIDA, INC. Name change 59-2097520 Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ termin-ated 2501 SW 32ND TERRACE 954-518-1818 155,948,397. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return PEMBROKE PARK, FL 33023 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: FRANCISCO VELEZ for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.FEEDINGSOUTHFLORIDA.ORG J Website: H(c) Group exemption number L Year of formation: 1981 M State of legal domicile: FL **K** Form of organization: **X** Corporation Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 144 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 29735 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 153,278,843. 136,444,113. Contributions and grants (Part VIII, line 1h) 8 Revenue 559,064. 0. Program service revenue (Part VIII, line 2g) 308,855. 967,570. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 451,472. -11,086. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 137,204,440. 794,391. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 5,233,668. ,265,058. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 287,740. 544,536. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 127,458,339. 149,880,020. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 133,236,543. 157,432,818. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -2,638,427. 3,967,897**.** Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 48,919,405. 50,509,324 Total assets (Part X, line 16) 2,116,466. 5,929,094 21 Total liabilities (Part X, line 26) 46,802,939. 44,580,230 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign FRANCISCO VELEZ, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 05/15/24 TYLER JOHNSON P01959117 Paid TYLER JOHNSON self-employed CITRIN COOPERMAN ADVISORS LLC Firm's EIN 87-2525370 Preparer Firm's name Firm's address 6550 N. FEDERAL HIGHWAY, 4TH FLOOR Use Only Phone no. 954 - 771 - 0896FT. LAUDERDALE, FL 33308 Yes

No

May the IRS discuss this return with the preparer shown above? See instructions

Par	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:
	FEEDING SOUTH FLORIDA'S MISSION IS TO END HUNGER IN SOUTH FLORIDA BY
	PROVIDING IMMEDIATE ACCESS TO NUTRITIOUS FOOD, LEADING HUNGER AND
	POVERTY ADVOCACY EFFORTS, AND TRANSFORMING LIVES THROUGH INNOVATIVE
	PROGRAMMING AND EDUCATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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 \$154 , 773 , 550 . including grants of \$) (Revenue \$659 , 953 . )
	FEEDING SOUTH FLORIDA'S MISSION IS TO END HUNGER IN SOUTH FLORIDA BY
	PROVIDING IMMEDIATE ACCESS TO NUTRITIOUS FOOD, LEADING HUNGER AND
	POVERTY ADVOCACY EFFORTS AND TRANSFORMING LIVES THROUGH INNOVATIVE
	PROGRAMMING AND EDUCATION. WITH A NETWORK OF OVER 350 NON-PROFIT
	COMMUNITY PARTNERS, FEEDING SOUTH FLORIDA DISTRIBUTED OVER 73 MILLION
	POUNDS OF FOOD TO CHILDREN, OLDER ADULTS, WORKING FAMILIES AND MORE.
	FEEDING SOUTH FLORIDA PROVIDES CRITICAL FOOD ASSISTANCE AND OTHER
	RELATED RESOURCES TO INDIVIDUALS AND FAMILIES FACING FOOD INSECURITY IN
	MIAMI DADE, BROWARD, PALM BEACH, AND MONROE COUNTIES. FEEDING SOUTH
	FLORIDA USES INNOVATIVE DIRECT SERVICE PROGRAMS TO MAKE FOOD RESOURCES
	ACCESSIBLE AND AVAILABLE TO THOSE WHO NEED IT MOST. WE ALSO PROVIDE
	PROGRAMS/SERVICES THAT PROMOTE LONG-TERM SUSTAINABILITY TO HELP
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Table to a service of \$ 154, 773, 550
4e	Total program service expenses 154,773,550.

## Form 990 (2022) FEEDING SOUTH FLORIDA, INC. 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	11	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	3		Х
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
′		7		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b> -		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<b> </b> ₩
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		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	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
٨	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	·	1 ie		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	_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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>Г"</u>		
.0		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10	22	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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# Form 990 (2022) FEEDING SOUTH FLORIDA, INC. Part IV Checklist of Required Schedules (continued)

	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	<u>INO</u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			7.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		_X_
26	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%	0.		Х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			y
27	If "Yes," complete Schedule R, Part V, line 2	36_		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		Х
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
50	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pai		_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 18			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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FEEDING SOUTH FLORIDA 59-2097520 Page **5** Form 990 (2022) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a 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? 6a Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. **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 c Enter the amount of reserves on hand X **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? Х

Form **990** (2022)

Х

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17

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

If "Yes," see the instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

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

						X						
Sec	tion A. Governing Body and Management				•							
					Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	17	<u>'</u>								
	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	Enter the number of voting members included on line 1a, above, who are independent	1b	17	7								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	ny other									
	officer, director, trustee, or key employee?			2		х						
3	Did the organization delegate control over management duties customarily performed by or under the											
				3		x						
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X						
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?											
	<ul><li>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</li><li>6 Did the organization have members or stockholders?</li></ul>											
7a	Did the organization have members of stockholders, or other persons who had the power to elect or a			6		X						
1 a		•		70		X						
L	more members of the governing body?			7a		<u> </u>						
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			l		<sub>V</sub>						
_	persons other than the governing body?			7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		-		37							
а	The governing body?			8a	X							
b	Each committee with authority to act on behalf of the governing body?			8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real											
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)									
					Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			10a	X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters,	affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	y before	e filing the form?	11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conf	licts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $H$	Yes," de	escribe									
	on Schedule O how this was done			12c	Х							
13	Did the organization have a written whistleblower policy?			13	X							
14	Did the organization have a written document retention and destruction policy?			14	X							
15	Did the process for determining compensation of the following persons include a review and approve	al by inc	dependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official			15a	Х							
b	Other officers or key employees of the organization			15b	Х							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	nent wi	th a									
	taxable entity during the year?			16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation			100								
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•									
	exempt status with respect to such arrangements?			16b								
Sec	tion C. Disclosure			100	Į.							
17	List the states with which a copy of this Form 990 is required to be filedFL											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990.	T (section 501(c)(3)	s only)	availal	ble						
.0	for public inspection. Indicate how you made these available. Check all that apply.		. (5555,611 551 (5)(5)		المارم	2.3						
		a an C-	hadula (1)									
10	(		,	d finan	cial							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	JIIIICE O	i interest policy, an	u iirian	udl							
00	statements available to the public during the tax year.	-l	l va a a vala									
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	records									
	FRANCISCO VELEZ - 954-518-1818											
	2501 SW 32ND TERRACE, PEMBROKE PARK, FL 33023											

### 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.

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

- 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.

(A) Name and title	(B) Average hours per week	box	Positio (do not check mor box, unless person officer and a direct			than s botl	h an	(D) Reportable compensation	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) FRANCISCO VELEZ	40.00			77				220 201	•	40.000
CEO	40.00			Х				320,201.	0.	42,929.
(2) HELENE KAFKA	40.00			х				126 102	0.	0
VP OF FINANCE (3) STUART HANIFF	40.00			_				126,192.	0.	0.
FORMER VP OF PHILANTHROPY	40.00						х	117,885.	0.	0.
(4) FREDERICK CHENG	40.00						^	117,003.	0.	0.
FORMER VP OF OPERATIONS	40.00						х	109,367.	0.	0.
(5) ALLYSON VAULX	40.00						125	105,507.	•	<u> </u>
AVP OF PHILANTHROPY	10.00					x		100,357.	0.	0.
(6) HARRIS SISKIND	1.00					1		100/33/1	•	
PREVIOUS BOARD CHAIR		х		х				0.	0.	0.
(7) CHRIS MELLGREN	1.00									
BOARD CHAIR		х		х				0.	0.	0.
(8) JOSE ALONSO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) MICHAEL BLOCK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MICHELLE ESPOSITO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) HENRY DEL CAMPO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) IGNACIO FELIX	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) WILLIAM FLETCHER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) BOB MCCABE	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(15) KELLY MURPHY	1.00								_	_
BOARD MEMBER	4 00	Х				_	<u> </u>	0.	0.	0.
(16) STEVE STOWE	1.00									_
BOARD MEMBER	4 00	Х				_	<u> </u>	0.	0.	0.
(17) STEPHANIE G WICKY	1.00	ļ <u>, ,  </u>							_	•
BOARD MEMBER 232007 12-13-22		Х				<u> </u>	<u> </u>	0.	0.	0 • Form <b>990</b> (2022)

232007 12-13-22 Form **990** (2022)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) (B)				(0	C)			(D)	(E)			(F)	
Name and title		Average Position (do not check more than on						ne	Reportable	Reportable		Es	stimat	ed
		hours per	per box, unless person is both an					an	compensation	compensatio	n	an	nount	of
		week		cer an	la a a	recto	or/trus	.ee)	from	from related			other	
		l (list any hours for	Individual trustee or director						the organization	organization			pensi om th	
		related	e or d	tee			Highest compensated employee		(W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	.0/		aniza	
		organizations	truste	al trus		ee/	mper		1099-NEC)	10001120)			d rela	
		below	idual	Institutional trustee	 	Key employee	est co oyee	-e-	,				anizat	
		line)	Indiv	Instit	Officer	Key e	Highe empl	Former						
(18)	GREG ZALKIN	1.00												
BOAF	D MEMBER		Х						0.		0.			0.
	Cubtatal				<u> </u>	<u> </u>			774,002.		0.	1	2 9	29.
	Subtotal  Total from continuation sheets to Part VI								0.		0.		<u> </u>	0.
	Total (add lines 1b and 1c)								774,002.		0.	4	2.9	29.
2	Total number of individuals (including but no									000 of reportable	_	_	_ , -	
_	compensation from the organization						,		, , , , , , , , , , , , , , , , , , , ,					5
	7												Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for si	uch individual								-		3	Х	
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4	Х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch ı	oers	on .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	tion fro	om	
	the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	hin	the organization's tax ye	ear.				
	(A)								(B)			((		
	Name and business LEGIANCE FUNDRAISING LL							_	Description of s	ervices		ompe	nsatio	on ———
		L							204,686.			0.0		
PO BOX 9132, FARGO, ND 58106								$\dashv$	FUNDRAISING S	SERVICES		20	4,6	86.
								$\dashv$						
								$\dashv$						
								$\dashv$						
2	Total number of independent contractors (in	acluding but p	at lin	niter	t to	thos	e lie	ted	ahove) who received mo	ore than				
_	\$100,000 of compensation from the organizations	•	J. 111		0	1		.54						

Form 990 (2022) FEEDING
Part VIII Statement of Revenue

			Check if Schedule O c	ontair	ns a resp	onse (	or note to anv lin	e in this Part VIII			
							<b>,</b>	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
			1 1 1 1		Τ.						000000000000000000000000000000000000000
Contributions, Gifts, Grants and Other Similar Amounts	1 a		ederated campaigns								
ira ou	ŀ		embership dues								
s, ( Am	(		ındraising events				450,248.				
ii ii	(	d Re	elated organizations		1d						
s, ( mi	•	e Go	overnment grants (contri	ibutior	ns) <b>1e</b>		4,679,225.				
ion	f	f All	other contributions, gifts,	grants,	and						
ber the		sin	nilar amounts not included	above	1f		148,149,370.				
Ē			ncash contributions included in I			\$	136,192,787.				
္ပင္သ မွ	Ì		otal. Add lines 1a-1f					153278843.			
							Business Code				
4	2 8	a PR	ROGRAM SERVICE REVE	ENUE			624210	559,064.	559,064.		
ξ	2 (							,	, , , , , , , , ,		
e je	ı.	b _									
n S	(	. —									
ga Be	•	d _									
Program Service Revenue	•	e _					500100				
۵ ا			l other program service।				522100				
	9		otal. Add lines 2a-2f					559,064.			
	3	ln۱	vestment income (includ	ling di	vidends,	intere	st, and				
		otl	other similar amounts)					886,574.			886,574.
	4	Ind	come from investment o								
	5	Ro	oyalties								
					(i) Re	al	(ii) Personal				
	6 a	a Gr	ross rents	6a							
			ess: rental expenses	6b							
			ental income or (loss)	6c							
			et rental income or (loss)								
				$\overline{}$	(i) Secur	itios	(ii) Other				
	7 8		oss amount from sales of				(ii) Other				
	_		sets other than inventory	7a	1,204	023.					
	t		ess: cost or other basis		1 100	000					
a l			d sales expenses	-	1,123						
š			. ,	7c		996.					
her Revenue	(	d Ne	et gain or (loss)					80,996.	80,996.		
þer	8 a	<b>a</b> Gr	oss income from fundraisir	ng even	ıts (not						
ŏ		ind	cluding \$	150,2	48. of						
		со	ontributions reported on	line 1	c). See						
		Pa	art IV, line 18			8a	0.				
	ŀ					1	30,979.				
			et income or (loss) from t					-30,979.			-30,979.
			ross income from gamin		•						
			art IV, line 19	-		- 1					
	ŀ		ess: direct expenses								
			et income or (loss) from								
			, ,	_	_	~					
	10 8	a Gross sales of inventory, le		l l							
			nd allowances								
			ess: cost of goods sold				)				
		c Ne	et income or (loss) from s	sales d	ot invent	ory	<b></b>				
ွှ							Business Code				
o a	11 a	a <u>MI</u>	SCELLANEOUS				900099	19,893.	19,893.		
ane	ŀ	b									
Miscellaneous Revenue	(	c _									
ļšć B	(	d All	other revenue								
2	6		otal. Add lines 11a-11d					19,893.			
	12		tal revenue. See instructio					154794391.	659,953.	0.	855,595.

232009 12-13-22

#### 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 **(D)** Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members Compensation of current officers, directors, 293,184. 230,922. 39,901. 22,361. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,918,350. 4,661,496. 805,468. 451,386. Other salaries and wages 7 Pension plan accruals and contributions (include 67,238. 20,792. 3,594. 91,624. section 401(k) and 403(b) employer contributions) 266,432. 82,389. 14,240. Other employee benefits 363,061. 9 598,839. 439,457. 135,894. 23,488. 10 Payroll taxes Fees for services (nonemployees): Management Legal 4,028. 40,500. 25,181. 11,291. Accounting Lobbying 287,740. 287,740. Professional fundraising services. See Part IV, line 17 54,461. 54,461. f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 631,523. 392,644. 62,824. 176,055. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses Information technology 14 Royalties 15 804,517. 703,108. 90,138. 11,271. 16 Occupancy 21,181. 17,361. 2,778. 1,042. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 2,103. 337. 126. 2,566. 20 Payments to affiliates 21 117,909. 899,053. 736,928. 44,216. Depreciation, depletion, and amortization 22 428,238. 351,015. 56,162. 21,061. 23 Other expenses. Itemize expenses not covered 24 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.) 139,775,177.139,775,177. CONTRIBUTED FOOD ACTIVI PURCHASED FOOD ACTIVITY 3,481,490. 3,481,490. 1,172,503. 1,172,503. AUTO AND TRUCK 629,807. 629,807. d REPAIRS AND EQUIPMENT 1,939,004. 1,820,688. 86,049. 32,267. e All other expenses 157,432,818.154,773,550. 1,559,130. 1,100,138. Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line	in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		7,490,827.	1	632,312.
	2	Savings and temporary cash investments	25,179,086.	2	30,002,624.	
	3	Pledges and grants receivable, net	905,136.	3	738,610.	
	4	Accounts receivable, net		75,984.	4	863.
	5	Loans and other receivables from any current or former office				
		trustee, key employee, creator or founder, substantial contrib	outor, 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 4	958(c)(3)(B)		6	
ফ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use	L		8	
Ä	9	B 11		553,501.	9	559,885.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D  Less: accumulated depreciation  10a  10b	9,710,337.			
	b	Less: accumulated depreciation 10b	3,252,392.	7,081,276.	10c	6,457,945.
	11	Investments - publicly traded securities		3,583,065.	11	3,993,280.
	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		4,050,530.	15	8,123,805.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		48,919,405.	16	50,509,324.
	17	Accounts payable and accrued expenses	571,983.	17	731,941.	
	18	Grants payable		1 006 100	18	265 222
	19	Deferred revenue		1,026,480.	19	365,808.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sci			21	
es	22	Loans and other payables to any current or former officer, di				
Liabilities		trustee, key employee, creator or founder, substantial contrib	outor, or 35%			
ia de		controlled entity or family member of any of these persons			22	
_	23	Secured mortgages and notes payable to unrelated third par			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to rela				
		parties, and other liabilities not included on lines 17-24). Com	· .	E10 002		/ 021 2/E
		of Schedule D		518,003. 2,116,466.		4,831,345. 5,929,094.
	26	Total liabilities. Add lines 17 through 25	X	2,110,400.	26	3,323,034.
S		Organizations that follow FASB ASC 958, check here				
nce	27	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions		43,954,196.	27	43,403,399.
ala	27 28	Net assets without donor restrictions  Net assets with donor restrictions		2,848,743.	28	1,176,831.
<u>Б</u>	20	Organizations that do not follow FASB ASC 958, check he		2,010,713.	20	1,170,031.
핊		and complete lines 29 through 33.				
P	20	Capital stock or trust principal, or current funds			29	
ets	29 30	Paid-in or capital surplus, or land, building, or equipment fun			30	
\ss	31	Retained earnings, endowment, accumulated income, or oth	6		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		46,802,939.	32	44,580,230.
Z	33			48,919,405.	33	50,509,324.
	<sub>L</sub> JJ	TOTAL HADHILLES AND HEL ASSELS/IUND DAIMNES		10,717,403.	55	50,505,524•

