# APPROPRIATIONS CONTRACT

**THIS CONTRACT** is executed on _____, by the City of Pompano Beach ("City") and FEEDING SOUTH FLORIDA, INC., a Not For Profit Corporation authorized to do business in the State of Florida ("Recipient").

**WHEREAS**, the City of Pompano Beach has appropriated for its current Fiscal Year 2025-2026 (October 1st through September 30th), the sum of Ten Thousand Dollars ($10,000.00) to Recipient, to conduct a program entitled or activity as described in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description" (collectively the "Work") attached hereto and incorporated herein by reference, for the period beginning October 1, 2025 and ending September 30, 2026; and

**WHEREAS**, the City Commission finds that entering into this Contract serves a valid public purpose as Recipients shall perform or provide a service that is beneficial to the residents of the City, and that the City is currently not in a position to provide such services on its own;

**WHEREAS**, it is in the best interest of the City to enter into this contract with Recipient to provide the Work hereunder in accordance with the terms and conditions set forth herein; and

**NOW, THEREFORE**, in consideration of those mutual promises and the terms and conditions set forth hereafter, the parties agree as set forth below.

1. *Contract Documents*. This Contract consists of Exhibit "A", Recipients Requirements, Contractual Responsibilities and Program Description; Exhibit "B", Payment Schedule; and Exhibit "C", Insurance Requirements attached hereto, made a part hereof and incorporated herein, and all written change orders and modifications issued and approved by the City after execution of this Contract.

2. *Term of Contract*. This Contract shall be for the period beginning October 1, 2025 and ending September 30, 2026.

3. *Renewal*. This Contract is not subject to renewal.

4. *City's Maximum Obligation*. City agrees to pay Recipient the aforementioned sum to provide the Work. Both parties agree that unless otherwise directed by City in writing, Recipient shall continue to provide the Work during the term of this Contract.

5. *Payment of Program*. City shall pay Recipient for performance of the Work in accordance with Payment Schedule set forth in Exhibit "B".

6. *Disputes*. Any factual disputes between City and the Recipient in regard to this Contract shall be directed to the City Manager for the City whose decision shall be final.

7. *Contract Administrators, Notices and Demands.*

A. *Contract Administrators.* During the term of this Contract, the City's Contract Administrator shall be the City Manager or his/her written designee and Recipient's Contract Administrator shall be Francisco "Paco" Velez 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: pvelez@feedingsouthflorida.org

**If to City:** Greg Harrison, City Manager
100 W Atlantic Blvd.
Pompano Beach, FL 33060
Office: (954) 786-4601
Email: greg.harrison@copbfl.com

8. *Ownership of Documents and Information.* All information, data, reports, plans, procedures or other proprietary rights in all items, developed, prepared, assembled or compiled by Recipient as required for the Work hereunder, whether complete or unfinished, shall be owned by City without restriction, reservation or limitation of their use and made available at any time and at no cost to City upon reasonable written request for use and/or distribution as City deems appropriate provided City has compensated Recipient in accordance with the terms set forth herein. City's re-use of Recipient's Work product shall be at its sole discretion and risk if done without Recipient's written permission. Upon completion of all Work contemplated hereunder or termination of this Contract, Recipient shall promptly provide City's Contract Administrator copies of all of the above Work documents upon written request. Recipient may not disclose, use, license or sell any Work developed, created or otherwise originated hereunder to any third party whatsoever. The rights and obligations created under this paragraph shall survive termination or expiration of this Contract.

To the extent it is necessary for Recipient to perform the Work, City shall provide any information, data and reports in its possession to Recipient free of charge.

9. *Termination.* City shall have the right to terminate this Contract, in whole or in part, for cause, default or negligence on Recipient's part, upon ten (10) business days advance written notice to Recipient. Such Notice of Termination may include City's requests for certain product documents and materials, and other provisions regarding the Program.

If there is any material breach or default in Recipient's performance of any covenant or obligation hereunder which has not been remedied within ten (10) business days after

City's written Notice of Termination, City, in its sole discretion, may terminate this Contract immediately and Recipient shall not be entitled to receive further payment from the effective date of the Notice of Termination.

In the event the City fails for any reason to appropriate funds for this Contract, it shall be deemed terminated and City shall provide Recipient with ten (10) business days written notice. Upon receipt of said notice, Recipient shall be responsible for any and all expenses and/or legal obligations made after receipt of City's written notice from the City.

10. *Force Majeure*. Neither party shall be obligated to perform any duty, requirement or obligation hereunder if such performance is prevented by fire, hurricane, earthquake, explosion, war, civil disorder, sabotage, accident, flood, acts of nature or by any reason of any other matter or condition beyond the control of either party which cannot be overcome by reasonable diligence and without unusual expense ("Force Majeure"). In no event shall economic hardship or lack of funds be considered an event of Force Majeure. Additionally, should funds not be utilized, and services or programs not provided within the specific required time period in this Contract due to circumstances outside the control of Recipient, including but not limited to, a Force Majeure event, City is under no obligation to amend or extend this Contract to provide the approved funding past the expiration of the performance period set forth in this Contract. Any amendment to this Contract for such purposes shall be at City's sole discretion, based upon its budget, available funds, and other factors it may deem relevant.

Recipient must follow all Federal, State, County, and City safety guidelines, including all CDC safety guidelines in effect during the term of the Program, including but not limited to social distancing, and personal protection equipment. Inability to conduct the Program and follow any and all required safety guidelines from the COVID-19 crisis or other similar emergency, or failure to follow such requirements, including but not limited to, social distancing, shall constitute grounds for immediate cancellation of this Agreement unilaterally by the City upon written notice, which may be provided via electronic mail.

11. *Insurance*. Recipient shall maintain insurance in accordance with Exhibit "C" throughout the term of this Contract.

12. *Indemnification*. Except as expressly provided herein, no liability shall attach to the City by reason of entering into this Contract.

A. Recipient shall at all times indemnify, hold harmless and defend the City, its officials, employees, volunteers and other authorized agents from and against any and all claims, demands, suit, damages, attorneys' fees, fines, losses, penalties, defense costs or liabilities suffered by the City arising directly or indirectly from any act, breach, omission, negligence, recklessness or misconduct of Recipient and/or any of its agents, officers, or employees hereunder, including any inaccuracy in or breach of any of the representations, warranties or covenants made by the Recipient, its agents, officers and/or employees, in the performance of Work under this Contract. Recipient agrees to investigate, handle, respond to, provide defense for, and defend any such claims at its sole expense and to bear all other costs and expenses related thereto, even if the claim(s) is/are groundless, false or fraudulent. To the extent considered necessary by City, any sums due Recipient hereunder may be retained by City until all of City's claims for indemnification hereunder have been settled or otherwise resolved, and any amount withheld shall not be subject to payment or interest by City.

B. Recipient acknowledges and agrees that City would not enter into this Contract without this indemnification of City by Recipient. The parties agree that one percent (1%) of the total compensation paid to Recipient hereunder shall constitute specific consideration to Recipient for the indemnification provided under this Paragraph and these provisions shall survive expiration or early termination of this Contract.

13. *Sovereign Immunity*. Nothing in this Contract shall be construed to affect in any way the rights, privileges and immunities of the City and its agents as set forth in §768.28, Florida Statutes. Nothing herein shall be construed as consent from either party to be sued by third parties.

14. *Non-Assignability and Subcontracting*.

A. Non-Assignability. This Contract is not assignable and Recipient agrees it shall not assign or otherwise transfer any of its interests, rights or obligations hereunder, in whole or in part, to any other person or entity without City's prior written consent which must be sought in writing not less than fifteen (15) days prior to the date of any proposed assignment. Any attempt by Recipient to assign or transfer any of its rights or obligations hereunder without first obtaining City's written approval shall not be binding on City and, at City's sole discretion, may result in City's immediate termination of this Contract whereby City shall be released of any of its obligations hereunder. In addition, this Contract and the rights and obligations herein shall not be assignable or transferable by any process or proceeding in court, or by judgment, execution, proceedings in insolvency, bankruptcy or receivership. In the event of Recipient's insolvency or bankruptcy, City may, at its option, terminate and cancel this Contract without any notice of any kind whatsoever, in which event all rights of Recipient hereunder shall immediately cease and terminate.

B. Subcontracting. Prior to subcontracting for Work to be performed hereunder, Recipient shall be required to obtain the written approval of the City's Contract Administrator. If the City's Contract Administrator, in his/her sole discretion, objects to the proposed subcontractor, Recipient shall be prohibited from allowing that subcontractor to provide any Work hereunder. Although Recipient may subcontract Work in accordance with this Paragraph, Recipient remains responsible for any and all contractual obligations hereunder and shall also be responsible to ensure that none of its proposed subcontractors are listed on the *Convicted Vendors List* in accordance with the provisions of Paragraph 26 below.

15. *Performance Under Law*. Recipient, in performance of its duties under this Contract, agrees to comply with all applicable local, state and/or federal laws and ordinances including, but not limited to, standards of licensing, conduct of business and those relating to criminal activity.

16. *Audit and Inspection Records*. Recipient shall permit authorized representatives of the City to inspect and audit all data and records of the Recipient, if any, related to the Work being funded by this Contract until three (3) years after City's final payment under this Contract. Recipient agrees that such inspections and audits may include City's authorized representatives auditing Recipient's financial affairs at any time with no advance notice by City.