Pai	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	154	<u>, 79</u>	<u>4,3</u>	<u>91.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	157			
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	,63	8,4	<u>27.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	46	<u>,80</u>	2,9	<u>39.</u>
5	Net unrealized gains (losses) on investments	5		32	1,1	<u>81.</u>
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		9.	4,5	37.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	44	, 58	0,2	30.
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		[			
	separate basis, consolidated basis, or both:		- 1			
	Separate basis Consolidated basis Both consolidated and separate basis		- 1			
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	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:		- 1			
	X Separate basis Consolidated basis Both consolidated and separate basis		- 1			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.	[			
За	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?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u> </u>	<u></u>	3b	Х	
			•	Form	990	(2022)

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Total

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 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

**Employer identification number** FEEDING SOUTH FLORIDA, 59-2097520 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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	Total. 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	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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	Total support. Add lines 7 through 10						_
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi					т г	
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the c	-			14 is 33 1/3% or m	ore, check this box	x and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the o	•			l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	•			•		
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				•		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		(Form 990) 2022

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#### 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.)

Sec	ction A. Public Support	ciow, picase comp	note i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			301099147	136444113	1532788//3	917787270
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		360,824.	301039147		559,064.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge					4500505	
6	Total. Add lines 1 through 5	<u>97672579.</u>	230221354	301099147	136450108	<u> 153837907</u>	919281095
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	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.
c	Add lines 7a and 7b						0.
_8_	Public support. (Subtract line 7c from line 6.)						919281095
	ction B. Total Support		T	T			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	97672579.	230221354	301099147	136450108	153837907	919281095
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	663,210.	740,348.	586,202.	74,948.	886,574.	2951282.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	663,210.	740,348.	586,202.	74,948.	886,574.	2951282.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	139,394. 98475183.			457,061. 136982117	19,893. 154744374	1120174. 923352551
	First 5 years. If the Form 990 is for the		•		•		
•	check this box and stop here	J			•	( / ( / )	
Sec	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2022 (			column (f))		15	99.56 %
	Public support percentage from 2021					16	99.57 %
	ction D. Computation of Inves						
17	Investment income percentage for 20	<b>022</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	.32 %
18	Investment income percentage from					18	.28 %
19a	33 1/3% support tests - 2022. If the	e organization did r				3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box as	nd <b>stop here.</b> The	organization quali	fies as a publicly s	upported organiza	tion	X
k	33 1/3% support tests - 2021. If the	e organization did r	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
	Private foundation. If the organization	بمبام مماميات مسلمنا منام	have an line 14 10.	ar 10h ahaali th	ic hav and acc inc	tructions	1 1

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#### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** 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** 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 **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** 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** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI 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.
- 5a 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 Part VI, 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** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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 Part VI.
- c 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **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.)

	Yes	No
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2		
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3b		
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4b		
4c		
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	dule A (Form 990) 2022 FEBBING BOTH FHORIDA, INC.	207132	U Pa	age <b>5</b>
rar	t IV   Supporting Organizations <sub>(continued)</sub>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If</i> "Yes" to line 11a, 11b, or 11c, provide	110		
С		11c		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	IIC		l
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•	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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations		1	
	- · · · · · · · · · · · · · · · · · · ·		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		. 55	
•	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		
Sec	tion D. All Type III Supporting Organizations	•	1	
			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 Part VI 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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 instruction	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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 Part VI.	3a		

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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.* 

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations					
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.							
Sect	ion 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion 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):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
_2_	Acquisition indebtedness applicable to non-exempt-use assets	2						
_3_	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
_6	Multiply line 5 by 0.035.	6						
_7_	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see				
	instructions).							

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

e Excess from 2022

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part VI

#### Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

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

INC.

FEEDING SOUTH FLORIDA

OMB No. 1545-0047

**Employer identification number** 

59-2097520

2022

Name of the organization

LUZZ

Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 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 X 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).

Schedule B (Form 990) (2022) Pag

Name of organization Employer identification number

## FEEDING SOUTH FLORIDA, INC.

59-2097520

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PUBLIX P.O. BOX 407 LAKELAND, FL 33802	\$ 3,931,247.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	RMS 751 NW 33RD ST, CENTERPORT STE. 500 POMPANO BEACH, FL 33064	- \$ 6,460,752.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	OAKES FARMS, INC.  4835 IMMOKALEE ROAD  NAPLES, FL 34110	\$\ \ 3,503,523.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## FEEDING SOUTH FLORIDA, INC.

59-2097520

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD DONATION		
		\$3,931,247.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	FOOD DONATION		
		\$6,460,752.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FOOD DONATION		
		\$3,503,523.	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)		Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
000450 44 4			Cabadula B (Farma 000) (0000)

Name of organization **Employer identification number** FEEDING SOUTH FLORIDA, INC. 59-2097520 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 info. once.) 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

**Employer identification number** 59-2097520 FEEDING SOUTH FLORIDA, INC.

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds o	r Accounts	<ul> <li>Complete if the</li> </ul>	е
	organization disenses 1 to 5 th offices, 1 drawn, and	(a) Donor advi	sed funds	(b) Funds	and other accour	nts
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 w	vriting that the assets	neld in donor advised	d funds		
	are the organization's property, subject to the organization's e	exclusive legal control	>		Yes	No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for	any other purpose co	onferring		
	impermissible private benefit?			=	Yes	☐ No
Pai						
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply	).			
	Preservation of land for public use (for example, recreat		Preservation of a	historically imp	portant land area	
	Protection of natural habitat	,	Preservation of a	certified histor	ric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contr	bution in the form of	a conservation	n easement on the	e last
	day of the tax year.				eld at the End of the	
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru					
d						
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ring the tax	
	year		·			
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the peri		ction, handling of			
	violations, and enforcement of the conservation easements it	holds?	-		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					ar
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and	enforcing conservation	on easements c	luring the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	nts of section 170(h)	(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	No No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense st	tatement and		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organizatior	's financial statemen	its that describ	es the	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of		easures, or Oth	er Similar A	ssets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its re	venue statement and	d balance shee	t works	
	of art, historical treasures, or other similar assets held for public	lic exhibition, educatio	n, or research in furt	herance of pub	olic	
	service, provide in Part XIII the text of the footnote to its financial	cial statements that d	escribes these items.			
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its reven	ue statement and ba	lance sheet wo	orks of	
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furthe	rance of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			\$_		
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under FASB AS		-			
а	B			\$_		
b	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions				hedule D (Form	990) 2022

232051 09-01-22

Pai	t III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or Ot	ther Si	imilar Ass	ets (contir	nued)
3	Using the organization's acquisition, accession						•	
	collection items (check all that apply):		•	-	_			
а	Public exhibition	d	Loan or exch	nange program				
b	Scholarly research	е						
С	Preservation for future generations							
4	Provide a description of the organization's coll	lections and explain	how they further th	e organization's	exempt	purpose in F	Part XIII.	
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	ures, or other sin	nilar ass	ets		
	to be sold to raise funds rather than to be mail						Yes	☐ No
Pai	t IV Escrow and Custodial Arrang	ements. Comple	te if the organization				IV, line 9, or	
	reported an amount on Form 990, Part		· ·					
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for contributions	or other assets	not incl	uded		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the foll	owing table:					
		·	-				Amoun	t
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on For					•	Yes	□ No
	If "Yes," explain the arrangement in Part XIII. C				_			
	t V Endowment Funds. Complete if							
	·	(a) Current year	(b) Prior year	(c) Two years ba		Three years b	ack <b>(e)</b> Four	r years back
1a	Beginning of year balance	763,799.	1,243,396.	892,07	75.	989,85	54. 1	,042,964.
b	Contributions		84,115.	122,38	33.	48,08	37.	32,044.
С	Net investment earnings, gains, and losses	78,167.	-82,057.	228,93	88.	77,53	34.	59,846.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs		481,655.			223,40	00.	145,000.
f	Administrative expenses							
q	End of year balance	841,966.	763,799.	1,243,39	6.	892,07	75.	989,854.
2	Provide the estimated percentage of the curre	nt vear end balance	(line 1g, column (a)	held as:	•			
а	Board designated or quasi-endowment	,	%					
b	Permanent endowment 100	%	_					
С	Term endowment %							
	The percentages on lines 2a, 2b, and 2c shoul	ld equal 100%.						
За	Are there endowment funds not in the possess	•	tion that are held an	d administered fo	or the			
	organization by:	· ·						Yes No
	(i) Unrelated organizations						3a(i)	Х
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the d							
Pai	t VI Land, Buildings, and Equipme	ent.						
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pai	rt X, line	10.		
	Description of property	(a) Cost or of	ther (b) Cost	or other (	c) Accu	mulated	(d) Boo	k value
		basis (investm			depre	ciation		
1a	Land		46	0,000.			46	0,000.
b	Buildings				1,06	4,732.		3,673.
С	Leasehold improvements			2,262.		1,830.		0,432.
d	Equipment					1,506.		0,091.
е	Other			8,073.		4,324.		3,749.
	. Add lines 1a through 1e. (Column (d) must ea		X. column (B), line 10	Oc.)			6,45	7,945.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 FEEDING SOUT	TH FLORIDA, IN	IC.	59-2097520 Page <b>3</b>
Part VII Investments - Other Securities.	-		<u> </u>
Complete if the organization answered "Yes" of	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 of	r end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Tatal (Col. (h) must equal Form 000, Part V. col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	I1c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-vear market value
(1)	(-)	V.,	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		I1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) SECURITY DEPOSITS			70,837.
(2) FOOD INVENTORY			3,201,246.
(3) RIGHT OF USE ASSET			4,851,722.
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u> (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15 \		8,123,805.
Part X Other Liabilities.	10.)		0/123/0031
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	l 1e or 11f. See Form 990, Part X, line	e 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			4,831,345.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		<u> 4,831,345.</u>

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

Schedule D (Form 990) 2022

Par	t XI Reconciliation of Revenue per Audited Financial Stater	nents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	155,145,433.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	321,181. 53,343.		
b	Donated services and use of facilities		53,343.		
С	Recoveries of prior year grants				
	Other (Describe in Part XIII.)		30,979.		
е	Add lines 2a through 2d	•		2e	405,503.
3	Subtract line 2e from line 1			3	405,503. 154,739,930.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	54,461.		
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	54,461.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	54,461. 154,794,391.
	t XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1				1	157,462,679.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
– a	Donated services and use of facilities	<sub>2a</sub>	53,343.		
	Prior year adjustments				
	Other losses	1 - 1			
d	Other (Describe in Part XIII.)		30,979.		
	Add lines 2a through 2d	·	-	2e	84.322.
3	Subtract line 2e from line 1			3	84,322. 157,378,357.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				137,7370,7337
-		4a	54,461.		
	Investment expenses not included on Form 990, Part VIII, line 7b		34,401.		
	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>			4-	5/ /61
				4c	54,461. 157,432,818.
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) t XIII Supplemental Information.			_ 5	137,432,010.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV lines 1b (	and 2h: Part V. lina 4	· Dort	V line 2: Port VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			, rait	A, IIIIe Z, Fait Ai,
111163	20 and 45, and Fart An, lines 20 and 45. Also complete this part to provide any a	additional inform	iation.		
PAR	T X, LINE 2:				
	·				
THE	ORGANIZATION IS A NON-PROFIT CORPORATIO	N, QUALI	FIED UNDER	SE	CTION
<u>501</u>	(C)(3) OF THE INTERNAL REVENUE CODE AND	IS THERE	FORE EXEMP	T F	ROM
COF	PORATE INCOME TAXATION ON INCOME RELATED	TO ITS	EXEMPT FUN	CTI	ON. NO
DDC	VITATON BOD INGOME MAYER HAR DEEN MADE IN		OMDANIZANO	T3 T NT	7 NICIT 7 T
PRC	VISION FOR INCOME TAXES HAS BEEN MADE IN	THE ACC	OMPANYING	L TIV	ANCIAL
СШУ	TEMENTS.				
O I F	I EMEN I D •				
PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:				
1 111	THE PROPERTY OF THE PROPERTY O				
DIR	ECT EXPENSE				30,979.
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:				
DIR	ECT EXPENSE				30,979.
232054	09-01-22			Sche	dule D (Form 990) 2022

#### **SCHEDULE G** (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public** Inspection

vame of the organization FEEDING	SOUTH FLORIDA, IN	c.			59-2097	ntification number
Part I Fundraising Activities	- Complete if the organization answe		es" or	n Form 990, Part IV, li	ne 17. Form 990-EZ	filers are not
required to complete this par  1 Indicate whether the organization rais a X Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the	sed funds through any of the followin  e Solicita  f Solicita  g Special  or oral agreement with any individual  cart VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	itrol of	(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
ALLEGIANCE FUNDRAISING, LLC -		Yes	No			
P.O. BOX 9132, FARGO, ND	DIRECT MAIL		Х	233,995.	0.	233,995.
				233,995.		233,995.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration

232081 10-27-22

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

**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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(a) Tatal avanta
			GIVE MIAMI	SHARE FOOD		(d) Total events
				SHARE JOY	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
e			(GVGIII TYPO)	(GVGHL type)	(total hamber)	
en.	١.		202 001	100 006	CC 101	450 240
Revenue	1	Gross receipts	282,881.	100,886.	66,481.	450,248.
			000 001	100 006	66 404	450.040
	2	Less: Contributions	282,881.	100,886.	66,481.	450,248.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
es						
SUS	6	Rent/facility costs				
Direct Expenses						
벙	7	Food and beverages				
ie	'	Toda and bovoragos				
		Entortainment				
	8	Entertainment Other direct expenses			30,979.	30,979.
	9	Other direct expenses			•	30,979.
	10	Direct expense summary. Add lines 4 through				-30,979.
Da	<u>11</u> 			. 000 Dort IV line 10 or i	ranautad mara than	-30,313.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1 990, Fait IV, line 19, 01 1	eported more than	
		\$15,000 off Form 990-EZ, line oa.	I	(Is) Dull tobo/instant		(d) Total gaming (add
e			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				biligo/progressive biligo		coi. (a) through coi. (c)
Rev						
	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses						
×	3	Noncash prizes				
щ Щ						
<u>ie</u>	4	Rent/facility costs				
Ω						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	ıcts gaming activities:			
а		he organization licensed to conduct gaming ac				Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No
b	lf "`	Yes," explain:				
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Sch	ledule G (Form 990) 2022 FEEDING SOUTH FLORIDA, INC. 59-2	<u> 2097520</u>	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,,,
	Entor the hame and address of the person who propares the organization of garming openial events books and records.		
	Name		
	- Name		
	Address		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
16	Gaming manager information.		
	Nama		
	Name		
	Combine manager company the parties of		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L No
k	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 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	<b>፡</b>	
_			
(I	) NAME OF FUNDRAISER: ALLEGIANCE FUNDRAISING, LLC		
(I	) ADDRESS OF FUNDRAISER: P.O. BOX 9132, FARGO, ND 58106		
	· ,		

Schedule G	i (Form 990)	FEEDING	SOUTH	FLORIDA,	INC.	59-2097520	Page 4
Part IV	i (Form 990) <b>Supplemental Infor</b>	mation (contin	ued)	-			
		(COITIII)	ucu)				
	·					<del></del>	

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

FEEDING SOUTH FLORIDA, INC.