Recipient further agrees to include in all subcontracts hereunder a provision to the effect that the subcontractor agrees that City or any of its duly authorized representatives shall,

until **three (3) years after City's final payment to Recipient,** have access to and the right to examine any books, documents, papers and records of such subcontractor attendant to any subcontracted Work provided hereunder.

In the event Recipient receives fifty thousand dollars ($50,000.00) or more from the City, the City reserves the right to request a copy of a Grant Auditing Report conducted in accordance with the Government Auditing Standards issued by the United States Comptroller General and the provisions of OMB Circular A-133 issued by the Office of Management and Budget, Executive Office of the President. If such a request is made by the City, all grant funds shall be shown via explicit disclosure in the annual financial statements and/or the accompanying notes to the financial statement. Upon City's written request, this Report shall be due within one hundred and twenty (120) days of the close of the City's fiscal year.

17. *Adherence to Law*. Both parties shall adhere to all applicable laws governing their relationship with their employees including, but not limited to, laws, rules, regulations and policies concerning worker's compensation, unemployment compensation and minimum wage requirements.

18. *Independent Contractor*. Recipient shall be deemed an independent contractor for all purposes, and employees of Recipient and all its contractors, subcontractors and the employees thereof, shall not in any manner be deemed to be employees of the City. As such, the employees of Recipient, its contractors or subcontractors, shall not be subject to any withholding for tax, social security or other purposes by City, nor shall such contractor, subcontractor or employee be entitled to sick leave, pension benefits, vacation, medical benefits, life insurance, workers or unemployment compensation or the like from City. Furthermore; nothing in this Contract shall be deemed to constitute or create a joint venture, partnership, pooling arrangement or other form of business entity between Recipient and City.

19. *Mutual cooperation*. Recipient recognizes its performance of Work hereunder is essential to the provision of vital public services and the accomplishment of the stated goals and mission of City. Therefore, Recipient shall be responsible to maintain a cooperative and good faith attitude in all relations with City and the public and shall actively foster a public image of mutual benefit to both parties. Recipient shall not make any statements or take any actions detrimental to this effort.

20. *Public Records*.

A. The City of Pompano Beach is a public agency subject to Chapter 119, Florida Statutes. The Recipient shall comply with Florida's Public Records Law, as amended. Specifically, the Recipient shall:

1. Keep and maintain public records required by the City in order to perform the service.

2. Upon request from the City's custodian of public records, provide the City with a copy of requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes or as otherwise provided by law.

3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the Contract if Recipient does not transfer the records to the City.

4. Upon completion of this Contract, transfer, at no cost to City, all public records in its possession or keep and maintain public records required by the City as required hereunder. If Recipient transfers all public records to the City upon completion of this Contract, Recipient shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If Recipient keeps and maintains public records upon completion of this Contract, Recipient shall meet all applicable requirements for retaining public records. Upon request from the City's custodian of public records, all records stored electronically by Recipient must be provided to the City in a format that is compatible with the information technology systems of the City.

B. Failure of the Recipient to provide the above described public records to the City within a reasonable time may subject Recipient to penalties under §119.10, Florida Statutes, as amended.

**PUBLIC RECORDS CUSTODIAN**

**IF THE RECIPIENT HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE RECIPIENT'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT:**

**CITY CLERK**
**100 W. Atlantic Blvd., Suite 253**
**Pompano Beach, Florida 33060**
**(954) 786-4611**
**RecordsCustodian@copbfl.com**

21. *Governing Law; Venue.* This agreement must be interpreted and construed in accordance with and governed by the laws of the State of Florida. The exclusive venue for any lawsuit arising from, related to, or in connection with this Agreement will be in the state courts of the Seventeenth Judicial Circuit in and for Broward County, Florida. If any claim arising from, related to, or in connection with this Agreement must be litigated in federal court, the exclusive venue for any such lawsuit will be in the United States District Court or United States Bankruptcy Court for the Southern District of Florida. BY ENTERING INTO THIS AGREEMENT, THE PARTIES HEREBY EXPRESSLY WAIVE ANY RIGHTS EITHER PARTY MAY HAVE TO A TRIAL BY JURY OF ANY CIVIL LITIGATION RELATED TO THIS AGREEMENT.

22. *Waiver and Modification.*

A. No waiver made by either party with respect to performance, manner, time, or any obligation of either party or any condition hereunder shall be considered a waiver of that party's rights with respect to the particular obligation or condition beyond those expressly waived in writing or a waiver of any other rights of the party making the waiver or any other obligations of the other party.

B. No Waiver by Delay. The City shall have the right to institute such actions or proceedings as it may deem desirable for effectuating the purposes of this Contract provided that any delay by City in asserting its rights hereunder shall not operate as a waiver of such rights or limit them in any way. The intent of this provision is that City shall not be constrained to exercise such remedy at a time when it may still hope to otherwise resolve the problems created by the default or risk nor shall any waiver made by City with respect to any specific default by Recipient be considered a waiver of City's rights with respect to that default or any other default by Recipient.

C. Either party may request changes to modify certain provisions of this Contract; however, unless otherwise provided for herein, any such changes must be contained in a written amendment executed by both parties with the same formality of this Contract.

23. *No Contingent Fee*. Recipient warrants that other than a bona fide employee working solely for Recipient, Recipient has not employed or retained any person or entity, or paid or agreed to pay any person or entity, any fee, commission, gift or any other consideration to solicit or secure this Contract or contingent upon or resulting from the award or making of this Contract. In the event of Recipient's breach or violation of this provision, City shall have the right to terminate this Contract without liability and, at City's sole discretion, to deduct from the Payment Schedule set forth in Exhibit B or otherwise recover the full amount of such fee, commission, gift or other consideration.

24. *Attorneys' Fees and Costs*. In the event of any litigation involving the provisions of this Contract, both parties agree that the prevailing party in such litigation shall be entitled to recover from the non-prevailing party reasonable attorney and paraprofessional fees as well as all out-of-pocket costs and expenses incurred thereby by the prevailing party in such litigation through all appellate levels.

25. *No Third-Party Beneficiaries*. Recipient and City agree that this Contract and other contracts pertaining to Recipient's performance hereunder shall not create any obligation on Recipient or City's part to third parties. No person not a party to this Contract shall be a third-party beneficiary or acquire any rights hereunder.

26. *Public Entity Crimes Act*. As of the full execution of this Contract, Recipient certifies that in accordance with §287.133, Florida Statutes, it is not on the *Convicted Vendors List* maintained by the State of Florida, Department of General Services. If Recipient is subsequently listed on the *Convicted Vendors List* during the term of this Contract, Recipient agrees it shall immediately provide City written notice of such designation in accordance with Paragraph 7 above.

27. *Entire Contract*. This document incorporates and includes all prior negotiations, correspondence, conversations, contracts or understandings applicable to the matters contained herein, and the parties agree that there are no commitments, contracts or understandings

concerning the subject matter of this Contract that are not contained in this document. Accordingly, it is agreed that no deviation from the terms hereof shall be predicated upon any prior representations or contracts, whether oral or written.

28. *Headings*. The headings or titles to Articles of this Contract are not part of the Contract and shall have no effect upon the construction or interpretation of any part of this Contract.

29. *Counterparts*. This Contract may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. A photocopy, email or facsimile copy of this Contract and any signatory hereon shall be considered for all purposes as original.

30. *Approvals*. Whenever City approval(s) shall be required for any action under this Contract, said approval(s) shall not be unreasonably withheld.

31. *Absence of Conflicts of Interest*. Both parties represent they presently have no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with their performance under this Contract and that no person having any conflicting interest shall be employed or engaged by either party in their performance hereunder.

32. *Binding Effect.* The benefits and obligations imposed pursuant to this Contract shall be binding and enforceable by and against the parties hereto.

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

34. *Severability*. Should any provision of this Contract or the applications of such provisions be rendered or declared invalid by a court action or by reason of any existing or subsequently enacted legislation, the remaining parts of provisions of this Contract shall remain in full force and effect.

**THE REMAINDER OF THE PAGE IS INTENTIONALLY LEFT BLANK**

**IN WITNESS WHEREOF**, the parties hereto have caused this Agreement to be executed the day and year hereinabove written.

**CITY OF POMPANO BEACH**

By:_____
REX HARDIN, MAYOR

By:_____
GREGORY P. HARRISON, CITY MANAGER

Attest:

_____ (SEAL)
KERVIN ALFRED, CITY CLERK

Dated:_____

APPROVED AS TO FORM:

_____
MARK E. BERMAN, CITY ATTORNEY

**"RECIPIENT"**

FEEDING SOUTH FLORIDA, INC.
(Print or type name of company here)

Witnesses:

Jessica Benites
(Print or Type Name)

Lindsay Lyew-Ayee
(Print or Type Name)

By: _____

Print Name: Francisco Velez

Title: President

STATE OF FLORIDA

COUNTY OF Broward.

The foregoing instrument was acknowledged before me, by means of ☑ physical presence 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 License. _____ (type of identification) as identification.

NOTARY'S SEAL:

IVONNE RODRIGUEZ
Notary Public-State of Florida
Commission # HH 448396
My Commission Expires
January 22, 2028

NOTARY PUBLIC, STATE OF FLORIDA

Ivonne Rodriguez
(Name of Acknowledger Typed, Printed or Stamped)

# HH 448396
Commission Number

# Exhibit "A"

## Recipients Requirements, Contractual Responsibilities and Program Description

1. RECIPIENT agrees to do as follows:

   a) To accept the funds as appropriated in accordance with the terms of this Contract; and

   b) If RECIPIENT intends on obtaining matching funds from another source at the time of the application for the CITY grant, the CITY reserves the right to request a copy of the matching fund contract along with a financial report; and

   c) Prior to the award of any CITY funds, RECIPIENT shall provide documentation substantiating that RECIPIENT's corporation/organization falls within Section 501(c)(3) and Section 501(A) of the Internal Revenue Code and a W9 form; and

   d) To abide by Chapter 119, Florida Statutes, as from time to time amended, and to comply with all applicable federal, state, county and municipal laws, ordinances, codes and regulations. Any difference between the above federal, state, county or municipal guidelines or regulations and this Contract shall be resolved in favor of the more restrictive guidelines; and

   e) To utilize allotted funds under this Contract for the sole purpose set forth in this Contract – FRAUDULENT USE OF CITY FUNDS SHALL RESULT IN THE TERMINATION OF THIS CONTRACT AND THE RECIPIENT SHALL BE OBLIGATED TO RETURN ALL THE FUNDS AWARDED BY THIS CONTRACT. IN ADDITION, THE CITY RESERVES ANY AND ALL RIGHTS AFFORDED UNDER THE LAW INCLUDING PROSECUTION FOR SUCH FRAUDULENT USE OF CITY FUNDS IN A COURT OF COMPETENT JURISDICTION. ALL UNSPENT FUNDS MUST BE RETURNED TO THE CITY; and

   f) To return to the CITY within fifteen (15) days of demand all CITY funds paid to said RECIPIENT under the terms of this Contract upon the finding that the terms of any contract executed by the RECIPIENT of the provisions or any applicable ordinance or law have been violated by the RECIPIENT; and

   g) To return to the CITY all funds expended for disallowed expenditures as determined by the CITY which includes, but not limited to:
      i. Personal digital assistants (PDAs), cell phones, smartphones, and similar devices
      ii. Service costs to support PDAs, cell phones, smartphones, and similar devices such as wireless services and data plans
      iii. Proposal preparation including the costs to develop, prepare or write the proposal

iv. Pre-award costs
v. Out-of-state travel; non-local travel expenses
vi. Gift cards
vii. Purchase/lease of facilities or vehicles (e.g., buildings, buses, vans, cars)
viii. Rentals – one day only (written justification and approval needed for additional time)
ix. Entertainment – exceptions shall be made for community events (written justification and approval needed prior)
x. Land acquisition
xi. Furniture
xii. Honorariums for presenters/speakers and any costs associated with travel expenses
xiii. Kitchen appliances (e.g., refrigerators, microwaves, stoves, tabletop burners)
xiv. Tuition/Scholarships
xv. Capital improvements and permanent renovations (e.g., playgrounds, buildings, fences, wiring)
xvi. Clothing or uniforms (written justification and approval needed)
xvii. Project banquets/luncheons
xviii. Costs for items/services already covered by indirect costs allocation (supplanting)
xix. Out of state college tours
xx. Out of county field trips
xxi. Alcohol
xxii. Airfare
xxiii. Boat rentals
xxiv. Family incentives
xxv. Car mileage
xxvi. Stipends
xxvii. Payroll taxes
xxviii. Laboratory fees
xxix. Computers
xxx. Health benefits
xxxi. Appliances and home goods (written justification and approval needed)
xxxii. Digital Cameras
xxxiii. Plaques
xxxiv. Hotel Costs
xxxv. Housing - (written justification and approval needed based on programming)

h) To maintain books, records and documents in accordance with generally accepted accounting procedures and practices to maintain adequate internal controls which, relating to the project(s), sufficiently and properly reflect all expenditures of funds provided by the CITY under this Contract; and

2) RECIPIENT agrees to provide the City Manager's Office or designee with a quarterly narrative and financial progress report, if applicable, on the program or activity described in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description.

Such reports shall include basic statistical information relative to the program or activity and a statement of expenditures made in each budget category and line item identified in the budget which is included in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description.

RECIPIENT shall receive the first wave of funding upon approval by the City Commission. A narrative and financial report shall be due on the dates listed below, as applicable.

However, following the completion of the first narrative and financial report and as indicated in Exhibit "B" Payment Schedule, the remaining distribution payment to the RECIPIENT shall be contingent upon prior receipt of the required progress narrative and financial report which is due during the preceding quarter. Narrative and financial reports for recipients receiving quarterly or monthly payments as indicated in Exhibit "B" Payment Schedule shall be due no later than the following dates:

1st Quarterly Narrative & Financial Report (October/November/December) - February 1st
2nd Quarterly Narrative & Financial Report (January/February/March) - May 1st
3rd Quarterly Narrative & Financial Report (April/May/June) - August 1st
4th Quarterly Narrative & Financial Report (July/August/September) - September 30th

If RECIPIENT receives a lump sum payment for a one-time event or an award amount of five thousand dollars ($5,000.00) or less, then the RECIPIENT shall be required to submit their narrative and financial report on a due date above as assigned by the CITY at a later date. The due date shall occur after the program or activity described in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description has concluded.

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

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

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

b. Include all available statistics and/or numbers regarding the demographics of individuals served by the program; such as the number of CITY of Pompano Beach residents served (include tracking method used)

i. Age
ii. Race
iii. Gender
iv. Zip Codes
v. Household income (if applicable)

c. Describe accomplishments of the program to date

d. Summary of the impact the program has had on its intended target audience; to include challenges faced, photographs of the project and success stories (How did the CITY's funding make a difference in a resident/recipient's life?)

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

3) The approved budget for the RECIPIENT, included in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description and any changes in the budget which would affect expenditure of funds provided under the terms of this contract, must be approved in writing by the City Manager or his/her designee prior to the expenditure of such funds; provided, that nothing herein shall authorize or allow any expenditure or obligation of funds in excess of the total sum aforesaid.

RECIPIENT shall submit financial reports with all required documentation of expenditures (including original receipts/proofs of payments and itemized list).

Failure to provide a narrative and financial report as assigned by the CITY and/or failure to utilize all of the prior allocated funds from the first six months of the contract shall render an organization ineligible to receive additional payouts and render the organization ineligible for current and future funding from the CITY.

Failure from the RECIPIENT to provide a Quarterly or Lump Sum narrative and financial report shall forfeit all outstanding project funding and shall render the RECIPIENT ineligible for additional funding from the CITY.

4) RECIPIENT agrees that any funds provided by the CITY for the operation of the program or activity during the current CITY's fiscal year, which are residual funds remaining unspent or unencumbered by any existing (not contingent) legal obligation shall be returned to the CITY.

5) RECIPIENT shall not use the CITY's logo, materials, or testimony for promotion of the RECIPIENT's program without written authorization from the CITY Manager or its designee.

6) RECIPIENTS shall attend a mandatory Orientation provided by the CITY at a date to be determined by the CITY. Failure to attend said Orientation shall be grounds for termination of the contract.

7) In cases where a contract is terminated by the CITY for default by RECIPIENT, the CITY reserves the right to deny RECIPIENT's future applications for new funding for a time to be determined by the City Manager, and/or his or her designee, and/or the City Commission.

8) For contracts awarded for multiple projects, RECIPIENT shall provide separate reports for each project as outlined under Paragraph 2 above. CITY reserves the right to withhold payment if RECIPIENT fails to provide the reports as requested.

Organization Name: 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: | City of Pompano Beach Nonprofit Partnership Application |
| Submission Time: | April 23, 2025 6:41 pm |
| Browser: | Chrome 135.0.0.0 / Windows |
| IP Address: | 67.184.249.45 |
| Unique ID: | 1337653144 |
| Location: | 41.4549, -87.0613 |

## About Your Organization

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|---|---|
| **Which Fiscal Year Is Your Organization Applying For?** | 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 |

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| **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

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| **Will your organization be hosting the program/event on City property?** | No |
| **Which are you applying for? (Program/Event)** | 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.<br><br>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.<br>In partnership with local community agencies, senior housing facilities, and health providers, the Mobile FARMacy aims to:<br><br>•Improve health outcomes for at-risk seniors through food-as-medicine initiatives<br>•Combat social isolation by creating welcoming, community-centered spaces<br>•Overcome transportation barriers that prevent access to affordable, healthy groceries<br>•Support overburdened nonprofit partners that may lack the infrastructure to handle perishable or specialty items |

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

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.

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**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%

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| **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.<br><br>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 of Pompano Beach residents your organization will serve if the program/event is funded:** | 250 |

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| **Describe the demographics of the population you are impacting with this program/event:** | 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:<br><br>•Working Families - Households with one or more working adults who are often one emergency away from crisis.<br>•Seniors on Fixed Incomes - Older adults who face difficult choices between food, medication, and housing costs.<br>•Single-Parent Households - Primarily led by women, these families are disproportionately impacted by economic challenges.<br>•Veterans - Individuals who have served our country and now face barriers to employment, housing, and healthcare.<br>•Immigrant & Minority Communities - Residents from historically marginalized backgrounds who often experience systemic inequities and lack access to critical resources.<br><br>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.