Employer identification number 59-2097520

Pa	rt I Questions Regarding Compensation	1-209752		
	and a discountrie of the state		Yes	No
la	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee	e		
Ļ	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4.		Х
С		_		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
3	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Schedule J (Form 990) 2022

59-2097520

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC	2 and/or 1099-MISC	and/or 1099-NEC	(C) Retirement and	able	(E) Total of columns	<u>L</u>
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	Denefits	(a)(i)(b)	in column (b) reported as deferred on prior Form 990
אם זמני אירודי אירי אירודי אירודי אירודי אירודי אירי אירי אירי אירי אירי אירי אירי אי		107 730	E2 E00		c	000	263 120	
	Ξ	707			• 0	77	7	
CEO	≘		0	0	0	0	- 1	0
(2) STUART HANIFF	Ξ	117,88	0.	0.	0.	0.	117,885.	0.
FORMER VP OF PHILANTHROPY	Ξ		0.	0.	• 0	0.	0.	• 0
(3) FREDERICK CHENG	Ξ	109,367.	0	0	0	0	109,367.	0
FORMER VP OF OPERATIONS	Ξ	0	0	0	0	0	0	0
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	Ξ							
	≘							
	Ξ							
	Ξ							
	Ξ							
	(E)							
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	(ii)							
	Ξ							
	≘							
	Ξ							
	▤							
	Ξ							
	▣							
	Ξ							
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	Ξ							
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Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

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

**Noncash Contributions** 

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization FEEDING SOUTH FLORIDA, INC. **Employer identification number** 59-2097520

_	FEEDING SOUT	H FLOR	IDA, INC.		59	-2097520
Pa	rt I Types of Property				_	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of	(d) f determining ribution amounts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications	X		5,000.		
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property			5 500		
9	Securities - Publicly traded	X		5,508.	FAIR MARKI	T' VALUE
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution - 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		136,166,298.	FMV DETERN	4. BY 3RD P
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ( <b>EQUIPMENT</b> )	X	0		FAIR MARKI	
26	Other ( GIFT CARDS )	X	0	5,000.	FAIR MARKI	ET VALUE
27	Other ()					
28	Other ( )					
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions		
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement <b>29</b>		
						Yes No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it	
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used	for	
	exempt purposes for the entire holding period	?				30a X
b	If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance	policy that re	equires the review o	of any nonstandard contribu	tions?	31 X
32a	Does the organization hire or use third parties					
	contributions?		_	·		32a X
b						
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is che	cked,	
	describe in Part II.					
ЦΛ	For Paparwork Poduction Act Nation see					o M (Form 000) 2023

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

232142 09-09-22

#### SCHEDULE O (Form 990)

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 for the latest information.

2022
Open to Public Inspection

Name of the organization

FEEDING SOUTH FLORIDA, INC.

Employer identification number 59-2097520

· · · · · · · · · · · · · · · · · · ·
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
END HUNGER IN SOUTH FLORIDA THROUGH ACCESS TO NUTRITIOUS FOOD, ADVOCACY
AND INNOVATIVE PROGRAMMING.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
INDIVIDUALS AND FAMILIES ACHIEVE INDEPENDENCE.
IN ADDITION TO PROVIDING OVER 73 MILLION POUNDS OF FOOD, FEEDING SOUTH
FLORIDA EXPANDED ITS CULINARY TRAINING PROGRAM, WAREHOUSE TRAINING
PROGRAM, MOBILE FARMACY, MEDICALLY TAILORED MEAL DELIVERY PROGRAM,
ENROLLED OVER 1,316 HOUSEHOLDS IN SNAP AND OTHER FEDERAL BENEFIT
ASSISTANCE PROGRAMS AND RECEIVED THE SUPPORT OF OVER 24,000 VOLUNTEERS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED AND FEEDBACK IS GIVEN ON THE 990 BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THROUGH COMMITTEES, MEETINGS, VERBAL WARNINGS TO EMPLOYEES AND WRITE-UPS TO
EMPLOYEES.
FORM 990, PART VI, SECTION B, LINE 15:
THE ORGANIZATION TAKES STEPS TO ENSURE THE COMPENSATION IS APPROPRIATE AND
HAS FORMAL PROCESS IN PLACE.
FORM 990 DART UT SECTION C LINE 19.

232211 10-28-22

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

INTEREST POLICY

Schedule O (Form 990) 2022

CONFLICT OF

Schedule O (Form 990) 2022	Page 2
Name of the organization FEEDING SOUTH FLORIDA, INC.	Employer identification number 59-2097520
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	EST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ASC 842 ADJUSTMENT	94,537.
FORM 990, PART XII, LINE 2C	
NO CHANGE FROM PRIOR YEAR.	



#### **IMPORTANT: ORCF Grant Agreement**

From Ocean Reef Community Foundation Inc. <administrator@grantinterface.com>

Date Mon 4/7/2025 2:34 PM

**To** Grant Writer < grants@feedingsouthflorida.org >

Cc Paco Velez <pvelez@feedingsouthflorida.org>

Dear Allyson,

You have been assigned a 2025 Matching Grant Agreement for your Feeding South Dade and North Monroe Counties request in the Foundation's online grant system. Please access the system at https://www.grantinterface.com/Home/Logon?urlkey=orcfinc to complete and submit the Follow-Up by 04/22/2025 11:59 PM EDT

Sincerely,

Yurianna "Yuri" Mikolay Executive Director Ocean Reef Community Foundation

35 Ocean Reef Drive, Suite 148

Key Largo, FL 33037

Telephone: (305) 367-4707

Web: www.oceanreefcommunityfoundation.org

Facebook: facebook.com/oceanreefcommunityfoundation

Instagram: instagram.com/heartofoceanreef

LinkedIn: linkedin.com/company/ocean-reef-community-foundation

# Applicant Information Allyson Vaulx

2501 SW 32 Terrace Pembroke Park, FL 33023 954-518-1852 grants@feedingsouthflorida.org

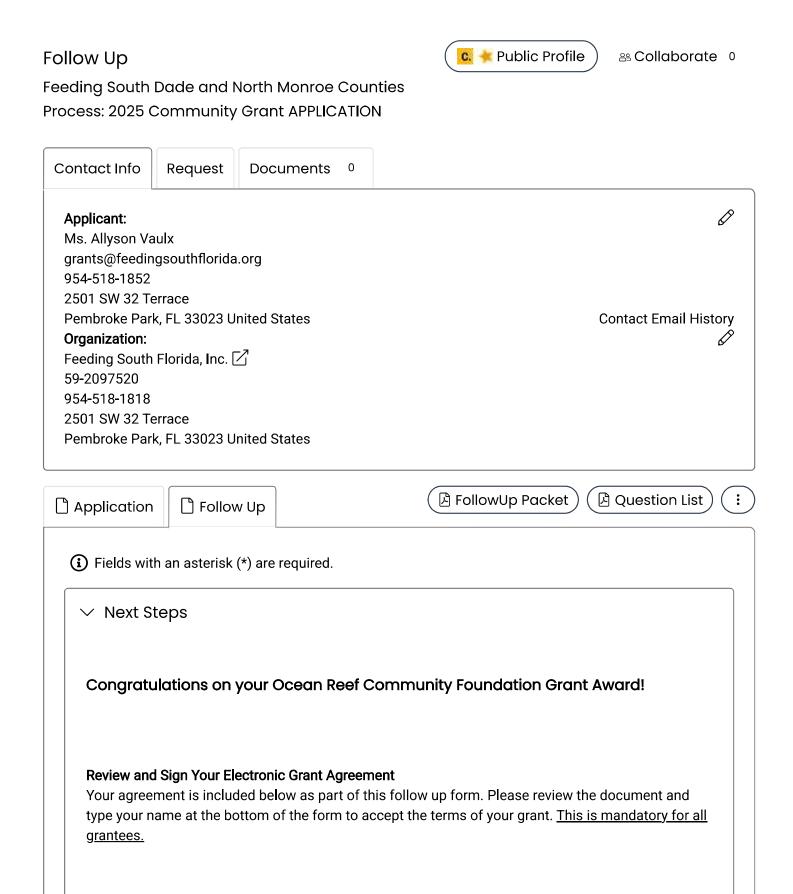
Organization: Feeding South Florida, Inc.

Form Name: 2025 Matching Grant Agreement

Process Name: 2025 Community Grant APPLICATION

Project Name: Feeding South Dade and North Monroe Counties

#### Skip to main content



#### Questions?

If you have any questions about your award or matching requirements, please direct them to foundation@oceanreef.com .

# ∨ 2025 Grant Agreement

The Ocean Reef Community Foundation has awarded

#### **Organization Name**

Feeding South Florida

a match grant opportunity for

#### **Amount Awarded**

\$ 110,000.00

for

#### **Project Title\***

Feeding South Dade and North Monroe Counties

This grant is made through the Foundation subject to the following terms and conditions (please read and check off and acknowledge the following points):

Grantee agrees to use the grant award for the following purpose(s):

#### **Description of Award**

If partial, what specific costs does the grant cover or not cover?

- 1. Grant includes \$60,000 to purchase food and deliver to specific partner agencies in the Upper Keys, City of Homestead and Florida City to be agreed upon in advance of distributions beginning.
- 2. A second grant of \$50,000 for half the cost of a 53' wing door reefer trailer with Thermo King unit dedicated to our service areas will be provided when the matching \$50,000 to complete the purchase has been raised. ORCF will share the match opportunity with our donor advised fund donors.

8 characters left of 500

-Match grants will only be awarded when the matching amount has been raised for the project. Grantee will inform the Foundation when the matching funds have been raised and provide documentation/itemization of donations/fundraising activity results ensuring the complete amount needed to enact the project as proposed in the application has been secured in order to receive the grant.

grant.
I Agree/Disagree with the Terms and Conditions* <ul> <li>■ I Agree</li> <li>O I Disagree</li> </ul>
-If the designated contact for the grant changes during the term of the grant, grantee will notify the Foundation and provide updated contact information for communications related to the grant.  GRANTEE WILL ALSO ENTER NEW CONTACT IN THE ONLINE GRANTS MANAGEMENT SYSTEM.
I Agree/Disagree with the Terms and Conditions* <ul> <li>■ I Agree</li> <li>O I Disagree</li> </ul>
-In the event that the grantee is unable to use the grant funds for the purpose stated in this agreement, the grantee will submit a written request for approval of any changes in use from the Foundation. This request must be approved by the Foundation <i>prior to</i> making any changes in the use of the grant funding. If an alternate use is not approved, the funds will be returned.
I Agree/Disagree with the Terms and Conditions* <ul> <li>■ I Agree</li> <li>■ I Disagree</li> </ul>

-Grantee has read the Communication Guidelines (available at this link: https://oceanreefcommunityfoundation.org/wp-content/uploads/2022/04/ORCF-Communications-Guidelines-1.pdf) and agrees to publicize and acknowledge financial support from the Ocean Reef

I Agree/Disagree with the Terms and Conditions* <ul> <li>■ I Agree</li> <li>O I Disagree</li> </ul>
○ I Disagree
-Grantee will submit a Grant Recipient Report using the required form by March 1, 2026. THE COMPLETED REPORT WITH AT LEAST ONE EXAMPLE OF PROMOTION OF YOUR GRANT RECOGNIZING OUR SUPPORT IS REQUIRED TO BE CONSIDERED FOR ANY FUTURE FUNDING.
I Agree/Disagree with the Terms and Conditions*
I Agree
○ I Disagree
Nondiscrimination Policy*
No person in the United States shall, on the basis of actual or perceived race, color, religion, nation origin, sex, gender identity (as defined in paragraph 249(c)(4) of title 18, United States Code), sexulorientation, marital or parental status, political affiliation, military service, physical or mental ability or any other improper criterion be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds may available by the Ocean Reef Community Foundation, and any other program or activity funded in whole or in part with funds appropriated for grants, cooperative agreements, and other assistance administered by the Ocean Reef Community Foundation.  I Agree  I Disagree
On behalf of the organization, I agree to the foregoing terms and conditions.
Electronic Signature*
Allyson Vaulx
Title*
AVP of Philanthropy

 Tollow op Grant Ellosyste Manager	
□   04/08/2025	
A COPY OF THIS AGREEMENT WILL BE SAVED ON YOUR DASHBOARD FOR YOUR RECORDS.	

## **Feeding South Florida**

## City of Pompano Beach Community Partnership Proposal

<b>MOBILE FARMACY PROGR</b>	AM			
Food Expense (to serve 40 HHs)				
		Total	Expenses per	Expense for 3
Commodity	Expense per unit	units/distribution	distribution	Distributions
Produce	\$8/15 lbs	600 lbs	\$ 320.00	\$ 960.00
Nonperishables		565 lbs	\$ 479.74	\$ 1,439.22
Frozen Protein/Meat	\$2.27/lb	100 lbs	\$ 227.00	\$ 681.00
Dairy	\$3.59/gallon	36 units	\$ 129.24	\$ 387.72
			\$ 1,205.98	\$ 3,617.94
Indirect Expenses			\$ 241.20	\$ 723.59
Subtotal			\$ 1,447.18	\$ 4,341.53
<b>Operating Expenses Per Distribution</b>				
Item	Cost per Distribution	Notes	3	
Insurance	\$ 45.99			\$ 137.97
Maintenance	\$ 44.44	Truck and Trailer		\$ 133.32
GPS	\$ 10.00	Spirion		\$ 30.00
Fuel	\$ 50.00			\$ 150.00
Warehouse and solicitation	\$ 267.33	1445 lbs * \$0.185		\$ 801.99
Marketing materials/communications	\$ 100.00			\$ 300.00
Subtotal			\$ 517.76	\$ 1,553.28
Staffing Expense Per Distribution				
Roles		Salary	Fringe Benefits	
Driver, Program Coordinator,				
Transportation Manager, Distribution				
Manager, Distribution Coordinator		\$ 2,335.00	\$ 700.50	\$ 2,101.50
Subtotal			\$ 3,035.50	\$ 9,106.50
Total			\$ 5,000.44	\$ 15,001.31