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| **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:<br><br>•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.<br><br>•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.<br><br>•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.<br><br>•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.<br><br>No matter the path, we ensure every resident is met with compassion, respect, and access to the nutritious food and support they need. |

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| **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<br>Pompano Beach, FL 33069 |
| **Attire of Program/Event (select the one that best applies):** | Casual |

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| **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:<br><br>•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.<br><br>•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.<br><br>•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.<br><br>•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.<br><br>•Collaborative Grant Opportunities: Feeding South Florida actively seeks joint funding opportunities with municipal partners, multiplying the impact of public-private collaboration.<br><br>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 |

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| **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:<br><br>•Food - Produce, Nonperishables, Frozen Protein/Meat and Dairy<br>•Program Operating Expenses - Warehousing, Marketing, Fuel, GPS, Insurance & Truck Maintenance<br>•Program Staffing Expense - Driver, Program Coordinator, Transportation Manager, Distribution Manager, Distribution Coordinator |
| **Are you applying for a second program/event?** | No |

## Additional Activities

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| **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

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| **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.<br><br>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.<br><br>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.<br><br>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.<br><br>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. |

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| **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 Funding History

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| **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 Information

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| **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 Leadership

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| **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

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|---|---|
| **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

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| **Does your organization have any programmatic collaborations with other community partners? If so, please list them and provide a brief description of their involvement with your organization.** | Feeding South Florida is built on the power of collaboration. We 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.<br><br>Our partners include:<br><br>•Healthcare Providers - Collaborating on food-as-medicine programs and chronic disease prevention by connecting patients with healthy, nutritious foods.<br><br>•Senior Centers & Residential Communities - Supporting aging populations with tailored food distributions and wellness services in partnership with the local Area Agency on Aging.<br><br>•Community-Based Organizations - Working hand-in-hand to reach vulnerable populations through mobile pantries, after-school programs, and neighborhood food hubs.<br><br>•Faith-Based Organizations - Leveraging trusted community anchors to extend our reach and deepen engagement.<br><br>•Schools and Educational Institutions - Partnering on child hunger programs including school pantries and summer meal services.<br><br>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<br>Ocean Reef Community Foundation - $110,000<br>Impact 100 - Palm Beach County - $100,000<br>Joy in Childhood Foundation - $50,000 |

## Financial Information

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| **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 |

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

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| **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.** | 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

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|---|---|
| **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 Information

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| **Name** | Francisco "Paco" Velez |
| **Title** | President & CEO |
| **Email** | pvelez@feedingsouthflorida.org |
| **Phone Number** | (954) 518-1818 |
| **Mailing Address** | 2501 SW 32 Terrace<br>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<br>Applicant certifies that their organization is a Not For Profit Corporation authorized to do business in the State of Florida. = Select to Agree<br>Applicant has read and understands the application instructions and requirements of the program. = Select to Agree<br>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<br>Applicant certifies that the awarded program/event(s) will serve City of Pompano Beach residents. = Select to Agree<br>Applicant acknowledges that a recommended award letter is subject to commission approval. = Select to Agree<br>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<br>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<br>Applicant acknowledges that the program/event(s) will be completed by the end of the contract term. = Select to Agree<br>Applicant certifies that the organization has the capacity to comply with all requirements of the program/event(s). = Select to Agree<br>Applicant will not use funds for disallowed expenditures as set forth by the City. = Select to Agree<br>Applicant confirms that the organization has an anti-discrimination policy. = Select to Agree<br>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<br>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<br>Applicant understands that the submission of their funding request does not guarantee the organization will be selected to receive funding. = Select to Agree<br>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 |

IRS Department of the Treasury
Internal Revenue Service

PHILADELPHIA PA 19255

In reply refer to: 3552894949
Mar. 17, 2025 LTR 4168C 0
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00035151
BODC: TE

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

024665

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.**

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

**Print or type.** See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
Feeding South Florida

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

**Note:** Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) 501 (c)(3)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

*(Applies to accounts maintained outside the United States.)*

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.
2501 SW 32 Terrace

Requester's name and address (optional)

6 City, state, and ZIP code
Pembroke Park, FL 33023

7 List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

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

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

**Social security number**
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

**or**

**Employer identification number**
59-2097520

## Part II Certification

Under penalties of perjury, I certify that:

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

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

**Sign Here** | **Signature of U.S. person** H Kaffca | **Date** 10/24/24

# General Instructions

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

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

## What's New

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

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

## Purpose of Form

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

ARTICLES OF INCORPORATION

OF

DAILY BREAD COMMUNITY FOOD BANK, INC.

(A Florida Corporation Not for Profit)

756490

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.

FILED
FEB 17 3 25 PM '81
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

D-1860

ARTICLE III

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
Miami, 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.



WALTON LANTAFF SCHROEDER & CARSON
800 ALFRED I. DUPONT BUILDING, MIAMI, FLORIDA 33131, TELEPHONE (AREA CODE 305) 379-6411

D. 1860

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 | Office |
|---|---|
| WILLIAM J. GRAY | President |
| NICHOLAS E. CHRISTIN | Vice President |
| GEORGE CHESROW | 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 | Address |
|---|---|
| WILLIAM J. GRAY | 6030 S. W. 8th Street<br>Plantation, Florida 33317 |
| NICHOLAS E. CHRISTIN | 15521 S. W. 79th Avenue<br>Miami, Florida 33157 |
| GEORGE CHESROW | 1230 S. Alhambra Circle<br>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





D. 1800

a two-thirds vote 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.

2. 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.

5. To hold, invest, 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, debentures, and other evidence of indebtedness, from time to time, 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.



WALTON LANTAFF SCHROEDER & CARSON
900 ALFRED I. DUPONT BUILDING, MIAMI, FLORIDA, 33131, TELEPHONE (AREA CODE 305) 379-6411

D-1860

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 propaganda, 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 participate in, or intervene in (including the publishing 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.





D-1800

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 liabilities of 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 or tax 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 Alfred I. duPont Building, 169 East Flagler Street, Miami, Florida 33131.

IN WITNESS WHEREOF, the undersigned Subscribers have hereunto set their hands and seals this 12TH day of February, 1981.

WILLIAM J. GRAY

NICHOLAS E. CHRISTIN

GEORGE CHESROW





D-1860

STATE OF FLORIDA

COUNTY OF DADE

I HEREBY CERTIFY that on February 12th 1981, personally appeared before me, the undersigned authority, WILLIAM J. GRAY, NICHOLAS 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 set 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.

Rosita Llinares
NOTARY PUBLIC, State of Florida at Large

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES JUNE 23 1984

ACKNOWLEDGMENT OF RESIDENT 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)

D-1860

FILED
May 18 12 16 PM '81
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF AMENDMENT TO THE
ARTICLES OF INCORPORATION OF
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 said 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 MANNER 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 COMMUNITY FOOD BANK, INC.

[SEAL]

By William J. Gray
WILLIAM J. GRAY

By Nicholas E. Christin
NICHOLAS E. CHRISTIN

By George W. Chesrow
GEORGE W. CHESROW

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 12th day of May, 1981.

Notary Public, State of Florida at Large

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES JULY 15, 1982

A-1968

ARTICLES OF AMENDMENT

TO

ARTICLES OF INCORPORATION

DAILY BREAD COMMUNITY FOOD BANK, INC.

FILED
85 DEC 19 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

By _____
Joseph Sciortino, President

By _____
Richard Walter, Secretary

STATE OF FLORIDA )
) ss:
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 30TH day of September 1986.

Notary Public, State of Florida at Large

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. DEC 28,1988
BONDED THRU GENERAL INS. UND.

H09000208152 3

FILED
2009 SEP 25 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

*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 BREAD FOOD BANK, INC., a Florida not for profit corporation

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

**Articles of Amendment**
**to**
**Articles of Incorporation**
**of**

FILED
04 SEP 25 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Feeding South Florida, Inc.
**(Name of Corporation as currently filed with the Florida Dept. of State)**

756490
(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

_____ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**
***(Principal office address MUST BE A STREET ADDRESS)***

_____
_____
_____

**C. Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

_____
_____
_____

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent:* Paco Velez

2501 SW 32ND Terrace
*(Florida street address)*

*New Registered Office Address:*

Pembroke Park, Florida 33023
*(City)* *(Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**
*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

_____
*Signature of New Registered Agent, if changing*

**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.*

Example:

| | | |
|---|---|---|
| X Change | PT | John Doe |
| X Remove | V | Mike Jones |
| X Add | SV | Sally Smith |

| Type of Action (Check One) | Title | Name | Address |
|---|---|---|---|
| 1) ___ Change | VP | Roche, Orlando | 2501 SW 32 Terrace. |
| ___ Add | | | Pembroke Park FL |
| X Remove | | | 33023 |
| 2) ___ Change | P | Millares, Maria | 2501 SW 32 Terrace. |
| ___ Add | | | Pembroke Park FL. |
| X Remove | | | 33023 |
| 3) ___ Change | | | |
| ___ Add | | | |
| ___ Remove | | | |
| 4) ___ Change | | | |
| ___ Add | | | |
| ___ Remove | | | |
| 5) ___ Change | | | |
| ___ Add | | | |
| ___ Remove | | | |
| 6) ___ Change | | | |
| ___ Add | | | |
| ___ Remove | | | |

E. **If amending or adding additional Articles, enter change(s) here**:
*(attach additional sheets, if necessary). (Be specific)*

**The date of each amendment(s) adoption:** August 18, 2014, if other than the date this document was signed.

**Effective date if applicable:** _____

*(no more than 90 days after amendment file date)*

**Adoption of Amendment(s)** **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 9/29/14

Signature _____

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Paco Vélez

(Typed or printed name of person signing)

President & CEO

(Title of person signing)

**Articles of Amendment**
**to**
**Articles of Incorporation**
**of**

FILED
2015 AUG -7 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Feeding South Florida, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

# 756490
(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. **If amending name, enter the new name of the corporation:**

_____
*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." **"Company" or "Co." may not be used in the name.***

B. **Enter new principal office address, if applicable:**
***(Principal office address MUST BE A STREET ADDRESS)***

C. **Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

D. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent:* FRANCISCO R. VELEZ

2501 SW 32 TERRACE
*(Florida street address)*

*New Registered Office Address:*

PEMBROKE PARK, Florida 33023
*(City)* *(Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**
*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

_____
*Signature of New Registered Agent, if changing*

**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.*

Example:

| | | |
|---|---|---|
| X Change | PT | John Doe |
| X Remove | V | Mike Jones |
| X Add | SV | Sally Smith |

| Type of Action (Check One) | Title | Name | Address |
|---|---|---|---|
| 1) X Change | P | FRANCISCO R. VELEZ | 2501 SW 32 TERRACE PEMBROKE PARK FL 33023 |
| ____ Add | | | |
| ____ Remove | | | |
| 2) ____ Change | VP | PACO VELEZ | |
| ____ Add | | | |
| X Remove | | | |
| 3) ____ Change | | | |
| ____ Add | | | |
| ____ Remove | | | |
| 4) ____ Change | | | |
| ____ Add | | | |
| ____ Remove | | | |
| 5) ____ Change | | | |
| ____ Add | | | |
| ____ Remove | | | |
| 6) ____ Change | | | |
| ____ Add | | | |
| ____ Remove | | | |

E. **If amending or adding additional Articles, enter change(s) here:**
(*attach additional sheets, if necessary*). *(Be specific)*

**The date of each amendment(s) adoption:** _____, if other than the date this document was signed.

**Effective date if applicable:** _____

*(no more than 90 days after amendment file date)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s)** **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 8/3/2015

Signature _____

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Francisco Velez

(Typed or printed name of person signing)

President + CEO

(Title of person signing)

H09000208152 3

FILED
2009 SEP 25 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

*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 BREAD FOOD BANK, INC., a Florida not for profit corporation

By: _____
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

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

FEEDING SOUTH FLORIDA

# FY25 Board of Directors

| 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

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

**A For the 2022 calendar year, or tax year beginning** JUL 1, 2022 **and ending** JUN 30, 2023

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

**C** Name of organization
FEEDING SOUTH FLORIDA, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 2501 SW 32ND TERRACE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
PEMBROKE PARK, FL 33023

**F** Name and address of principal officer: FRANCISCO VELEZ
SAME AS C ABOVE

**D Employer identification number**
59-2097520

**E** Telephone number
954-518-1818

**G** Gross receipts $ 155,948,397.

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

**H(c)** Group exemption number

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J Website:** WWW.FEEDINGSOUTHFLORIDA.ORG

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of formation: 1981 **M** State of legal domicile: FL

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box ☐ 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) | 3 | 17 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 17 |
| 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 144 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 29735 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. |

**Revenue**

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 136,444,113. | 153,278,843. |
| 9 | Program service revenue (Part VIII, line 2g) | 0. | 559,064. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 308,855. | 967,570. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 451,472. | -11,086. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 137,204,440. | 154,794,391. |

**Expenses**

| | | | |
|---|---|---|---|
| 13 | 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) | 0. | 0. |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 5,233,668. | 7,265,058. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 544,536. | 287,740. |
| b | Total fundraising expenses (Part IX, column (D), line 25) 1,100,138. | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 127,458,339. | 149,880,020. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 133,236,543. | 157,432,818. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 3,967,897. | -2,638,427. |

**Net Assets or Fund Balances**

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 48,919,405. | 50,509,324. |
| 21 | Total liabilities (Part X, line 26) | 2,116,466. | 5,929,094. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 46,802,939. | 44,580,230. |

## 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.

**Sign Here**

Signature of officer — Date

FRANCISCO VELEZ, PRESIDENT
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check if self-employed | PTIN |
|---|---|---|---|---|
| TYLER JOHNSON | TYLER JOHNSON | 05/15/24 | ☐ | P01959117 |

Firm's name CITRIN COOPERMAN ADVISORS LLC — Firm's EIN 87-2525370

Firm's address 6550 N. FEDERAL HIGHWAY, 4TH FLOOR
FT. LAUDERDALE, FL 33308 — Phone no. 954-771-0896

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III ..... X

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? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes 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 $ including grants of $ ) (Revenue $ )

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $ ) (Revenue $ )

4e Total program service expenses 154,773,550.

Form 990 (2022)

SEE SCHEDULE O FOR CONTINUATION(S)

**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* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 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 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, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete 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. | | | |
| a | 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 |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | X | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete 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 | X | |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | X | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | | X |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | | X |
| 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 | X | |
| 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 | | |
| c | 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| 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 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% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "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 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 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 | | X |
| 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 | | X |
| 35a | 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? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O | 38 | X | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 18 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | X | |

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

| | | | | 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 | 2a | 144 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | 3a | | | X |
| 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | X |
| 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 |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | X |
| c | 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 | | | X |
| 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).** | | | | |
| a | 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 | | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | |
| g | 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 | | | |
| 8 | **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 | | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | 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: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | **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 | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O* | 14b | | | |
| 15 | 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? | 15 | | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | | |
| 17 | **Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | |
| | If "Yes," complete Form 6069. | | | | |

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

Check if Schedule O contains a response or note to any line in this Part VI ..... X

## Section 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 ..... | 1a | 17 | | |
| | 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 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... | 2 | | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? ..... | 3 | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... | 4 | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? ..... | 5 | | | X |
| 6 | Did the organization have members or stockholders? ..... | 6 | | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... | 7a | | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... | 7b | | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? ..... | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? ..... | 8b | | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O* ..... | 9 | | | X |

## Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue 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 chapters, 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 body before filing the form? | 11a | X | |
| 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 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... | 12b | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done* ..... | 12c | X | |
| 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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official ..... | 15a | X | |
| b | Other officers or key employees of the organization ..... | 15b | X | |
| | 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 arrangement with a taxable entity during the year? ..... | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... | 16b | | |

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed FL

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books 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.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) FRANCISCO VELEZ | 40.00 | | | | | | | | | |
| CEO | | | | X | | | | 320,201. | 0. | 42,929. |
| (2) HELENE KAFKA | 40.00 | | | | | | | | | |
| VP OF FINANCE | | | | X | | | | 126,192. | 0. | 0. |
| (3) STUART HANIFF | 40.00 | | | | | | | | | |
| FORMER VP OF PHILANTHROPY | | | | | | | X | 117,885. | 0. | 0. |
| (4) FREDERICK CHENG | 40.00 | | | | | | | | | |
| FORMER VP OF OPERATIONS | | | | | | | X | 109,367. | 0. | 0. |
| (5) ALLYSON VAULX | 40.00 | | | | | | | | | |
| AVP OF PHILANTHROPY | | | | | | X | | 100,357. | 0. | 0. |
| (6) HARRIS SISKIND | 1.00 | | | | | | | | | |
| PREVIOUS BOARD CHAIR | | X | | X | | | | 0. | 0. | 0. |
| (7) CHRIS MELLGREN | 1.00 | | | | | | | | | |
| BOARD CHAIR | | X | | X | | | | 0. | 0. | 0. |
| (8) JOSE ALONSO | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| (9) MICHAEL BLOCK | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| (10) MICHELLE ESPOSITO | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| (11) HENRY DEL CAMPO | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| (12) IGNACIO FELIX | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| (13) WILLIAM FLETCHER | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| (14) BOB MCCABE | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| (15) KELLY MURPHY | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| (16) STEVE STOWE | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |
| (17) STEPHANIE G WICKY | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) GREG ZALKIN<br>BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| **1b Subtotal** | | | | | | | | 774,002. | 0. | 42,929. |
| **c Total from continuation sheets to Part VII, Section A** | | | | | | | | 0. | 0. | 0. |
| **d Total (add lines 1b and 1c)** | | | | | | | | 774,002. | 0. | 42,929. |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 5

| | | Yes | No |
|---|---|---|---|
| **3** | Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | X | |
| **4** | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | X | |
| **5** | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | | X |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| ALLEGIANCE FUNDRAISING LLC<br>PO BOX 9132, FARGO, ND 58106 | FUNDRAISING SERVICES | 204,686. |
| | | |
| | | |
| | | |
| | | |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 1

**Part VIII Statement of Revenue**

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | 450,248. | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 4,679,225. | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 148,149,370. | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | $ 136,192,787. | | | |
| | h | **Total.** Add lines 1a-1f | | | 153278843. | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | PROGRAM SERVICE REVENUE | 624210 | 559,064. | 559,064. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | 522100 | | | | |
| | g | **Total.** Add lines 2a-2f | | 559,064. | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 886,574. | | | 886,574. |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | | | (i) Real | (ii) Personal | | | |
| | 6a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | c | Rental income or (loss) 6c | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | | | (i) Securities | (ii) Other | | | |
| | 7a | Gross amount from sales of assets other than inventory 7a | 1,204,023. | | | | |
| | b | Less: cost or other basis and sales expenses 7b | 1,123,027. | | | | |
| | c | Gain or (loss) 7c | 80,996. | | | | |
| | d | Net gain or (loss) | | | 80,996. | 80,996. | |
| | 8a | Gross income from fundraising events (not including $ 450,248. of contributions reported on line 1c). See Part IV, line 18 | 8a | 0. | | | |
| | b | Less: direct expenses | 8b | 30,979. | | | |
| | c | Net income or (loss) from fundraising events | | | -30,979. | | -30,979. |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | | | |
| | b | Less: direct expenses | 9b | | | | |
| | c | Net income or (loss) from gaming activities | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances | 10a | | | | |
| | b | Less: cost of goods sold | 10b | | | | |
| | c | Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| | 11a | MISCELLANEOUS | 900099 | 19,893. | 19,893. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | **Total.** Add lines 11a-11d | | 19,893. | | | |
| | 12 | **Total revenue.** See instructions | | 154794391. | 659,953. | 0. | 855,595. |