## **FY25 Budget Overview**

Revenue	Proposed FY25 Budget	
Grants	\$	2,700,000
Individuals & Foundations	\$	4,600,000
Foundations	\$	1,500,000
Direct Mail	\$	650,000
Corporate	\$	3,600,000
Events	\$	1,500,000
Government Contracts	\$	7,096,044
Program Service Revenue	\$	500,000
Catering	\$	50,000
Gala	\$	500,000
Interest Income	\$	1,459,565
Total Revenue	\$	24,155,609
Total Expenses	\$ (	22,452,011)
Surplus (Deficit)	\$	1,703,598
Expenses	Proposed FY25 Budget	
Expenses Payroll Costs (including temps & fringe)	Proposed FY25 Budget \$	11,365,935
•		11,365,935 600,000
Payroll Costs (including temps & fringe)	\$	
Payroll Costs (including temps & fringe) Merit & Retention	\$ \$	600,000
Payroll Costs (including temps & fringe) Merit & Retention Food and Other Program Expense	\$ \$ \$	600,000 2,250,000
Payroll Costs (including temps & fringe) Merit & Retention Food and Other Program Expense Transportation Costs	\$ \$ \$ \$	600,000 2,250,000 2,290,500
Payroll Costs (including temps & fringe) Merit & Retention Food and Other Program Expense Transportation Costs Occupancy	\$ \$ \$ \$	600,000 2,250,000 2,290,500 1,616,886
Payroll Costs (including temps & fringe) Merit & Retention Food and Other Program Expense Transportation Costs Occupancy Warehouse Operations &Equipment	\$ \$ \$ \$ \$	600,000 2,250,000 2,290,500 1,616,886 553,100
Payroll Costs (including temps & fringe) Merit & Retention Food and Other Program Expense Transportation Costs Occupancy Warehouse Operations &Equipment Kitchen Operations & Equipment	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	600,000 2,250,000 2,290,500 1,616,886 553,100 48,000
Payroll Costs (including temps & fringe) Merit & Retention Food and Other Program Expense Transportation Costs Occupancy Warehouse Operations & Equipment Kitchen Operations & Equipment Fundraising/Philanthropy	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	600,000 2,250,000 2,290,500 1,616,886 553,100 48,000 163,540
Payroll Costs (including temps & fringe) Merit & Retention Food and Other Program Expense Transportation Costs Occupancy Warehouse Operations & Equipment Kitchen Operations & Equipment Fundraising/Philanthropy Professional Services	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	600,000 2,250,000 2,290,500 1,616,886 553,100 48,000 163,540 908,000
Payroll Costs (including temps & fringe) Merit & Retention Food and Other Program Expense Transportation Costs Occupancy Warehouse Operations & Equipment Kitchen Operations & Equipment Fundraising/Philanthropy Professional Services Employee Related	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	600,000 2,250,000 2,290,500 1,616,886 553,100 48,000 163,540 908,000 396,835
Payroll Costs (including temps & fringe) Merit & Retention Food and Other Program Expense Transportation Costs Occupancy Warehouse Operations & Equipment Kitchen Operations & Equipment Fundraising/Philanthropy Professional Services Employee Related Office Expenses	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	600,000 2,250,000 2,290,500 1,616,886 553,100 48,000 163,540 908,000 396,835 470,484
Payroll Costs (including temps & fringe) Merit & Retention Food and Other Program Expense Transportation Costs Occupancy Warehouse Operations & Equipment Kitchen Operations & Equipment Fundraising/Philanthropy Professional Services Employee Related Office Expenses Fees & Dues	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	600,000 2,250,000 2,290,500 1,616,886 553,100 48,000 163,540 908,000 396,835 470,484 144,292

## Exhibit "B" Payment Schedule

#### A. AWARD DISBURSEMENTS

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

#### **B. PAYMENT SCHEDULE**

The total amount awarded for the FEEDING SOUTH FLORIDA, INC. for Mobile FARMacy for the current fiscal year is: Ten Thousand Dollars (\$10,000.00).

There will be four (4) payout/s during the period (depending on the amount awarded to each organization):

- 1. The first (1<sup>st</sup>) will equal twenty-five percent (25 %) of the total allocation or Two Thousand Five Hundred Dollars (\$2,500.00); be issued in advance. For any funds advanced the RECIPIENT agrees to provide the CITY with an itemization of how funds advanced were spent, along with invoices and proof of payment. Such an accounting must be provided to the CITY in the quarterly narrative and financial report as indicated in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description. Failure to comply with this requirement may result in the denial of the future requests for payments.
- 2. The second (2<sup>nd</sup>) will equal twenty-five percent (25%) of the total allocation or <u>Two</u> <u>Thousand Five Hundred Dollars (\$2,500.00)</u>; will be issued upon receipt AND approval of the second quarterly narrative and financial report (including any additional requested documents);
- 3. The third (3<sup>rd</sup>) payout will equal twenty-five percent (25%) of the total allocation or <u>Two Thousand Five Hundred Dollars (\$2,500.00)</u>; will be issued upon receipt AND approval of the third quarterly narrative and financial report (including any additional requested documents);
- 4. The fourth (4<sup>th</sup>) payout will be the final twenty-five percent (25%) of the total allocation or Two Thousand Five Hundred Dollars (\$2,500.00) and will be issued in upon receipt AND approval of the final quarterly narrative and financial report (including any additional requested documents).

All payments and reporting requirements apply for each project which is a part of the awarded contract. Payments and reports shall be handled separately for each project.

#### **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.

Such Liability insurance shall include the following checked types of (2) 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

* Pol	licy to be written on a claims incu	irred basis						
XX XX —								
$\overline{XX}$	products/completed operations hazard	bodily injury and pr	operty damage co	ombined				
XX XX XX XX	contractual insurance broad form property damage independent contractors personal injury	bodily injury and pr bodily injury and pr personal injury						
XX —	sexual abuse/molestation liquor legal liability	Minimum \$1,000,000 Per Occurrence and Aggregate Minimum \$1,000,000 Per Occurrence and Aggregate						
AUT	OMOBILE LIABILITY:	Minimum \$10,000/S	\$20,000/\$10,000					
XX XX	comprehensive form owned hired non-owned							
REA	L & PERSONAL PROPERTY	,						
	comprehensive form	Agent must show pr	roof they have thi	s coverage.				
EXC	ESS LIABILITY		Per Occurrence	Aggregate				
_	other than umbrella	bodily injury and property damage combined	\$1,000,000	\$1,000,000				
PRO	FESSIONAL 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.





APPROVED Daniel Beecher

By Daniel Beecher at 10:16 am, Aug 18, 2025

# Important Policy Information Enclosed

#### **Nonprofit Information**

POLICY NO: CWA0030735-08

MEMBER ID:0035251

Feeding South Florida, Inc.

Pembroke Park,FL, 33023

### Attention NIA Member: Here's what you need to know

This document contains information about your organization's insurance policies.

These policies and more information are available at https://secure.insurancefornonprofits.org.

For login assistance, contact memberservices@insurancefornonprofits.org

#### Who to contact

Your insurance broker is available to service your account requests for things such as certificates of insurance, endorsements, questions about your coverage, claims, policy renewals, etc.

#### **Insurance Broker:**

The Cothron Group, Inc. (TCG) 1540 International Parkway, Suite 2000 Lake Mary, FL 32746 Kevin Cothron kevin@tcg-ip.com 4075365226

#### Claims

For the Insured: To report a claim, contact your insurance broker noted above.

For the Broker: Submit complete Loss Accords and claim materials to NewClaims@insurancefornonprofits.org.

Claims information including links to incident reporting forms and FAQs are available at: <a href="https://insurancefornonprofits.org/claims">https://insurancefornonprofits.org/claims</a>

#### EMERGENCY SITUATIONS AFTER BUSINESS HOURS ONLY (5 pm PT or later)

If you need to report a claim during non-business hours and cannot reach your broker, call 1-866-718-1947. This number should only be used for true claims emergencies.

### Risk Management Services

To help you keep people and property out of harm's way, preserve your nonprofit's reputation and enable you to save money for your mission, NIA provides you with access to an array of free, discounted, and highly subsidized risk management services.

These services include risk management consulting, training and education resources, risk management resources, access to a discount purchasing program, and more.

For a full catalog of all the resources available to your organization, access the **Member Resources Guide** here: <a href="https://guide.insurancefornonprofits.org">https://guide.insurancefornonprofits.org</a>

## Billing

Your policy payments are payable to your insurance broker.

For billing questions, contact your insurance broker listed in the green box at the top of this page.

insurancefornonprofits.org Page 2

## BUSINESS AUTO DECLARATION PHYSICAL DAMAGE

## THIS POLICY PROVIDES PHYSICAL DAMAGE COVERAGE ONLY. THERE IS NO LIABILITY COVERAGE PROVIDED BY THIS POLICY

**Policy Number:** CWA0030735-08 (Renewal of CWA0015669-07)

**ITEM ONE: Named Insured and Mailing Address** 

Feeding South Florida, Inc. 2501 SW 32nd Ter Pembroke Park, FL 33023

Member Number: 0035251

**Producer Name and Mailing Address** 

Producer Code: 1009984 AMS Insurance Services, Inc. P.O. Box 8507

Santa Cruz, CA 95061-8507

Insurer:

Swiss Re Corporate Solutions Elite Insurance Corp 1200 Main Suite 800 Kansas City, MO 64105

12:01 A.M. Standard Time at your mailing address shown above

**Business Description:** 

Policy Period: From: 02/02/2025 To: 02/02/2026

**CONTINGENCIES N/A** 

**ITEM TWO: SCHEDULE OF COVERAGES AND COVERED AUTOS.** This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos section of the Business Auto Coverage Form next to the name of the coverage.

Physical Damage Coverages	Covered Autos	Limit Or Deductible	Premium
Comprehensive Coverage	7, 8	\$ Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Deductible For Each Covered Auto (See Item Three), But No Deductible Applies To Loss Caused By Fire Or Lightning. See Item Four For Hired Or Borrowed Autos. Deductible For All Perils For Each Covered Auto (A maximum deductible may also apply. Refer to Coverage Form for details.) See Item Four for Hired or Borrowed Autos.	\$11,166
Collision Coverage	7, 8	\$ Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus Deductible For Each Covered Auto (See Item Three). See Item Four for Hired or Borrowed Autos. Deductible	\$46,998

Policy Number: CWA0030735-08 Producer: The Cothron Group, Inc. (TCG)

Name of Insured: Feeding South Florida, Inc. Effective Date From: 02/02/2025 To:

02/02/2026

**BUSINESS AUTO DECLARATION (Continued)** 

	For Each Covered Auto. See Item Four for Hired or Borrowed Autos.	
Towing And Labor	\$ For Each Disablement Of A Private Passenger Auto Limit For Each Disablement Of A Private Passenger Auto, Light or Medium Truck.	

Premium For Endorsements:	\$2,580
Total Premium:	\$60,744

Forms and Endorsements applicable to this policy: Refer to our attached Schedule of Forms.

Named Insured Representative: The Cothron Group, Inc. (TCG)

1540 International Parkway, Suite 2000 Lake Mary, FL 32746 4075365226(954) 518-1818

Issuing Office: Santa Cruz Date Issued: 02/12/2025

Policy Number: CWA0030735-08 Producer: The Cothron Group, Inc. (TCG)

Name of Insured: Feeding South Florida, Inc. Effective Date From: 02/02/2025 To:

02/02/2026

#### **BUSINESS AUTO DECLARATION (Continued)**

ITEM THREE: SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto		Description					Principally Garaged Location	
Number	Year	Make	Model	VIN / Serial Number	7	New	City / Town	State
1	2008	Chevrolet	Express	1GCHG35C781177752	6482	\$27,500	Hollywood	FL
4	2003	Great Dane		1GRAA72203S006601	67439	\$26,565	Hollywood	FL
5	2013	International	ProStar	3HSDJAPR3DN361753	40439	\$165,112	Hollywood	FL
6	2008	Kidiron	Trailer	1K911362681054069	67439	\$10,000	Hollywood	FL
7	2007	Utility	Trailer	1VYUS23608M491008	67439	\$22,375	Hollywood	FL
8	2002	Trailmobile		1PT01ANH529000964	67439	\$22,375	Hollywood	FL
9	2017	Hino	268	5PVNJ8JV2H4S65566	33439	\$116,664	Hallandale	FL
10	2017	Hino	268	5PVNJ8JV0H4S65582	33439	\$116,664	Hallandale	FL
11	2018	Volvo	VNL	4V4NC9EH2JN893927	36539	\$126,962	Hollywood	FL
12	2018	Volvo	VNR64T	4V4WC9EH3JN901246	33539	\$125,037	Hollywood	FL
13	2018	Utility Trailer		1UYVS2538J6182304	67539	\$89,401	Hollywood	FL
14	2017	Hino	268	5PVNJ8JV7H4S66714	33539	\$105,583	Hollywood	FL

Policy Number: CWA0030735-08 Producer: The Cothron Group, Inc. (TCG)

Name of Insured: Feeding South Florida, Inc. Effective Date From: 02/02/2025 To:

02/02/2026

		ь	JOINEGO AU	TIO DECLARATION (COI	ııııueu	,		
15	2017	Hino	268	5PVNJ8JV9H4S66696	33539	\$105,583	Hollywood	FL
16	2019	Utility Trailer		1UYVS253XK6524501	67539	\$60,354	Hollywood	FL
17	2019	Utility Trailer		1UYVS2482K6580901	67539	\$63,704	Hollywood	FL
18	2019	International	LT625	3HSDYTZR6KN288007	40539	\$112,411	Hollywood	FL
19	2019	International	LT625	3HSDYTZR9KN289331	40539	\$112,411	Hollywood	FL
20	2019	International	LT625	3HSDYTZR0KN289797	40539	\$112,411	Hollywood	FL
21	2019	International	LT625	3HSDYTZR4KN299913	40539	\$112,411	Hollywood	FL
22	2019	Volvo	VNR64T	4V4WC9EH8KN205578	40539	\$125,561	Hollywood	FL
23	2015	Utility Trailer		1UYVS2535FM306001	67539	\$89,801	Hollywood	FL
24	2019	Utility Trailer		1UYVS2369K6580801	67539	\$63,704	Hollywood	FL
25	2020	International	MV607	3HAEUMMN7LL326565	40539	\$115,760	Hollywood	FL
26	2020	International	MV607	3HAEUMMN4LL124086	40539	\$115,760	Hollywood	FL
27	2020	International	MV607	3HAEUMMN6LL124087	40539	\$115,760	Hollywood	FL
28	2020	International	MV607	3HAEUMMN8LL124088	40539	\$115,760	Hollywood	FL

Policy Number: CWA0030735-08 Producer: The Cothron Group, Inc. (TCG)

Name of Insured: Feeding South Florida, Inc. Effective Date From: 02/02/2025 To:

02/02/2026

		DU	JOINE SO AUT	J DECLARATION (CON	ııınueu			
29	2020	International	MV607	3HAEUMMNXLL124089	40539	\$115,760	Hollywood	FL
30	2020	International	MV607	3HAEUMMN6LL124090	40539	\$115,760	Hollywood	FL
31	2015	Nissan	NV200	3N6CM0KNXFK709057	03499	\$21,500	Hollywood	FL
32	2016	Nissan	NV200	3N6CM0KN9GK700321	03499	\$20,870	Hollywood	FL
33	2020	Covered Wagon	Ev8.5-28T5-R	53FBE2826LF059017	67439	\$12,342	Hollywood	FL
34	2019	International	LT625	3HCDZTZR7KL598090	40539	\$99,840	Hollywood	FL
35	2019	International	LT625	3HCDZTZR6KL598095	40539	\$99,840	Hollywood	FL
36	2019	International	LT625	3HSDZTZR2KN732447	40539	\$99,840	Hollywood	FL
37	2019	International	LT625	3HSDZTZR0KN732446	40539	\$99,840	Hollywood	FL
38	2021	International	LT625	3HSDYAPR9MN559894	40539	\$116,990	Hollywood	FL
39	2021	International	LT625	3HSDYAPR2MN559896	40539	\$116,990	Hollywood	FL
40	2021	Utility Trailer		1UYVS2534M6398901	67539	\$69,760	Hollywood	FL
41	2021	Utility Trailer		1UYVS1280M6399201	67539	\$58,443	Hollywood	FL
42	2021	Silver Eagle		1U3J21113MBK00741	69539	\$16,195	Hollywood	FL

Policy Number: CWA0030735-08 Producer: The Cothron Group, Inc. (TCG)

Name of Insured: Feeding South Florida, Inc. Effective Date From: 02/02/2025 To:

02/02/2026

		BC	JOINE SO AUTO	DECLARATION (COI	ııııueu	<u></u>		
43	2021	Utility Trailer		1UYVS2483M6399003	67539	\$64,650	Hollywood	FL
44	2021	Utility Trailer		1UYVS2481M6399002	67539	\$64,650	Hollywood	FL
45	2021	Utility Trailer		1UYVS248XM6399001	67539	\$64,650	Hollywood	FL
46	2021	Utility Trailer		1UYVS1284M6399203	67539	\$64,650	Hollywood	FL
47	2021	Utility Trailer		1UYVS1282M6399202	67539	\$58,443	Hollywood	FL
48	2021	Utility Trailer		1UYVS1286M6399204	67539	\$58,443	Hollywood	FL
49	2021	Silver Eagle		1U3J21115MBK00742	69539	\$14,885	Hollywood	FL
50	2020	Freightliner	Sprinter 2500	W2Y4EBHY1LT043434	33539	\$64,940	Hollywood	FL
51	2020	Freightliner	Sprinter 2500	W2Y4EBHY4LT043587	33539	\$64,940	Hollywood	FL
52	2020	Freightliner	Sprinter 2500	W2Y4EBHY0LT042937	33539	\$64,940	Hollywood	FL
53	2021	Ford	F-150	1FTFW1ED4MFA98463	6492	\$49,620	Hollywood	FL
55	2022	Uft Mobile Solutions	Enclosed Trailer	1U9BE2831PM175006	67439	\$58,982	Hollywood	FL
56	2023	Ford	F-250	1FT7W2BT3PEC30290	03499	\$68,386	Hollywood	FL

Policy Number: CWA0030735-08 Producer: The Cothron Group, Inc. (TCG)

Name of Insured: Feeding South Florida, Inc. Effective Date From: 02/02/2025 To:

02/02/2026

**BUSINESS AUTO DECLARATION (Continued)** 

		ь	JOINESS AUTO	DECLARATION (Con	unueu			
57	2023	Ford	Transit Van	1FTBR1X87PKA04173	6482	\$86,326	Hollywood	FL
58	2024	Carry-On Trailer		4YMBC1215RG013338	69499	\$10,000	Hollywood	FL
59	2024	Carry-On Trailer		4YMBC1210RG009598	69499	\$10,000	Hollywood	FL
60	2022	Freightliner	M2 106 Medium Duty	3ALACWFC1NDMV5538	33599	\$190,000	Hollywood	FL
61	2025	Freightliner	M2 106 Medium Duty	3ALACWFC6SDVC6837	31439	\$158,452	Miami	FL
62	2025	Freightliner	M2 106 Medium Duty	3ALACWFC8SDVC6838	31439	\$158,452	Miami	FL
63	2025	Volvo	VNL	4V4NC9EH7SN670946	7398	\$184,526	Hollywood	FL

Premiums, Limits And Deductibles (Absence of a deductible or limit entry in any column above means that the limit or deductible entry in the corresponding ITEM TWO column applies instead. A maximum deductible may also apply. Refer to Coverage Form for details.)

Covered	Comprehe	Collision		Towing and Labor		
Auto Number	Deductible For All Perils	Premium	Deductible	Premium	Limit per Disablement	Premium
1	\$5,000	\$15	\$5,000	\$49		
4	\$5,000	\$11	\$5,000	\$151		
5	\$5,000	\$196	\$5,000	\$750		

Policy Number: CWA0030735-08 Producer: The Cothron Group, Inc. (TCG)

Name of Insured: Feeding South Florida, Inc. Effective Date From: 02/02/2025 To:

02/02/2026

	E	SUSINESS AL	JIO DECLARA	HON (Continu	ea)	
6	\$5,000	\$11	\$5,000	\$80		
7	\$5,000	\$11	\$5,000	\$80		
8	\$5,000	\$11	\$5,000	\$80		
9	\$5,000	\$150	\$5,000	\$553		
10	\$5,000	\$150	\$5,000	\$553		
11	\$5,000	\$220	\$5,000	\$950		
12	\$5,000	\$198	\$5,000	\$756		
13	\$5,000	\$112	\$5,000	\$1,120		
14	\$5,000	\$171	\$5,000	\$610		
15	\$5,000	\$171	\$5,000	\$610		
16	\$5,000	\$93	\$5,000	\$937		
17	\$5,000	\$93	\$5,000	\$937		
18	\$5,000	\$292	\$5,000	\$1,085		
19	\$5,000	\$292	\$5,000	\$1,085		
20	\$5,000	\$292	\$5,000	\$1,085		
21	\$5,000	\$292	\$5,000	\$1,085		
22	\$5,000	\$315	\$5,000	\$1,179		

Policy Number: CWA0030735-08 Producer: The Cothron Group, Inc. (TCG)

Name of Insured: Feeding South Florida, Inc. Effective Date From: 02/02/2025 To:

02/02/2026

	BUSINESS AUTO DECLARATION (Continued)					
23	\$5,000	\$86	\$5,000	\$1,034		
24	\$5,000	\$93	\$5,000	\$937		
25	\$5,000	\$336	\$5,000	\$1,235		
26	\$5,000	\$336	\$5,000	\$1,235		
27	\$5,000	\$336	\$5,000	\$1,235		
28	\$5,000	\$336	\$5,000	\$1,235		
29	\$5,000	\$336	\$5,000	\$1,235		
30	\$5,000	\$336	\$5,000	\$1,235		
31	\$5,000	\$19	\$5,000	\$65		
32	\$5,000	\$24	\$5,000	\$65		
33	\$5,000	\$11	\$5,000	\$80		
34	\$5,000	\$268	\$5,000	\$992		
35	\$5,000	\$268	\$5,000	\$992		
36	\$5,000	\$268	\$5,000	\$992		
37	\$5,000	\$268	\$5,000	\$992		
38	\$5,000	\$385	\$5,000	\$1,497		
39	\$5,000	\$385	\$5,000	\$1,497		

Policy Number: CWA0030735-08 Producer: The Cothron Group, Inc. (TCG)

Name of Insured: Feeding South Florida, Inc. Effective Date From: 02/02/2025 To:

02/02/2026

	BUSINESS AUTO DECLARATION (Continued)					
40	\$5,000	\$128	\$5,000	\$1,156		
41	\$5,000	\$118	\$5,000	\$1,059		
42	\$5,000	\$45	\$5,000	\$70		
43	\$5,000	\$118	\$5,000	\$1,059		
44	\$5,000	\$118	\$5,000	\$1,059		
45	\$5,000	\$118	\$5,000	\$1,059		
46	\$5,000	\$118	\$5,000	\$1,059		
47	\$5,000	\$118	\$5,000	\$1,059		
48	\$5,000	\$118	\$5,000	\$1,059		
49	\$5,000	\$36	\$5,000	\$70		
50	\$5,000	\$151	\$5,000	\$570		
51	\$5,000	\$151	\$5,000	\$570		
52	\$5,000	\$151	\$5,000	\$570		
53	\$5,000	\$134	\$5,000	\$291		
55	\$5,000	\$102	\$5,000	\$741		
56	\$5,000	\$176	\$5,000	\$512		
57	\$5,000	\$193	\$5,000	\$435		

Policy Number: CWA0030735-08 Producer: The Cothron Group, Inc. (TCG)

Name of Insured: Feeding South Florida, Inc. Effective Date From: 02/02/2025 To:

02/02/2026

**BUSINESS AUTO DECLARATION (Continued)** 

	BUSINESS AUTO DECLARATION (Continued)					
58	\$5,000	\$18	\$5,000	\$28		
59	\$5,000	\$18	\$5,000	\$28		
60	\$5,000	\$307	\$5,000	\$976		
61	\$5,000	\$343	\$5,000	\$915		
62	\$5,000	\$343	\$5,000	\$915		
63	\$5,000	\$644	\$5,000	\$1,155		

**ITEM FOUR: Schedule of HIRED or Borrowed PHYSICAL DAMAGE COVERAGE:** Cost of Hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of Hire does not include charges for any "auto" that is leased, hired, rented or borrowed with a driver.

#### FL

Coverages	Limit of Insurance The Most We Will Pay; Deductible	Estimated Annual Cost of Hire For Each State (Excluding Autos Hired With A Driver)	Premium
Comprehensive	\$100 Deductible For Each Covered Auto For Loss Caused By Theft Or Mischief Or Vandalism (A maximum deductible may also apply. Refer to Coverage Form for details.)	\$50,000	\$213
Collision	\$1,000 Deductible For Each Covered Auto.	\$50,000	\$295

**OTHER: Loss Payable** 

Covered Auto Number	Except for towing and labor, all physical damage loss is payable to you and the loss payee named below according to their interests in the auto at the time of loss:
1,2,3,4,5,6,7,8 ,9,10,11,12,13 ,14,15,16,17,1	2565 W SR 84,
8,19,20,21,22,	Fort Lauderdale, FL 33312

Policy Number: CWA0030735-08 Producer: The Cothron Group, Inc. (TCG)

Name of Insured: Feeding South Florida, Inc. Effective Date From: 02/02/2025 To:

02/02/2026

**BUSINESS AUTO DECLARATION (Continued)** 

23,24,25,26,2 7,28,29,30,31, 32,33,34,35,3 6,37,38,39,40, 41,42,43,44,4 5,46,47,48,49, 50,51,52,53,5 4,55,56,57,58, 59,60,61,62,6

Nextran Corporation dba: Nextran Rental & Leasing

8100 Chancellor Dr., Ste. 103,

Orlando, FL 32809

CUMMINGS LEASING, INC.

2611 Hammondville Road, Pompano Beach, FL 33069

Penske Trucking

1490 NW 22 Street,

Pompano Beach, FL 33069

Florida Utility Trailers, Inc.

1101 S Orange Blossom Trail,

Apopka, FL 32703

PENSKE TRUCK LEASING

17301 NW 7TH AVE EXT,

Miami, FL 33169

Rechtien International Trucks DBA Idealease of Miami

2565 W State Rd. 84, Fort Lauderdale, FL 33312

Penske Truck Leasing, Co.

P.O. Box 563, Reading, PA 19603

Nextran Corporation dba: Nextran Rental & Leasing

8100 Chancellor Dr., Ste. 130,

Orlando, FL 32809

Penske Leasing Co. LP Penske Leasing & Rental Co

RT 10 Green Hills P.O Box 5693,

Reading, PA 19603

IDEALEASE

2565 West State Road 84, Fort Lauderdale, FL 33312

Ryder Truck Rental, Inc., Ryder Truck Rental LT

6000 Windward Pkwy.,

Policy Number: CWA0030735-08 Producer: The Cothron Group, Inc. (TCG)

Name of Insured: Feeding South Florida, Inc. Effective Date From: 02/02/2025 To:

02/02/2026

**BUSINESS AUTO DECLARATION (Continued)** 

Alpharetta, GA 30005

#### **Forms Schedule**

Auto Physical Damage Forms and Endorsements	Form Number / Edition Date
Business Auto Coverage Form	CA0001 11-20
Employee Hired Autos	CA2054 11-20
Rental Reimbursement Coverage	CA9923 10-13
Common Policy Conditions	IL0017 11-98
Nuclear Energy Liability Exclusion Endorsement (Broad Form)	IL0021 09-08
U.S. Treasury Department's Office Of Foreign Assets Control ("OFAC") Advisory Notice	-ILP0010104 01-04
To Policyholders	
SRCS Signature Page	38 81 12 17 12-17
International Trade Or Economic Sanctions	56 94 10 12 10-12
Florida Changes	CA0128 01-21
Florida Changes - Cancellation And Nonrenewal	CA0267 01-21

1200 Main Suite 800, KANSAS CITY, MO 64105

#### **COMMERCIAL AUTOMOBILE POLICY**

#### ADDITIONAL INTEREST SCHEDULE

POLICY NO: CWA0030735-08

Address

8100 Chancellor Dr., Ste. 130,

Orlando, FL 32809

#### **ACCOUNT NUMBER:**

#### NAMED INSURED AND MAILING ADDRESS

FEEDING SOUTH FLORIDA, INC. 2501 SW 32ND TER PEMBROKE PARK, FL 33023

**Additional Interest Type** 

AI - Endorsement

#### **AGENCY AND MAILING ADDRESS**

3511

THE COTHRON GROUP, INC. (TCG)
1540 INTERNATIONAL PARKWAY, SUITE
2000

LAKE MARY, FL 32746

**POLICY PERIOD:** FROM 02/02/2025 TO 02/02/2026 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

#### **ADDITIONAL INTERESTS**

Additional Interest Type	Name	Address
AI - Endorsement	CUMMINGS LEASING, INC.	2611 Hammondville Road, Pompano
		Beach, FL 33069
		,,
Additional Interest Type	Name	Address
AI - Endorsement	Florida Utility Trailers,	1101 S Orange Blossom Trail,
	Inc.	Apopka, FL 32703
Additional Interest Type	Name	Address
AI - Endorsement	IDEALEASE	2565 West State Road 84, Fort
		Lauderdale, FL 33312
Additional Interest Type	Name	Address
AI - Endorsement	IDEALEASE	2565 West State Road 84, Fort
		Lauderdale, FL 33312
Additional Interest Type	Name	Address
AI - Endorsement	IDEALEASE	2565 West State Road 84, Fort
		Lauderdale, FL 33312
Additional Interest Type	Name	Address
AI - Endorsement	Nextran Corporation dba:	8100 Chancellor Dr., Ste. 103,
	Nextran Rental & Leasing	Orlando, FL 32809

Additional Interest Type	Name	Address	
AI - Endorsement	Nextran Corporation dba:	8100 Chancellor Dr., Ste. 130,	
	Nextran Rental & Leasing	Orlando, FL 32809	

Name

Nextran Corporation dba:

Nextran Rental & Leasing

02-12-25 Page 1 of 4

## Swiss Re Corporate Solutions Elite Insurance Corporation 1200 Main Suite 800, KANSAS CITY, MO 64105

#### **COMMERCIAL AUTOMOBILE POLICY**

Additional Interest Type	Name	Address
AI - Endorsement	Nextran Corporation dba:	8100 Chancellor Dr., Ste. 130,
	Nextran Rental & Leasing	Orlando, FL 32809
Additional Interest Type	Name	Address
AI - Endorsement	Nextran Corporation dba:	8100 Chancellor Dr., Ste. 130,
	Nextran Rental & Leasing	Orlando, FL 32809
		,
Additional Interest Type	Name	Address
AI - Endorsement	Nextran Corporation dba:	8100 Chancellor Dr., Ste. 130,
	Nextran Rental & Leasing	Orlando, FL 32809
Additional Interest Type	Name	Address
AI - Endorsement	Nextran Corporation dba:	8100 Chancellor Dr., Ste. 130,
	Nextran Rental & Leasing	Orlando, FL 32809
Additional Interest Type	Name	Address
AI - Endorsement	Nextran Corporation dba:	8100 Chancellor Dr., Ste. 130,
	Nextran Rental & Leasing	Orlando, FL 32809
Additional Interest Type	Name	Address
AI - Endorsement	PENSKE TRUCK LEASING	17301 NW 7TH AVE EXT, Miami, FL
AI Endoisement	FENSILE TROCK HEASING	33169
		33103
Additional Interest Type	Name	Address
AI - Endorsement	PENSKE TRUCK LEASING	17301 NW 7TH AVE EXT, Miami, FL
		33169
Additional Interest Type	Name	Address
AI - Endorsement	PENSKE TRUCK LEASING	17301 NW 7TH AVE EXT, Miami, FL
		33169
Additional Interest Type	Name	Address
AI - Endorsement	PENSKE TRUCK LEASING	17301 NW 7TH AVE EXT, Miami, FL
		33169
A dalah a a dalah a a a da Tara	N	Adding
Additional Interest Type	Name	Address
AI - Endorsement	Penske Leasing Co. LP	RT 10 Green Hills P.O Box 5693,
	Penske Leasing & Rental Co	Reading, PA 19603
Additional Interest Type	Name	Address
Additional Interest Type AI - Endorsement	Penske Leasing Co. LP	RT 10 Green Hills P.O Box 5693,
THE THEOLOGINETIC	Penske Leasing & Rental Co	Reading, PA 19603
	Name	Address
Additional Interest Type	Name	
Additional Interest Type AI - Endorsement	Name Penske Leasing Co. LP	
	Penske Leasing Co. LP	RT 10 Green Hills P.O Box 5693,
		1 1 1 1 1
AI - Endorsement	Penske Leasing Co. LP	RT 10 Green Hills P.O Box 5693,
	Penske Leasing Co. LP Penske Leasing & Rental Co	RT 10 Green Hills P.O Box 5693, Reading, PA 19603