## Part IX Statement of Functional Expenses

*Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).*

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

| *Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.* | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 293,184. | 230,922. | 39,901. | 22,361. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 5,918,350. | 4,661,496. | 805,468. | 451,386. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 91,624. | 67,238. | 20,792. | 3,594. |
| 9 Other employee benefits | 363,061. | 266,432. | 82,389. | 14,240. |
| 10 Payroll taxes | 598,839. | 439,457. | 135,894. | 23,488. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 40,500. | 25,181. | 4,028. | 11,291. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 287,740. | | | 287,740. |
| f Investment management fees | 54,461. | | 54,461. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 631,523. | 392,644. | 62,824. | 176,055. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 804,517. | 703,108. | 90,138. | 11,271. |
| 17 Travel | 21,181. | 17,361. | 2,778. | 1,042. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 2,566. | 2,103. | 337. | 126. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 899,053. | 736,928. | 117,909. | 44,216. |
| 23 Insurance | 428,238. | 351,015. | 56,162. | 21,061. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a CONTRIBUTED FOOD ACTIVI | 139,775,177. | 139,775,177. | | |
| b PURCHASED FOOD ACTIVITY | 3,481,490. | 3,481,490. | | |
| c AUTO AND TRUCK | 1,172,503. | 1,172,503. | | |
| d REPAIRS AND EQUIPMENT R | 629,807. | 629,807. | | |
| e All other expenses | 1,939,004. | 1,820,688. | 86,049. | 32,267. |
| 25 **Total functional expenses.** Add lines 1 through 24e | 157,432,818. | 154,773,550. | 1,559,130. | 1,100,138. |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

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

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 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 officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 553,501. | 9 | 559,885. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 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. |
| Liabilities | 17 | Accounts payable and accrued expenses | 571,983. | 17 | 731,941. |
| | 18 | Grants payable | | 18 | |
| | 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 Schedule D | | 21 | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 518,003. | 25 | 4,831,345. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 2,116,466. | 26 | 5,929,094. |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.** | | | |
| | 27 | Net assets without donor restrictions | 43,954,196. | 27 | 43,403,399. |
| | 28 | Net assets with donor restrictions | 2,848,743. | 28 | 1,176,831. |
| | | **Organizations that do not follow FASB ASC 958, check here** ☐ **and complete lines 29 through 33.** | | | |
| | 29 | Capital stock or trust principal, or current funds | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 | Total net assets or fund balances | 46,802,939. | 32 | 44,580,230. |
| | 33 | Total liabilities and net assets/fund balances | 48,919,405. | 33 | 50,509,324. |

## Part 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 | 154,794,391. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 157,432,818. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -2,638,427. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 46,802,939. |
| 5 | Net unrealized gains (losses) on investments | 5 | 321,181. |
| 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 | 94,537. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 44,580,230. |

## Part 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 ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | 3a | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | 3b | X | |

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

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**
**Attach to Form 990 or Form 990-EZ.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

**Name of the organization**

FEEDING SOUTH FLORIDA, INC.

**Employer identification number**

59-2097520

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **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. | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (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 instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2021 Schedule A, Part II, line 14 15 %

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

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

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

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

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

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

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 97104637. | 229860530 | 301099147 | 136444113 | 153278843 | 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 | 567,942. | 360,824. | | 5,995. | 559,064. | 1493825. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | 97672579. | 230221354 | 301099147 | 136450108 | 153837907 | 919281095 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | 0. |
| c Add lines 7a and 7b | | | | | | 0. |
| 8 **Public support.** (Subtract line 7c from line 6.) | | | | | | 919281095 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|---|---|---|---|---|---|
| 9 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. |
| b 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 | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 139,394. | 240,410. | 263,416. | 457,061. | 19,893. | 1120174. |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.) | 98475183. | 231202112 | 301948765 | 136982117 | 154744374 | 923352551 |

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) | 15 | 99.56 % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | 99.57 % |

## Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f)) | 17 | .32 % |
| 18 Investment income percentage from **2021** Schedule A, Part III, line 17 | 18 | .28 % |

19a **33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 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.* | 1 | | |
| 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).* | 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.* | 3a | | |
| 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.* | 3b | | |
| 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.* | 3c | | |
| 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.* | 4a | | |
| 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.* | 4b | | |
| 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.* | 4c | | |
| 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).* | 5a | | |
| 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? | 5b | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 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.** | 6 | | |
| 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).* | 7 | | |
| 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).* | 8 | | |
| 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.** | 9a | | |
| 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.** | 9b | | |
| 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.** | 9c | | |
| 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.* | 10a | | |
| 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.)* | 10b | | |

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **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 | | |

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

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ 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.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

| | | | Yes | No |
|---|---|---|---|---|
| 2 | Activities Test. **Answer lines 2a and 2b below.** | | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **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.** | | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.** | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* | 3b | | |

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

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

| **Section A - Adjusted Net Income** | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4) | 8 | | |

| **Section B - Minimum Asset Amount** | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d **Total** (add lines 1a, 1b, and 1c) | 1d | | |
| e **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 | | |

| **Section C - Distributable Amount** | | | Current Year |
|---|---|---|---|
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 Enter 0.85 of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 **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-functionally integrated Type III supporting organization (see instructions).

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

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

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

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2018 AMOUNT: $ 139,394.

2019 AMOUNT: $ 240,410.

2020 AMOUNT: $ 263,416.

2021 AMOUNT: $ 457,061.

2022 AMOUNT: $ 19,893.

# Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

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

OMB No. 1545-0047

**2022**

Name of the organization

FEEDING SOUTH FLORIDA, INC.

**Employer identification number**

59-2097520

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | [X] 501(c)( 3 ) (enter number) organization |
| | [ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation |
| | [ ] 527 political organization |
| Form 990-PF | [ ] 501(c)(3) exempt private foundation |
| | [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | [ ] 501(c)(3) taxable private foundation |

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

**General Rule**

[ ] 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).

Name of organization: FEEDING SOUTH FLORIDA, INC.

Employer identification number: 59-2097520

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | PUBLIX<br>P.O. BOX 407<br>LAKELAND, FL 33802 | $ 3,931,247. | Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.) |
| 2 | RMS<br>751 NW 33RD ST, CENTERPORT STE. 500<br>POMPANO BEACH, FL 33064 | $ 6,460,752. | Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.) |
| 3 | OAKES FARMS, INC.<br>4835 IMMOKALEE ROAD<br>NAPLES, FL 34110 | $ 3,503,523. | Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.) |
| | | $ | Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.) |
| | | $ | Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.) |
| | | $ | Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.) |

Name of organization: FEEDING SOUTH FLORIDA, INC.

Employer identification number: 59-2097520

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---|---|---|---|
| 1 | FOOD DONATION | $ 3,931,247. | |
| 2 | FOOD DONATION | $ 6,460,752. | |
| 3 | FOOD DONATION | $ 3,503,523. | |
| | | $ | |
| | | $ | |
| | | $ | |

Name of organization

FEEDING SOUTH FLORIDA, INC.

Employer identification number

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 Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

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

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

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

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

**Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
**Attach to Form 990.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

**Name of the organization**
FEEDING SOUTH FLORIDA, INC.

**Employer identification number**
59-2097520

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

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

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

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

## Part II Conservation Easements.

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

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

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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

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

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

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

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

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | 763,799. | 1,243,396. | 892,075. | 989,854. | 1,042,964. |
| b Contributions | | 84,115. | 122,383. | 48,087. | 32,044. |
| c Net investment earnings, gains, and losses | 78,167. | -82,057. | 228,938. | 77,534. | 59,846. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | 481,655. | | 223,400. | 145,000. |
| f Administrative expenses | | | | | |
| g End of year balance | 841,966. | 763,799. | 1,243,396. | 892,075. | 989,854. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %
b Permanent endowment 100 %
c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

| | | Yes | No |
|---|---|---|---|
| (i) Unrelated organizations | 3a(i) | X | |
| (ii) Related organizations | 3a(ii) | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

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

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

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 460,000. | | 460,000. |
| b Buildings | | 5,218,405. | 1,064,732. | 4,153,673. |
| c Leasehold improvements | | 672,262. | 361,830. | 310,432. |
| d Equipment | | 2,761,597. | 1,751,506. | 1,010,091. |
| e Other | | 598,073. | 74,324. | 523,749. |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* | | | | 6,457,945. |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| (1) SECURITY DEPOSITS | 70,837. |
| (2) FOOD INVENTORY | 3,201,246. |
| (3) RIGHT OF USE ASSET | 4,851,722. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* | 8,123,805. |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) OPERATING LEASE LIABILITY | 4,831,345. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* | 4,831,345. |

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 ... X

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | 321,181. | | |
| b | Donated services and use of facilities | 2b | 53,343. | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 30,979. | | |
| e | Add lines **2a** through **2d** | | | 2e | 405,503. |
| 3 | Subtract line **2e** from line **1** | | | 3 | 154,739,930. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 54,461. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 54,461. |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | 154,794,391. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 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 | 2a | 53,343. | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 30,979. | | |
| e | Add lines **2a** through **2d** | | | 2e | 84,322. |
| 3 | Subtract line **2e** from line **1** | | | 3 | 157,378,357. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 54,461. | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 54,461. |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | 157,432,818. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS A NON-PROFIT CORPORATION, QUALIFIED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS THEREFORE EXEMPT FROM CORPORATE INCOME TAXATION ON INCOME RELATED TO ITS EXEMPT FUNCTION. NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSE 30,979.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSE 30,979.