02-12-25 Page 2 of 4

## Swiss Re Corporate Solutions Elite Insurance Corporation 1200 Main Suite 800, KANSAS CITY, MO 64105

#### **COMMERCIAL AUTOMOBILE POLICY**

Additional Interact Type	Name	Address
Additional Interest Type AI - Endorsement		
AI - Endorsement	Penske Leasing Co. LP Penske Leasing & Rental Co	RT 10 Green Hills P.O Box 5693, Reading, PA 19603
	Penske Leasing & Rental Co	Reading, PA 19603
A delitional lutonast Toma	Name	Address
Additional Interest Type	Name	Address
AI - Endorsement	Penske Leasing Co. LP	RT 10 Green Hills P.O Box 5693,
	Penske Leasing & Rental Co	Reading, PA 19603
Additional Interest Type	Name	Address
AI - Endorsement	Penske Leasing Co. LP	RT 10 Green Hills P.O Box 5693,
	Penske Leasing & Rental Co	Reading, PA 19603
Additional Interest Type	Name	Address
AI - Endorsement	Penske Leasing Co. LP	RT 10 Green Hills P.O Box 5693,
	Penske Leasing & Rental Co	Reading, PA 19603
Additional Interest Type	Name	Address
AI - Endorsement	Penske Leasing Co. LP	RT 10 Green Hills P.O Box 5693,
	Penske Leasing & Rental Co	Reading, PA 19603
Additional Interest Type	Name	Address
AI - Endorsement	Penske Leasing Co. LP	RT 10 Green Hills P.O Box 5693,
	Penske Leasing & Rental Co	Reading, PA 19603
Additional Interest Type	Name	Address
AI - Endorsement	Penske Truck Leasing, Co.	P.O. Box 563, Reading, PA 19603
	3,	, 3,
Additional Interest Type	Name	Address
AI - Endorsement	Penske Trucking	1490 NW 22 Street, Pompano Beach,
		FL 33069
Additional Interest Type	Name	Address
AI - Endorsement	Penske Trucking	1490 NW 22 Street, Pompano Beach,
		FL 33069
		12 33003
Additional Interest Type	Name	Address
AI - Endorsement	Penske Trucking	1490 NW 22 Street, Pompano Beach,
Direct Sement	10mone 11 donting	FL 33069
		12 33007
Additional Interest Type	Name	Address
Additional Interest Type AI - Endorsement	Penske Trucking	1490 NW 22 Street, Pompano Beach,
AI - Endorsement	Penske Trucking	
		FL 33069
A deliti a mal luta na at Toma	Name	Address
Additional Interest Type	Name	Address
AI - Endorsement	Penske Trucking	1490 NW 22 Street, Pompano Beach,
		FL 33069
	1	
Additional Interest Type	Name	Address
AI - Endorsement	Penske Trucking	1490 NW 22 Street, Pompano Beach,
		FL 33069

02-12-25 Page 3 of 4

## Swiss Re Corporate Solutions Elite Insurance Corporation 1200 Main Suite 800, KANSAS CITY, MO 64105

#### **COMMERCIAL AUTOMOBILE POLICY**

Additional Interest Type	Name	Address
AI - Endorsement	Rechtien International	2565 W State Rd. 84, Fort
	Trucks DBA Idealease of	Lauderdale, FL 33312
	Miami	

Additional Interest Type	Name	Address
AI - Endorsement	Reichtien International	2565 W SR 84, Fort Lauderdale, FL
	Trucks Inc dba IDEALEASE of	33312
	Miami	

Additional Interest Type	Name	Address
AI - Endorsement	Reichtien International Trucks Inc dba IDEALEASE of Miami	2565 W SR 84, Fort Lauderdale, FL 33312

Additional Interest Type	Name	Address
AI - Endorsement	Reichtien International	2565 W SR 84, Fort Lauderdale, FL
	Trucks Inc dba IDEALEASE of	33312
	Miami	

Additional Interest Type	Name	Address
AI - Endorsement	Reichtien International	2565 W SR 84, Fort Lauderdale, FL
	Trucks Inc dba IDEALEASE of	33312
	Miami	

Additional Interest Type	Name	Address
AI - Endorsement	Ryder Truck Rental, Inc.,	6000 Windward Pkwy., Alpharetta,
	Ryder Truck Rental LT	GA 30005

02-12-25 Page 4 of 4

1200 Main Suite 800, KANSAS CITY, MO 64105

## COMMERCIAL AUTOMOBILE POLICY FORMS SCHEDULE

**ACCOUNT NUMBER:** 0035251 **POLICY NO:** CWA0030735-08

NAMED INSURED AND MAILING ADDRESS FEEDING SOUTH FLORIDA, INC. 2501 SW 32ND TER PEMBROKE PARK, FL 33023 PRODUCER AND MAILING ADDRESS 3511
THE COTHRON GROUP, INC. (TCG)
1540 INTERNATIONAL PARKWAY, SUITE
2000
Lake Mary, FL 32746

**POLICY PERIOD**: FROM **02/02/2025** TO **02/02/2026** AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

NOTE: IF NO ENTRY APPEARS ON THE FOLLOWING ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT

COMMERCIAL AUTO POLICY FORMS		
CA0001 11-20	Business Auto Coverage Form	
CA2054 11-20	Employee Hired Autos	
CA9923 10-13	Rental Reimbursement Coverage	
IL0017 11-98	Common Policy Conditions	
IL0021 09-08	Nuclear Energy Liability Exclusion Endorsement (Broad	
	Form)	
NIA-ILPO 01-04	U.S. Treasury Department's Office Of Foreign Assets	
	Control ("OFAC") Advisory Notice To Policyholders	
SP 38 81 12-17	SRCS Signature Page	
SP 56 94 10-12	International Trade Or Economic Sanctions	
CA0128 01-21	Florida Changes	
CA0267 01-21	Florida Changes - Cancellation And Nonrenewal	

02-12-25 Page 1 of 1

### **BUSINESS AUTO COVERAGE FORM**

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

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

Other words and phrases that appear in quotation marks have special meaning. Refer to Section  ${\bf V}$  – Definitions.

#### **SECTION I - COVERED AUTOS**

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

A. Description Of Covered Auto Designation Symbols

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

19 Mobile
Equipment
Subject To
Compulsory Or
Financial
Responsibility
Or Other Motor
Vehicle
Insurance Law

Only

Only those "autos" that are land vehicles and that would qualify under the definition of "mobile equipment" under this Policy if they were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where they are licensed or principally garaged.

#### **B. Owned Autos**

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

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

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

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

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

## SECTION II – COVERED AUTOS LIABILITY COVERAGE

#### A. Coverage

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

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

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

#### 1. Who Is An Insured

The following are "insureds":

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

- This exception does not apply if the covered "auto" is a "trailer" connected to a covered "auto" you own.
- (2) Your "employee" if the covered "auto" is owned by that "employee" or a member of his or her household.
- (3) Someone using a covered "auto" while he or she is working in a business of selling, servicing, repairing, parking or storing "autos" unless that business is yours.
- (4) Anyone other than your "employees", partners (if you are a partnership), members (if you are a limited liability company) or a lessee or borrower or any of their "employees", while moving property to or from a covered "auto".
- (5) A partner (if you are a partnership) or a member (if you are a limited liability company) for a covered "auto" owned by him or her or a member of his or her household.
- **c.** Anyone liable for the conduct of an "insured" described above but only to the extent of that liability.

#### 2. Coverage Extensions

#### a. Supplementary Payments

We will pay for the "insured":

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

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

These payments will not reduce the Limit of Insurance.

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

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

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

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

#### **B. Exclusions**

This insurance does not apply to any of the following:

#### 1. Expected Or Intended Injury

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

#### 2. Contractual

Liability assumed under any contract or agreement.

But this exclusion does not apply to liability for damages:

a. Assumed in a contract or agreement that is an "insured contract", provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement; or **b.** That the "insured" would have in the absence of the contract or agreement.

#### 3. Workers' Compensation

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

## 4. Employee Indemnification And Employer's Liability

"Bodily injury" to:

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

This exclusion applies:

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

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

#### 5. Fellow Employee

"Bodily injury" to:

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

#### 6. Care, Custody Or Control

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

#### 7. Handling Of Property

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

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

## 8. Movement Of Property By Mechanical Device

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

#### 9. Operations

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

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

#### 10. Completed Operations

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

In this exclusion, your work means:

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

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

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

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

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

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

#### 11. Pollution

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

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

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

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

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

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

#### 12. War

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

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

#### 13. Racing

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

#### 14. Unmanned Aircraft

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

#### C. Limit Of Insurance

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

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

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

#### SECTION III - PHYSICAL DAMAGE COVERAGE

#### A. Coverage

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

#### a. Comprehensive Coverage

From any cause except:

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

#### b. Specified Causes Of Loss Coverage

Caused by:

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

#### c. Collision Coverage

Caused by:

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

#### 2. Towing And Labor

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

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

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

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

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

#### 4. Coverage Extensions

#### a. Transportation Expenses

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

#### b. Loss Of Use Expenses

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

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

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

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

#### **B. Exclusions**

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

#### a. Nuclear Hazard

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

#### b. War Or Military Action

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

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

- **4.** We will not pay for "loss" to any of the following:
  - a. Tapes, records, discs or other similar audio, visual or data electronic devices designed for use with audio, visual or data electronic equipment.
  - b. Any device designed or used to detect speed-measuring equipment, such as radar or laser detectors, and any jamming apparatus intended to elude or disrupt speed-measuring equipment.
  - c. Any electronic equipment, without regard to whether this equipment is permanently installed, that reproduces, receives or transmits audio, visual or data signals.
  - d. Any accessories used with the electronic equipment described in Paragraph c. above.
- **5.** Exclusions **4.c.** and **4.d.** do not apply to equipment designed to be operated solely by use of the power from the "auto's" electrical system that, at the time of "loss", is:
  - a. Permanently installed in or upon the covered "auto";
  - b. Removable from a housing unit which is permanently installed in or upon the covered "auto":
  - **c.** An integral part of the same unit housing any electronic equipment described in Paragraphs **a.** and **b.** above; or
  - **d.** Necessary for the normal operation of the covered "auto" or the monitoring of the covered "auto's" operating system.
- We will not pay for "loss" to a covered "auto" due to "diminution in value".

#### C. Limits Of Insurance

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

- **b.** All electronic equipment that reproduces, receives or transmits audio, visual or data signals in any one "loss" is \$1,000, if, at the time of "loss", such electronic equipment is:
  - (1) Permanently installed in or upon the covered "auto" in a housing, opening or other location that is not normally used by the "auto" manufacturer for the installation of such equipment;
  - (2) Removable from a permanently installed housing unit as described in Paragraph b.(1) above; or
  - (3) An integral part of such equipment as described in Paragraphs b.(1) and b.(2) above.
- An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss".
- If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

#### D. Deductible

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

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

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

#### SECTION IV - BUSINESS AUTO CONDITIONS

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

#### A. Loss Conditions

#### 1. Appraisal For Physical Damage Loss

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

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

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

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

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

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

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

#### 3. Legal Action Against Us

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

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

## 4. Loss Payment – Physical Damage Coverages

At our option, we may:

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

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

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

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

#### **B.** General Conditions

#### 1. Bankruptcy

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

#### 2. Concealment, Misrepresentation Or Fraud

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

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

#### 3. Liberalization

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

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

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

#### 5. Other Insurance

- a. For any covered "auto" you own, this Coverage Form provides primary insurance. For any covered "auto" you don't own, the insurance provided by this Coverage Form is excess over any other collectible insurance. However, while a covered "auto" which is a "trailer" is connected to another vehicle, the Covered Autos Liability Coverage this Coverage Form provides for the "trailer" is:
  - (1) Excess while it is connected to a motor vehicle you do not own; or

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

#### 6. Premium Audit

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

#### 7. Policy Period, Coverage Territory

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

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

The coverage territory is:

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

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

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

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

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

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

#### **SECTION V - DEFINITIONS**

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

However, "auto" does not include "mobile equipment".

- **C.** "Bodily injury" means bodily injury, sickness or disease sustained by a person, including death resulting from any of these.
- **D.** "Covered pollution cost or expense" means any cost or expense arising out of:
  - Any request, demand, order or statutory or regulatory requirement that any "insured" or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, "pollutants"; or

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

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

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

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

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

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

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

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

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

- a. That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, roadbeds, tunnel, underpass or crossing;
- b. That pertains to the loan, lease or rental of an "auto" to you or any of your "employees", if the "auto" is loaned, leased or rented with a driver; or
- c. That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for your use of a covered "auto" over a route or territory that person or organization is authorized to serve by public authority.
- I. "Leased worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".
- **J.** "Loss" means direct and accidental loss or damage.
- K. "Mobile equipment" means any of the following types of land vehicles, including any attached machinery or equipment:
  - Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;
  - **2.** Vehicles maintained for use solely on or next to premises you own or rent;
  - 3. Vehicles that travel on crawler treads;
  - **4.** Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:
    - a. Power cranes, shovels, loaders, diggers or drills; or
    - **b.** Road construction or resurfacing equipment such as graders, scrapers or rollers;

- 5. Vehicles not described in Paragraph 1., 2., 3. or 4. above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:
  - **a.** Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well-servicing equipment; or
  - **b.** Cherry pickers and similar devices used to raise or lower workers; or
- 6. Vehicles not described in Paragraph 1., 2., 3. or 4. above maintained primarily for purposes other than the transportation of persons or cargo. However, self-propelled vehicles with the following types of permanently attached equipment are not "mobile equipment" but will be considered "autos":
  - **a.** Equipment designed primarily for:
    - (1) Snow removal;
    - (2) Road maintenance, but not construction or resurfacing; or
    - (3) Street cleaning;
  - Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and
  - **c.** Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting or well-servicing equipment.

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

- L. "Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
- **M.** "Property damage" means damage to or loss of use of tangible property.
- N. "Suit" means a civil proceeding in which:
  - Damages because of "bodily injury" or "property damage"; or
  - **2.** A "covered pollution cost or expense"; to which this insurance applies, are alleged.

#### "Suit" includes:

- a. An arbitration proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the "insured" must submit or does submit with our consent: or
- **b.** Any other alternative dispute resolution proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the insured submits with our consent.
- **O.** "Temporary worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.
- P. "Trailer" includes semitrailer.
- Q. "Unmanned aircraft" means an aircraft that is not:
  - 1. Designed;
  - 2. Manufactured; or
  - 3. Modified after manufacture;

to be controlled directly by a person from within or on the aircraft.

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

#### **EMPLOYEE HIRED AUTOS**

This endorsement modifies insurance provided under the following:

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

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

#### A. Changes In Covered Autos Liability Coverage

The following is added to the **Who Is An Insured** provision:

An "employee" of yours is an "insured" while operating an "auto" hired or rented under a contract or agreement in an "employee's" name, with your permission, while performing duties related to the conduct of your business.

#### **B.** Changes In General Conditions

Paragraph **5.b.** of the **Other Insurance** Condition in the Business Auto and Auto Dealers Coverage Forms and Paragraph **5.f.** of the **Other Insurance — Primary And Excess Insurance Provisions** Condition in the Motor Carrier Coverage Form are amended by the addition of the following:

For Hired Auto Physical Damage Coverage, any covered "auto" hired or rented by your "employee" under a contract in an "employee's" name, with your permission, while performing duties related to the conduct of your business is deemed to be a covered "auto" you own.

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

#### RENTAL REIMBURSEMENT COVERAGE

This endorsement modifies insurance provided under the following:

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

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

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

Named Insured: Feeding South Florida, Inc.