**Part XIII Supplemental Information** *(continued)*

PART V, LINE 4:

THE INTENDED USE OF THE ENDOWMENT FUNDS ARE FOR THE SUPPORT OF THE ORGANIZATION.

**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

**2022**

**Open to Public Inspection**

Name of the organization

FEEDING SOUTH FLORIDA, INC.

**Employer identification number**

59-2097520

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** [X] Mail solicitations
- **b** [ ] Internet and email solicitations
- **c** [ ] Phone solicitations
- **d** [ ] In-person solicitations
- **e** [ ] Solicitation of non-government grants
- **f** [ ] Solicitation of government grants
- **g** [ ] Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [ ] **Yes** [X] **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

| **(i)** Name and address of individual or entity (fundraiser) | **(ii)** Activity | **(iii)** Did fundraiser have custody or control of contributions? Yes | No | **(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 - P.O. BOX 9132, FARGO, ND | DIRECT MAIL | | X | 233,995. | 0. | 233,995. |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| **Total** | | | | 233,995. | | 233,995. |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



SEE PART IV FOR CONTINUATIONS

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

| | | (a) Event #1 GIVE MIAMI DAY (event type) | (b) Event #2 SHARE FOOD SHARE JOY (event type) | (c) Other events 2 (total number) | (d) Total events (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 282,881. | 100,886. | 66,481. | 450,248. |
| | 2 Less: Contributions | 282,881. | 100,886. | 66,481. | 450,248. |
| | 3 Gross income (line 1 minus line 2) | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | | | 30,979. | 30,979. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 30,979. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | -30,979. |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes_____ % ☐ No | ☐ Yes_____ % ☐ No | ☐ Yes_____ % ☐ No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

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

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ALLEGIANCE FUNDRAISING, LLC

(I) ADDRESS OF FUNDRAISER: P.O. BOX 9132, FARGO, ND 58106

**Part IV** **Supplemental Information** *(continued)*

**SCHEDULE J (Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization

FEEDING SOUTH FLORIDA, INC.

**Employer identification number**

59-2097520

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | 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 | | |
| **2** | 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 | ☒ Approval by the board or compensation committee | | |
| **4** | 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: | | | |
| **a** | Receive a severance payment or change-of-control payment? | 4a | | X |
| **b** | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| **c** | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X |
| | 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: | | | |
| **a** | The organization? | 5a | | X |
| **b** | Any related organization? | 5b | | X |
| | 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: | | | |
| **a** | The organization? | 6a | | X |
| **b** | Any related organization? | 6b | | X |
| | 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 | | X |
| **8** | 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 | | X |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | |

**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.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) FRANCISCO VELEZ | (i) | 267,701. | 52,500. | 0. | 0. | 42,929. | 363,130. | 0. |
| CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) STUART HANIFF | (i) | 117,885. | 0. | 0. | 0. | 0. | 117,885. | 0. |
| FORMER VP OF PHILANTHROPY | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) FREDERICK CHENG | (i) | 109,367. | 0. | 0. | 0. | 0. | 109,367. | 0. |
| FORMER VP OF OPERATIONS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M (Form 990)**

Department of the Treasury
Internal Revenue Service

# Noncash Contributions

**Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
**Attach to Form 990.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization

FEEDING SOUTH FLORIDA, INC.

**Employer identification number**

59-2097520

## Part 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 | (d) Method of determining noncash contribution 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 | | | | |
| 9 | Securities - Publicly traded | X | | 5,508. | FAIR MARKET 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 DETERM. BY 3RD P |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ( EQUIPMENT ) | X | 0 | 10,981. | FAIR MARKET VALUE |
| 26 | Other ( GIFT CARDS ) | X | 0 | 5,000. | FAIR MARKET VALUE |
| 27 | Other ( ) | | | | |
| 28 | Other ( ) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... 29

| | | | Yes | No |
|---|---|---|---|---|
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | 31 | X | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | X | |
| b | If "Yes," describe in Part II. | | | |
| 33 | If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | | |

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES THIRD PARTIES TO SOLICIT NONCASH FOOD DONATIONS.

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.

OMB No. 1545-0047

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, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

Name of the organization: FEEDING SOUTH FLORIDA, INC.

Employer identification number: 59-2097520

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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.

Outlook

# 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

# Follow Up

Public Profile Collaborate 0

Feeding South Dade and North Monroe Counties
Process: 2025 Community Grant APPLICATION

Contact Info | Request | Documents 0

**Applicant:**
Ms. Allyson Vaulx
grants@feedingsouthflorida.org
954-518-1852
2501 SW 32 Terrace
Pembroke Park, FL 33023 United States

Contact Email History

**Organization:**
Feeding South Florida, Inc.
59-2097520
954-518-1818
2501 SW 32 Terrace
Pembroke Park, FL 33023 United States

Application | Follow Up

FollowUp Packet | Question List | ⋮

Fields with an asterisk (*) are required.

## Next Steps

### Congratulations on your Ocean Reef Community Foundation Grant Award!

**Review and Sign Your Electronic Grant Agreement**
Your agreement is included below as part of this follow up form. Please review the document and type your name at the bottom of the form to accept the terms of your grant. This is mandatory for all grantees.

### 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.**

**I Agree/Disagree with the Terms and Conditions***

- (●) I Agree
- ( ) I Disagree

**-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***

- (●) I Agree
- ( ) I Disagree

**-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 *prior to* 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***

- (●) I Agree
- ( ) I Disagree

**-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**

Community Foundation in accordance with the guidelines.

**I Agree/Disagree with the Terms and Conditions***

- (●) I Agree
- ( ) 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, national origin, sex, gender identity (as defined in paragraph 249(c)(4) of title 18, United States Code), sexual orientation, 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 made 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

**Date***

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

## MOBILE FARMACY PROGRAM

| Food Expense (to serve 40 HHs) | | | | |
|---|---|---|---|---|
| **Commodity** | **Expense per unit** | **Total units/distribution** | **Expenses per distribution** | **Expense for 3 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 |
| **Operating Expenses Per Distribution** | | | | |
| **Item** | **Cost per Distribution** | **Notes** | | |
| 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** |

FEEDING SOUTH FLORIDA

# 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 | |
|---|---|---|
| Payroll Costs (including temps & fringe) | $ | 11,365,935 |
| Merit & Retention | $ | 600,000 |
| Food and Other Program Expense | $ | 2,250,000 |
| Transportation Costs | $ | 2,290,500 |
| Occupancy | $ | 1,616,886 |
| Warehouse Operations &Equipment | $ | 553,100 |
| Kitchen Operations & Equipment | $ | 48,000 |
| Fundraising/Philanthropy | $ | 163,540 |
| Professional Services | $ | 908,000 |
| Employee Related | $ | 396,835 |
| Office Expenses | $ | 470,484 |
| Fees & Dues | $ | 144,292 |
| Reimbursable Grant Expenses | $ | 1,644,439 |
| **Total Expenses** | **$** | **22,452,011** |
| **Surplus (Deficit)** | $ | 1,703,598 |

# 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 (1st) 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 (2nd) will equal twenty-five percent ( 25%) of the total allocation or Two Thousand Five Hundred Dollars ($2,500.00); will be issued upon receipt AND approval of the second quarterly narrative and financial report (including any additional requested documents);
3. The third (3rd) payout will equal twenty-five percent (25%) of the total allocation or Two Thousand Five Hundred Dollars ($2,500.00); will be issued upon receipt AND approval of the third quarterly narrative and financial report (including any additional requested documents);
4. The fourth (4th) 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.

(2) Such Liability insurance shall include the following checked types of insurance and indicated minimum policy limits.

| **Type of Insurance** | | **Limits of Liability** | | |
|---|---|---|---|---|
| **GENERAL LIABILITY:** | | Minimum $1,000,000 Per Occurrence and $2,000,000 Per Aggregate | | |
| * Policy to be written on a claims incurred basis | | | | |
| XX | comprehensive form | bodily injury and property damage | | |
| XX | premises - operations | bodily injury and property damage | | |
| __ | explosion & collapse hazard | | | |
| __ | underground hazard | | | |
| XX | products/completed operations hazard | bodily injury and property damage combined | | |
| XX | contractual insurance | bodily injury and property damage combined | | |
| XX | broad form property damage | bodily injury and property damage combined | | |
| XX | independent contractors | personal injury | | |
| XX | personal injury | | | |
| XX | sexual abuse/molestation | Minimum $1,000,000 Per Occurrence and Aggregate | | |
| __ | liquor legal liability | Minimum $1,000,000 Per Occurrence and Aggregate | | |
| **AUTOMOBILE LIABILITY:** | | Minimum $10,000/$20,000/$10,000 | | |
| XX | comprehensive form | | | |
| XX | owned | | | |
| XX | hired | | | |
| XX | non-owned | | | |
| **REAL & PERSONAL PROPERTY** | | | | |
| __ | comprehensive form | Agent must show proof they have this coverage. | | |
| **EXCESS LIABILITY** | | | Per Occurrence | Aggregate |
| __ | other than umbrella | bodily injury and property damage combined | $1,000,000 | $1,000,000 |
| **PROFESSIONAL LIABILITY** | | | Per Occurrence | Aggregate |
| __ | * Policy to be written on a claims made basis | | $1,000,000 | $1,000,000 |

(3) If Professional Liability insurance is required, Contractor agrees the indemnification and hold harmless provisions of Section 12 of the Agreement shall survive the termination or expiration of the Agreement for a period of three (3) years unless terminated sooner by the applicable statute of limitations.