**Endorsement Effective Date:** 02/02/2025

#### **SCHEDULE**

			Maximum Payment Each Covered "Auto"						
Coverage	Designation Or Description Of Covered "Autos" To Which This Insurance Applies	Any One Day	No. Of Days	Any One Period	Premium				
Comprehensive		\$		\$	\$				
Collision		\$		\$	\$				
Specified Causes Of Loss		\$		\$	\$				
				Total Premium	\$				
Information require	ed to complete this Schedule, if no	t shown above.	will be sh	nown in the Decl	arations.				

- iniornation required to complete this schedule, if not shown above, will be shown in the Declarations.
- **A.** This endorsement provides only those coverages where a premium is shown in the Schedule. It applies only to a covered "auto" described or designated in the Schedule.
- **B.** We will pay for rental reimbursement expenses incurred by you for the rental of an "auto" because of "loss" to a covered "auto". Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered "auto". No deductibles apply to this coverage.
- C. We will pay only for those expenses incurred during the policy period beginning 24 hours after the "loss" and ending, regardless of the policy's expiration, with the lesser of the following number of days:
  - The number of days reasonably required to repair or replace the covered "auto". If "loss" is caused by theft, this number of days is added to the number of days it takes to locate the covered "auto" and return it to you.

- **2.** The number of days shown in the Schedule.
- **D.** Our payment is limited to the lesser of the following amounts:
  - 1. Necessary and actual expenses incurred.
  - 2. The maximum payment stated in the Schedule applicable to "any one day" or "any one period".
- **E.** This coverage does not apply while there are spare or reserve "autos" available to you for your operations.
- F. If "loss" results from the total theft of a covered "auto" of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided for under the Physical Damage Coverage Extension.

Named Insured: Feeding South Florida, Inc.

**Endorsement Effective Date:** 02/02/2025

#### **SCHEDULE**

			imum Pay		
Coverage	Designation Or Description Of Covered "Autos" To Which This Insurance Applies	Any One Day	No. Of Days	Any One Period	Premium
Collision	Vehicle 1, 2008 Chevrolet Express, VIN- 1GCHG35C781177752	\$ 50	30	\$ 1,500	27
Comprehensive	Vehicle 1, 2008 Chevrolet Express, VIN- 1GCHG35C781177752	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 4, 2003 Great Dane, VIN- 1GRAA72203S006601	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 4, 2003 Great Dane, VIN- 1GRAA72203S006601	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 5, 2013 International ProStar, VIN-3HSDJAPR3DN361753	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 5, 2013 International ProStar, VIN-3HSDJAPR3DN361753	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 6, 2008 Kidiron Trailer, VIN- 1K911362681054069	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 6, 2008 Kidiron Trailer, VIN- 1K911362681054069	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 7, 2007 Utility Trailer, VIN- 1VYUS23608M491008	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 7, 2007 Utility Trailer, VIN- 1VYUS23608M491008	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 8, 2002 Trailmobile, VIN- 1PT01ANH529000964	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 8, 2002 Trailmobile, VIN- 1PT01ANH529000964	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 9, 2017 Hino 268, VIN- 5PVNJ8JV2H4S65566	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 9, 2017 Hino 268, VIN- 5PVNJ8JV2H4S65566	\$ 50	30	\$ 1,500	\$ 16

			cimum Pay		
Coverage	Designation Or Description Of Covered "Autos" To Which This Insurance Applies	Day	No. Of Days	Period	Premium
Collision	Vehicle 10, 2017 Hino 268, VIN- 5PVNJ8JV0H4S65582	\$ 50			
Comprehensive	Vehicle 10, 2017 Hino 268, VIN- 5PVNJ8JV0H4S65582	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 11, 2018 Volvo VNL, VIN- 4V4NC9EH2JN893927	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 11, 2018 Volvo VNL, VIN- 4V4NC9EH2JN893927	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 12, 2018 Volvo VNR64T, VIN- 4V4WC9EH3JN901246	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 12, 2018 Volvo VNR64T, VIN- 4V4WC9EH3JN901246	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 13, 2018 Utility Trailer, VIN- 1UYVS2538J6182304	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 13, 2018 Utility Trailer, VIN- 1UYVS2538J6182304	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 14, 2017 Hino 268, VIN- 5PVNJ8JV7H4S66714	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 14, 2017 Hino 268, VIN- 5PVNJ8JV7H4S66714	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 15, 2017 Hino 268, VIN- 5PVNJ8JV9H4S66696	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 15, 2017 Hino 268, VIN- 5PVNJ8JV9H4S66696	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 16, 2019 Utility Trailer, VIN- 1UYVS253XK6524501	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 16, 2019 Utility Trailer, VIN- 1UYVS253XK6524501	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 17, 2019 Utility Trailer, VIN- 1UYVS2482K6580901	\$ 50	30	\$ 1,500	\$ 27

		Max Each			
Coverage	Designation Or Description Of Covered "Autos" To Which This Insurance Applies	Any One Day	No. Of Days	Any One Period	Premium
Comprehensive	Vehicle 17, 2019 Utility Trailer, VIN- 1UYVS2482K6580901	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 18, 2019 International LT625, VIN-3HSDYTZR6KN288007	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 18, 2019 International LT625, VIN-3HSDYTZR6KN288007	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 19, 2019 International LT625, VIN-3HSDYTZR9KN289331	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 19, 2019 International LT625, VIN-3HSDYTZR9KN289331	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 20, 2019 International LT625, VIN-3HSDYTZROKN289797	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 20, 2019 International LT625, VIN-3HSDYTZROKN289797	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 21, 2019 International LT625, VIN-3HSDYTZR4KN299913	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 21, 2019 International LT625, VIN-3HSDYTZR4KN299913	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 22, 2019 Volvo VNR64T, VIN- 4V4WC9EH8KN205578	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 22, 2019 Volvo VNR64T, VIN- 4V4WC9EH8KN205578	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 23, 2015 Utility Trailer, VIN- 1UYVS2535FM306001	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 23, 2015 Utility Trailer, VIN- 1UYVS2535FM306001	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 24, 2019 Utility Trailer, VIN- 1UYVS2369K6580801	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 24, 2019 Utility Trailer, VIN- 1UYVS2369K6580801	\$ 50	30	\$ 1,500	\$ 16

			imum Pay			
Coverage	Designation Or Description Of Covered "Autos" To Which This Insurance Applies	Any One Day	No. Of Days	Any One Period		Premium
Collision	Vehicle 25, 2020 International MV607, VIN-3HAEUMMN7LL326565	\$ 50	30	\$ 1,500	·	27
Comprehensive	Vehicle 25, 2020 International MV607, VIN-3HAEUMMN7LL326565	\$ 50	30	\$ 1,500	\$	16
Collision	Vehicle 26, 2020 International MV607, VIN-3HAEUMMN4LL124086	\$ 50	30	\$ 1,500	\$	27
Comprehensive	Vehicle 26, 2020 International MV607, VIN-3HAEUMMN4LL124086	\$ 50	30	\$ 1,500	\$	16
Collision	Vehicle 27, 2020 International MV607, VIN-3HAEUMMN6LL124087	\$ 50	30	\$ 1,500	\$	27
Comprehensive	Vehicle 27, 2020 International MV607, VIN-3HAEUMMN6LL124087	\$ 50	30	\$ 1,500	\$	16
Collision	Vehicle 28, 2020 International MV607, VIN-3HAEUMMN8LL124088	\$ 50	30	\$ 1,500	\$	27
Comprehensive	Vehicle 28, 2020 International MV607, VIN-3HAEUMMN8LL124088	\$ 50	30	\$ 1,500	\$	16
Collision	Vehicle 29, 2020 International MV607, VIN-3HAEUMMNXLL124089	\$ 50	30	\$ 1,500	\$	27
Comprehensive	Vehicle 29, 2020 International MV607, VIN-3HAEUMMNXLL124089	\$ 50	30	\$ 1,500	\$	16
Collision	Vehicle 30, 2020 International MV607, VIN-3HAEUMMN6LL124090	\$ 50	30	\$ 1,500	\$	27
Comprehensive	Vehicle 30, 2020 International MV607, VIN-3HAEUMMN6LL124090	\$ 50	30	\$ 1,500	\$	16
Collision	Vehicle 31, 2015 Nissan NV200, VIN- 3N6CM0KNXFK709057	\$ 50	30	\$ 1,500	\$	27
Comprehensive	Vehicle 31, 2015 Nissan NV200, VIN- 3N6CM0KNXFK709057	\$ 50	30	\$ 1,500	\$	16
Collision	Vehicle 32, 2016 Nissan NV200, VIN- 3N6CM0KN9GK700321	\$ 50	30	\$ 1,500	\$	27

			imum Pay Covered		
Coverage	Designation Or Description Of Covered "Autos" To Which This Insurance Applies	Any One Day	No. Of Days	Any One Period	Premium
Comprehensive	Vehicle 32, 2016 Nissan NV200, VIN- 3N6CM0KN9GK700321	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 33, 2020 Covered Wagon Ev8.5- 28T5-R, VIN- 53FBE2826LF059017	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 33, 2020 Covered Wagon Ev8.5- 28T5-R, VIN- 53FBE2826LF059017	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 34, 2019 International LT625, VIN-3HCDZTZR7KL598090	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 34, 2019 International LT625, VIN-3HCDZTZR7KL598090	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 35, 2019 International LT625, VIN-3HCDZTZR6KL598095	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 35, 2019 International LT625, VIN-3HCDZTZR6KL598095	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 36, 2019 International LT625, VIN-3HSDZTZR2KN732447	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 36, 2019 International LT625, VIN-3HSDZTZR2KN732447	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 37, 2019 International LT625, VIN-3HSDZTZROKN732446	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 37, 2019 International LT625, VIN-3HSDZTZROKN732446	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 38, 2021 International LT625, VIN-3HSDYAPR9MN559894	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 38, 2021 International LT625, VIN-3HSDYAPR9MN559894	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 39, 2021 International LT625, VIN-3HSDYAPR2MN559896	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 39, 2021 International LT625, VIN-3HSDYAPR2MN559896	\$ 50	30	\$ 1,500	\$ 16

			imum Pay Covered				
Coverage	Designation Or Description Of Covered "Autos" To Which This Insurance Applies	ny One Day	No. Of Days		Any One Period		Premium
Collision	Vehicle 40, 2021 Utility Trailer, VIN- 1UYVS2534M6398901	\$ 50	30	·	1,500	·	27
Comprehensive	Vehicle 40, 2021 Utility Trailer, VIN- 1UYVS2534M6398901	\$ 50	30	\$	1,500	\$	16
Collision	Vehicle 41, 2021 Utility Trailer, VIN- 1UYVS1280M6399201	\$ 50	30	\$	1,500	\$	27
Comprehensive	Vehicle 41, 2021 Utility Trailer, VIN- 1UYVS1280M6399201	\$ 50	30	\$	1,500	\$	16
Collision	Vehicle 42, 2021 Silver Eagle, VIN- 1U3J21113MBK00741	\$ 50	30	\$	1,500	\$	27
Comprehensive	Vehicle 42, 2021 Silver Eagle, VIN- 1U3J21113MBK00741	\$ 50	30	\$	·	·	16
Collision	Vehicle 43, 2021 Utility Trailer, VIN- 1UYVS2483M6399003	\$ 50	30	\$	1,500	\$	27
Comprehensive	Vehicle 43, 2021 Utility Trailer, VIN- 1UYVS2483M6399003	\$ 50	30	\$	1,500	\$	16
Collision	Vehicle 44, 2021 Utility Trailer, VIN- 1UYVS2481M6399002	\$ 50	30	\$	1,500	\$	27
Comprehensive	Vehicle 44, 2021 Utility Trailer, VIN- 1UYVS2481M6399002	\$ 50	30	\$	1,500	\$	16
Collision	Vehicle 45, 2021 Utility Trailer, VIN- 1UYVS248XM6399001	\$ 50	30	\$	1,500	\$	27
Comprehensive	Vehicle 45, 2021 Utility Trailer, VIN- 1UYVS248XM6399001	\$ 50	30	\$	1,500	\$	16
Collision	Vehicle 46, 2021 Utility Trailer, VIN- 1UYVS1284M6399203	\$ 50	30	\$	1,500	\$	27
Comprehensive	Vehicle 46, 2021 Utility Trailer, VIN- 1UYVS1284M6399203	\$ 50	30	\$	1,500	\$	16
Collision	Vehicle 47, 2021 Utility Trailer, VIN- 1UYVS1282M6399202	\$ 50	30	\$	1,500	\$	27

			imum Pay Covered			
Coverage	Designation Or Description Of Covered "Autos" To Which This Insurance Applies	Any One Day	No. Of Days		Any One Period	Premium
Comprehensive	Vehicle 47, 2021 Utility Trailer, VIN- 1UYVS1282M6399202	\$ 50	30	,	1,500	16
Collision	Vehicle 48, 2021 Utility Trailer, VIN- 1UYVS1286M6399204	\$ 50	30	\$	1,500	\$ 27
Comprehensive	Vehicle 48, 2021 Utility Trailer, VIN- 1UYVS1286M6399204	\$ 50	30	\$	1,500	\$ 16
Collision	Vehicle 49, 2021 Silver Eagle, VIN- 1U3J21115MBK00742	\$ 50	30	\$	1,500	\$ 27
Comprehensive	Vehicle 49, 2021 Silver Eagle, VIN- 1U3J21115MBK00742	\$ 50	30	\$	1,500	\$ 16
Collision	Vehicle 50, 2020 Freightliner Sprinter 2500, VIN- W2Y4EBHY1LT043434	\$ 50	30	\$	1,500	\$ 27
Comprehensive	Vehicle 50, 2020 Freightliner Sprinter 2500, VIN- W2Y4EBHY1LT043434	\$ 50	30	\$	1,500	\$ 16
Collision	Vehicle 51, 2020 Freightliner Sprinter 2500, VIN- W2Y4EBHY4LT043587	\$ 50	30	\$	1,500	\$ 27
Comprehensive	Vehicle 51, 2020 Freightliner Sprinter 2500, VIN- W2Y4EBHY4LT043587	\$ 50	30	\$	1,500	\$ 16
Collision	Vehicle 52, 2020 Freightliner Sprinter 2500, VIN- W2Y4EBHY0LT042937	\$ 50	30	\$	1,500	\$ 27
Comprehensive	Vehicle 52, 2020 Freightliner Sprinter 2500, VIN- W2Y4EBHY0LT042937	\$ 50	30	\$	1,500	\$ 16
Collision	Vehicle 53, 2021 Ford F-150, VIN- 1FTFW1ED4MFA98463	\$ 50	30	\$	1,500	\$ 27
Comprehensive	Vehicle 53, 2021 Ford F-150, VIN- 1FTFW1ED4MFA98463	\$ 50	30	\$	1,500	\$ 16

			imum Pay				
Coverage	Designation Or Description Of Covered "Autos" To Which This Insurance Applies	Any One Day	No. Of Days		Any One Period		Premium
Collision	Vehicle 55, 2022 Uft Mobile Solutions Enclosed Trailer, VIN- 1U9BE2831PM175006	\$ 50	30		1,500	•	27
Comprehensive	Vehicle 55, 2022 Uft Mobile Solutions Enclosed Trailer, VIN- 1U9BE2831PM175006	\$ 50	30	\$	1,500	\$	16
Collision	Vehicle 56, 2023 Ford F-250, VIN- 1FT7W2BT3PEC30290	\$ 50	30	\$	1,500	\$	27
Comprehensive	Vehicle 56, 2023 Ford F-250, VIN- 1FT7W2BT3PEC30290	\$ 50	30	\$	1,500	\$	16
Collision	Vehicle 57, 2023 Ford Transit Van, VIN- 1FTBR1X87PKA04173	\$ 50	30	\$	1,500	\$	27
Comprehensive	Vehicle 57, 2023 Ford Transit Van, VIN- 1FTBR1X87PKA04173	\$ 50	30	\$	1,500	\$	16
Collision	Vehicle 58, 2024 Carry-On Trailer, VIN- 4YMBC1215RG013338	\$ 50	30	\$	1,500	\$	27
Comprehensive	Vehicle 58, 2024 Carry-On Trailer, VIN- 4YMBC1215RG013338	\$ 50	30	\$	1,500	\$	16
Collision	Vehicle 59, 2024 Carry-On Trailer, VIN- 4YMBC1210RG009598	\$ 50	30	\$	1,500	\$	27
Comprehensive	Vehicle 59, 2024 Carry-On Trailer, VIN- 4YMBC1210RG009598	<b>\$</b> 50	30	ľ	1,500	\$	16
Collision	Vehicle 60, 2022 Freightliner M2 106 Medium Duty, VIN- 3ALACWFC1NDMV5538	\$ 50	30	\$	1,500	•	27
Comprehensive	Vehicle 60, 2022 Freightliner M2 106 Medium Duty, VIN- 3ALACWFC1NDMV5538	\$ 50	30	\$	1,500	\$	16
Collision	Vehicle 61, 2025 Freightliner M2 106 Medium Duty, VIN- 3ALACWFC6SDVC6837	\$ 50	30	\$	1,500	\$	27

### SUPPLEMENTAL FORM DECLARATION FOR CA9923 1013

#### **RENTAL REIMBURSEMENT COVERAGE**

			imum Payı Covered "		
Coverage	Designation Or Description Of Covered "Autos" To Which This Insurance Applies	Any One Day	No. Of Days	Any One Period	Premium
Comprehensive	Vehicle 61, 2025 Freightliner M2 106 Medium Duty, VIN- 3ALACWFC6SDVC6837	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 62, 2025 Freightliner M2 106 Medium Duty, VIN- 3ALACWFC8SDVC6838	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 62, 2025 Freightliner M2 106 Medium Duty, VIN- 3ALACWFC8SDVC6838	\$ 50	30	\$ 1,500	\$ 16
Collision	Vehicle 63, 2025 Volvo VNL, VIN- 4V4NC9EH7SN670946	\$ 50	30	\$ 1,500	\$ 27
Comprehensive	Vehicle 63, 2025 Volvo VNL, VIN- 4V4NC9EH7SN670946	\$ 50	30	\$ 1,500	\$ 16

Total Premium \$ 2,580

#### **COMMON POLICY CONDITIONS**

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

#### A. Cancellation

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

#### **B.** Changes

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

#### C. Examination Of Your Books And Records

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

#### D. Inspections And Surveys

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

- Give you reports on the conditions we find; and
- c. Recommend changes.
- 2. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:
  - a. Are safe or healthful; or
  - b. Comply with laws, regulations, codes or standards.
- Paragraphs 1. and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.
- 4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

#### E. Premiums

The first Named Insured shown in the Declarations:

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

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

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

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

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

### NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT

(Broad Form)

This endorsement modifies insurance provided under the following:

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

- 1. The insurance does not apply:
  - **A.** Under any Liability Coverage, to "bodily injury" or "property damage":
    - (1) With respect to which an "insured" under the policy is also an insured under a nuclear energy liability policy issued by Nuclear Energy Liability Insurance Association, Mutual Atomic Energy Liability Underwriters, Nuclear Insurance Association of Canada or any of their successors, or would be an insured under any such policy but for its termination upon exhaustion of its limit of liability; or
    - (2) Resulting from the "hazardous properties" of "nuclear material" and with respect to which (a) any person or organization is required to maintain financial protection pursuant to the Atomic Energy Act of 1954, or any law amendatory thereof, or (b) the "insured" is, or had this policy not been issued would be, entitled to indemnity from the United States of America, or any agency thereof, under any agreement entered into by the United States of America, or any agency thereof, with any person or organization.
  - **B.** Under any Medical Payments coverage, to expenses incurred with respect to "bodily injury" resulting from the "hazardous properties" of "nuclear material" and arising out of the operation of a "nuclear facility" by any person or organization.

- C. Under any Liability Coverage, to "bodily injury" or "property damage" resulting from "hazardous properties" of "nuclear material", if:
  - (1) The "nuclear material" (a) is at any "nuclear facility" owned by, or operated by or on behalf of, an "insured" or (b) has been discharged or dispersed therefrom;
  - (2) The "nuclear material" is contained in "spent fuel" or "waste" at any time possessed, handled, used, processed, stored, transported or disposed of, by or on behalf of an "insured"; or
  - (3) The "bodily injury" or "property damage" arises out of the furnishing by an "insured" of services, materials, parts or equipment in connection with the planning, construction, maintenance, operation or use of any "nuclear facility", but if such facility is located within the United States of America, its territories or possessions or Canada, this exclusion (3) applies only to "property damage" to such "nuclear facility" and any property thereat.
- **2.** As used in this endorsement:

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

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

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

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

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

"Nuclear facility" means:

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

- (c) Any equipment or device used for the processing, fabricating or alloying of "special nuclear material" if at any time the total amount of such material in the custody of the "insured" at the premises where such equipment or device is located consists of or contains more than 25 grams of plutonium or uranium 233 or any combination thereof, or more than 250 grams of uranium 235:
- (d) Any structure, basin, excavation, premises or place prepared or used for the storage or disposal of "waste":

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

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

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

# U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.** 

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury-'s web site – http://www.treas.gov/ofac.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

hou goisto	Elissa B. Kenny
President	Secretary
SWISS RE CORPORATE SOLUTIONS	S ELITE CORPORATION

**In Witness Whereof**, the issuing Company has caused this policy to be signed officially below.

#### SWISS RE CORPORATE SOLUTIONS ELITE CORPORATION

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

#### INTERNATIONAL TRADE OR ECONOMIC SANCTIONS

This endorsement modifies insurance provided under the following:

#### **Business Auto Coverage Form**

No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of any jurisdiction applicable to that insurer.

All other terms and conditions of this policy remain unchanged.

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

### **FLORIDA CHANGES**

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

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

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

A. Covered Autos Liability Coverage is changed as follows:

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

We will pay for the "insured":

- (5) All court costs taxed against the "insured" in any "suit" against the "insured" we defend. However, these payments do not include attorneys' fees or attorneys' expenses taxed against the "insured".
- **B. Physical Damage Coverage** is changed as follows:
  - 1. No deductible applies under Specified Causes Of Loss or Comprehensive Coverage for "loss" to glass used in the windshield.
  - 2. All other **Physical Damage Coverage** provisions will apply.

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

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

a. Pay its chosen appraiser; and

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

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

- **D.** The **General Conditions** are amended as follows:
  - The following is added to the Other Insurance Condition in the Auto Dealers and Business Auto Coverage Forms, and Other Insurance – Primary And Excess Provisions Condition in the Motor Carrier Coverage Form:
    - **a.** When this Coverage Form and any other Coverage Form or policy providing liability coverage applies to an "auto" and:
      - (1) One provides coverage to a lessor of "autos" for rent or lease; and
      - (2) The other provides coverage to a person not described in Paragraph D.1.a.(1);

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

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

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

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

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

#### Mediation

- In any claim filed by an "insured" with us for:
  - a. "Bodily injury" in an amount of \$10,000 or less, arising out of the ownership, operation, use or maintenance of a covered "auto";
  - "Property damage" in any amount, arising out of the ownership, operation, maintenance or use of a covered "auto"; or
  - **c.** "Loss" to a covered "auto" or its equipment, in any amount;

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

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

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

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

### FLORIDA CHANGES – CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

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

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

- A. Paragraph A.2.b. of the Common Policy Conditions, Cancellation, is replaced by the following:
  - b. 45 days before the effective date of cancellation if we cancel for any other reason
- **B.** Paragraphs **A.4.** and **A.5.** of the Common Policy Conditions, **Cancellation**, are replaced by the following:
  - **4.** Notice of cancellation will state the effective date of, and reason(s) for, the cancellation. The policy period will end on that date.
  - 5. If this Policy is cancelled, we will send the first Named Insured any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. If the return premium is not refunded with the notice of cancellation or when this Policy is returned to us, we will mail the refund within 15 working days after the date cancellation takes effect, unless this is an audit policy.

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

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

- **C.** The following is added to Paragraph **A.** of the Common Policy Conditions, **Cancellation**:
  - **7.** If this Policy provides Personal Injury Protection, Property Damage Liability Coverage or both and:
    - **a.** It is a new or renewal policy, it may not be cancelled by the first Named Insured during the first 60 days immediately following the effective date of the Policy or renewal, except for one of the following reasons:
      - (1) The covered "auto" is completely destroyed such that it is no longer operable;

- (2) Ownership of the covered "auto" is transferred: or
- (3) The Named Insured has purchased another policy covering the motor vehicle insured under this Policy.
- b. It is a new policy, we may not cancel it during the first 30 days immediately following the effective date of the Policy for nonpayment of premium unless a check used to pay us is dishonored for any reason or any other type of premium payment is subsequently determined to be rejected or invalid.
- **D.** The following condition is added:

#### Nonrenewal

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

- **2.** If we fail to mail proper notice of nonrenewal and you obtain other insurance, this Policy will end on the effective date of that insurance.
- **3.** Notice of nonrenewal will state the reason(s) for the nonrenewal and the effective date of nonrenewal. The policy period will end on that date.

#### SWISS RE CORPORATE SOLUTIONS ELITE INSURANCE CORP.

#### FLORIDA LOSS CONTROL NOTICE

Pursuant to 69 FL ADC 69O-166.040 of the Florida Insurance Department, we are required to inform you of the availability of Florida loss control programs and to provide you with certain guidelines for a risk management plan upon your request.

At your request, we will put you in contact with a company to review your loss control program and to provide methods for assisting in the prevention of losses. For example, programs can be purchased which may entail such services as surveys/analysis for identifying exposures related to your specific operations, relevant training and counsel of your staff, adoption of relevant testing strategies, and evaluations of current loss control practices.

In accordance with 69 FL ADC 69O-166.040, we also wish to notify you that we will provide you with guidelines for a Florida risk management plan, upon your written request addressed to:

LeAnne Pope Loss Control Consultant 1200 Main St. Suite 800 Kansas City, MO 64105

Such guidelines would offer instructions and criteria for basic direction on what you can do for your own operation to help contain losses.

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#### CERTIFICATE OF LIABILITY INSURANCE

7/31/2025

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).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PROD			_			CONTA NAME:	<sup>ст</sup> Andrea Th	ompson			
Arthur J. Gallagher Risk Management Services, LLC 1050 Crown Pointe Parkway, Suite 600						PHONE (A/C, No	3-5220				
		A 30338	U					hompson@aj	g.com		
							INS	SURER(S) AFFOR	DING COVERAGE		NAIC#
						INSURE	R A: Alliance	of Nonprofits	for Insurance Grp		10023
	NSURED FEEDSOU-02 INSURER B: Swiss Re Corporate Solutions Elite Insurance Corpo								29700		
Feeding South Florida Inc. 2501 SW 32nd Terace  INSURER C: AmFed Casualty Insurance Company								11963			
		e Park FL 33023				INSURE	R D :				
						INSURE	RE:				
						INSURE	RF:				
COV	ERA	GES CER	TIFIC	CATE	NUMBER: 723907255				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY P INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE T EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									WHICH THIS		
NSR LTR		TYPE OF INSURANCE	ADDL	SUBR			POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT		
A	ХС	OMMERCIAL GENERAL LIABILITY	Y	WVD	02-CP-0035251-01-08.		2/2/2025	2/2/2026	EACH OCCURRENCE	\$ 1,000	000
H							_, _, _, _		DAMAGE TO RENTED	\$ 1,000	,

INSR	ADDL SUBR    POLICY EFF   POLICY EXP						
LTR	TYPE OF INSURANCE	INSD W	WVD POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY	Y	02-CP-0035251-01-08.	2/2/2025	2/2/2026	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
						MED EXP (Any one person)	\$ 20,000
		AF	PROVED Danie	al Bear	her	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$3,000,000
	POLICY PRO- X LOC	By I	Daniel Beecher at 10:14	am, Aug	18, 2025	PRODUCTS - COMP/OP AGG	\$3,000,000
	OTHER:						\$
В	AUTOMOBILE LIABILITY		CWA0015669-07	2/2/2025	2/2/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR		2025-35251 - UMB	2/2/2025	2/2/2026	EACH OCCURRENCE	\$ 3,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 3,000,000
	DED RETENTION\$						\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC124-6007302	9/18/2024	9/18/2025	X PER OTH- STATUTE ER	
1	AND EMPLOYERS LIABILITY  ANYPROPRIETOR PARTILIPE  Y/N  ANYPROPRIETOR PARTILIPE  Y/N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B A	Auto Physical Damage Sexual Abuse		CWA0015669-07 02-CP-0035251-01-08.	2/2/2025 2/2/2025	2/2/2026 2/2/2026	Comp./Collision Ded. General Aggregate Each Claim Limit	\$3,000/\$3,000 \$1,000,000 \$1,000,000

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

Professional Liability - Alliance of Nonprofits for Insurance - Policy #02-CP-0035251-01-08 - Policy Period: 02/2/2025 - 02/2/2026 - Limit of Liability \$1,000,000 each occurrence/\$3,000,000 general aggregate.

Liquor Liability - Alliance of Nonprofits for Insurance - Policy #02-CP-0035251-01-08 - Policy Period: 02/2/2025 - 02/2/2026 - Limit of Liability \$1,000,000 each common cause limit/\$1,000,000 general aggregate.

City of Pompano Beach is additional insured as respects General Liability Policy, pursuant to and subject to the policy's terms, definitions, conditions and exclusions

CERTIFICATE HOLDER	CANCELLATION
City of Pompano Beach	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
100 West Atlantic Blvd. Pompano Beach FL 33060	Chiropher R. Ward



#### NONPROFITS OWN®

APPROVED Daniel Beecher

By Daniel Beecher at 10:17 am, Aug 18, 2025

#### IMPROPER SEXUAL CONDUCT AND PHYSICAL ABUSE LIABILITY COVERAGE DECLARATION

**MEMBER ID: 0035251** POLICY NO: 02-CP-0035251-01-08

NAMED INSURED AND MAILING ADDRESS

Feeding South Florida, Inc. 2501 SW 32nd Ter Pembroke Park, FL 33023

02/11/2025

PRODUCER AND MAILING ADDRESS

3511

The Cothron Group, Inc. (TCG) 1540 International Parkway, Suite 2000

Lake Mary, FL 32746

POLICY PERIOD: FROM 02/02/2025 TO 02/02/2026 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE - CLAIMS MADE	
ISCPA AGGREGATE LIMIT	\$1,000,000
ISCPA EACH CLAIM LIMIT	\$1,000,000
ISCPA AGGREGATE DEDUCTIBLE	Not Applicable
ISCPA EACH CLAIM DEDUCTIBLE	Not Applicable
TOTAL TRANSACTION PREMIUM:	\$2,107

NOTICE: This Policy is issued by your risk retention group. Your risk retention group may not be subject to all the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your risk retention group.

(AUTHORIZED REPRESENTATIVE)

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#### NONPROFITS OWN®

#### **DECLARATION**

POLICY NO: 02-CP-0035251-01-08	<b>EFFECTIVE DATE:</b> 02/02/2025
INSURED: FEEDING SOUTH FLORIDA, INC.	PRODUCER: THE COTHRON GROUP, INC. (TCG)

#### **RETROACTIVE PERIOD - Inception**

PERIOD	AGGREGATE LIMIT	OCCURRENCE LIMIT	RETRO START DATE	RETRO END DATE	
1	\$1,000,000	\$1,000,000	02/02/2025	NA	

APPLICABLE FORMS AND ENDORSEMENTS:
SEE FORM SCHEDULE(S) ATTACHED.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, IF ANY, ARE ISSUED TO FORM A PART THEREOF, AND COMPLETE THE ABOVE NUMBERED POLICY.

(AUTHORIZED REPRESENTATIVE)

NOTICE: This Policy is issued by your risk retention group. Your risk retention group may not be subject to all the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your risk retention group.

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