C. Employer's Liability. ORGANIZATION and all subcontractors shall, for the benefit of their employees, provide, carry, maintain and pay for Employer's Liability Insurance in the minimum amount of One Hundred Thousand Dollars ($100,000.00) per employee, Five Hundred Thousand Dollars ($500,000) per aggregate.

D. Policies. Whenever, under the provisions of this Agreement, insurance is required of the ORGANIZATION, the ORGANIZATION shall promptly provide the following:

(1) Certificates of Insurance evidencing the required coverage;

(2) Names and addresses of companies providing coverage;

(3) Effective and expiration dates of policies; and

(4) A provision in all policies affording CITY thirty (30) days written notice by a carrier of any cancellation or material change in any policy.

E. Insurance Cancellation or Modification. Should any of the required insurance policies be canceled before the expiration date, or modified or substantially modified, the issuing company shall provide thirty (30) days written notice to the CITY.

F. Waiver of Subrogation. ORGANIZATION hereby waives any and all right of subrogation against the CITY, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive subrogation without an endorsement, then ORGANIZATION shall notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy which includes a condition to the policy not specifically prohibiting such an endorsement, or voids coverage should ORGANIZATION enter into such an agreement on a pre-loss basis.

NONPROFITS INSURANCE ALLIANCE
A head for insurance. A heart for nonprofits.

NONPROFITS OWN®

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

# Important Policy Information Enclosed

| **Nonprofit Information** |
| --- |
| POLICY NO: CWA0030735-08<br>MEMBER ID:0035251<br>**Feeding South Florida, Inc.**<br>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:
https://insurancefornonprofits.org/claims

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: https://guide.insurancefornonprofits.org

## 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.

# Swiss Re Corporate Solutions Elite Insurance Corp.

## 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 |

# Swiss Re Corporate Solutions Elite Insurance Corp.

**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


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# Swiss Re Corporate Solutions Elite Insurance Corp.

**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 Number | Description | | | | Class Code | Original Cost New | Principally Garaged Location | |
|---|---|---|---|---|---|---|---|---|
| | Year | Make | Model | VIN / Serial Number | | | 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 |


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# Swiss Re Corporate Solutions Elite Insurance Corp.

**Policy Number:** CWA0030735-08

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**Name of Insured:** Feeding South Florida, Inc.

**Effective Date From :** 02/02/2025 **To:** 02/02/2026

## BUSINESS AUTO DECLARATION (Continued)

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 |


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# Swiss Re Corporate Solutions Elite Insurance Corp.

**Policy Number:** CWA0030735-08

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**Name of Insured:** Feeding South Florida, Inc.

**Effective Date From :** 02/02/2025 **To:** 02/02/2026

## BUSINESS AUTO DECLARATION (Continued)

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 |


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# Swiss Re Corporate Solutions Elite Insurance Corp.

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**Name of Insured:** Feeding South Florida, Inc.

**Effective Date From :** 02/02/2025 **To:** 02/02/2026

## BUSINESS AUTO DECLARATION (Continued)

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 |


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# Swiss Re Corporate Solutions Elite Insurance Corp.

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**Name of Insured:** Feeding South Florida, Inc.

**Effective Date From :** 02/02/2025 **To:** 02/02/2026

## BUSINESS AUTO DECLARATION (Continued)

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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 Auto Number | Comprehensive | | Collision | | Towing and Labor | |
|---|---|---|---|---|---|---|
| | 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 | | |


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**Effective Date From :** 02/02/2025 **To:** 02/02/2026

## BUSINESS AUTO DECLARATION (Continued)

| | | | | | | |
|---|---|---|---|---|---|---|
| 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 | | |


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**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 | | |


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**Policy Number:** CWA0030735-08

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**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 | | |


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**Effective Date From :** 02/02/2025 **To:** 02/02/2026

## 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<br>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: |
|---|---|
| 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22, | Reichtien International Trucks Inc dba IDEALEASE of Miami<br>2565 W SR 84,<br>Fort Lauderdale, FL 33312 |


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# Swiss Re Corporate Solutions Elite Insurance Corp.

**Policy Number:** CWA0030735-08

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**Name of Insured:** Feeding South Florida, Inc.

**Effective Date From :** 02/02/2025 **To:** 02/02/2026

## BUSINESS AUTO DECLARATION (Continued)

| | |
|---|---|
| 23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63 | Nextran Corporation dba: Nextran Rental & Leasing<br><br>8100 Chancellor Dr., Ste. 103,<br>Orlando, FL 32809<br><br>CUMMINGS LEASING, INC.<br><br>2611 Hammondville Road,<br>Pompano Beach, FL 33069<br><br>Penske Trucking<br><br>1490 NW 22 Street,<br>Pompano Beach, FL 33069<br><br>Florida Utility Trailers, Inc.<br><br>1101 S Orange Blossom Trail,<br>Apopka, FL 32703<br><br>PENSKE TRUCK LEASING<br><br>17301 NW 7TH AVE EXT,<br>Miami, FL 33169<br><br>Rechtien International Trucks DBA Idealease of Miami<br><br>2565 W State Rd. 84,<br>Fort Lauderdale, FL 33312<br><br>Penske Truck Leasing, Co.<br><br>P.O. Box 563,<br>Reading, PA 19603<br><br>Nextran Corporation dba: Nextran Rental & Leasing<br><br>8100 Chancellor Dr., Ste. 130,<br>Orlando, FL 32809<br><br>Penske Leasing Co. LP Penske Leasing & Rental Co<br><br>RT 10 Green Hills P.O Box 5693,<br>Reading, PA 19603<br><br>IDEALEASE<br><br>2565 West State Road 84,<br>Fort Lauderdale, FL 33312<br><br>Ryder Truck Rental, Inc., Ryder Truck Rental LT<br><br>6000 Windward Pkwy., |


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**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 To Policyholders | -ILP0010104 01-04 |
| 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 |


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# Swiss Re Corporate Solutions Elite Insurance Corporation

1200 Main Suite 800, KANSAS CITY, MO 64105

## COMMERCIAL AUTOMOBILE POLICY

ADDITIONAL INTEREST SCHEDULE

**POLICY NO:** CWA0030735-08

**ACCOUNT NUMBER:**

**NAMED INSURED AND MAILING ADDRESS**

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

**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, Inc. | 1101 S Orange Blossom Trail, 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: Nextran Rental & Leasing | 8100 Chancellor Dr., Ste. 103, Orlando, FL 32809 |

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

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

# 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: Nextran Rental & Leasing | 8100 Chancellor Dr., Ste. 130, Orlando, FL 32809 |

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

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

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

| 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 |

| 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 Leasing Co. LP Penske Leasing & Rental Co | RT 10 Green Hills P.O Box 5693, Reading, PA 19603 |

| Additional Interest Type | Name | Address |
|---|---|---|
| AI - Endorsement | Penske Leasing Co. LP Penske Leasing & Rental Co | RT 10 Green Hills P.O Box 5693, Reading, PA 19603 |

| Additional Interest Type | Name | Address |
|---|---|---|
| AI - Endorsement | Penske Leasing Co. LP Penske Leasing & Rental Co | RT 10 Green Hills P.O Box 5693, Reading, PA 19603 |

| Additional Interest Type | Name | Address |
|---|---|---|
| AI - Endorsement | Penske Leasing Co. LP Penske Leasing & Rental Co | RT 10 Green Hills P.O Box 5693, Reading, PA 19603 |

# 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 | Penske Leasing Co. LP<br>Penske Leasing & Rental Co | RT 10 Green Hills P.O Box 5693,<br>Reading, PA 19603 |

| Additional Interest Type | Name | Address |
|---|---|---|
| AI - Endorsement | Penske Leasing Co. LP<br>Penske Leasing & Rental Co | RT 10 Green Hills P.O Box 5693,<br>Reading, PA 19603 |

| Additional Interest Type | Name | Address |
|---|---|---|
| AI - Endorsement | Penske Leasing Co. LP<br>Penske Leasing & Rental Co | RT 10 Green Hills P.O Box 5693,<br>Reading, PA 19603 |

| Additional Interest Type | Name | Address |
|---|---|---|
| AI - Endorsement | Penske Leasing Co. LP<br>Penske Leasing & Rental Co | RT 10 Green Hills P.O Box 5693,<br>Reading, PA 19603 |

| Additional Interest Type | Name | Address |
|---|---|---|
| AI - Endorsement | Penske Leasing Co. LP<br>Penske Leasing & Rental Co | RT 10 Green Hills P.O Box 5693,<br>Reading, PA 19603 |

| Additional Interest Type | Name | Address |
|---|---|---|
| AI - Endorsement | Penske Leasing Co. LP<br>Penske Leasing & Rental Co | RT 10 Green Hills P.O Box 5693,<br>Reading, PA 19603 |

| Additional Interest Type | Name | Address |
|---|---|---|
| AI - Endorsement | Penske Truck Leasing, Co. | P.O. Box 563, Reading, PA 19603 |

| Additional Interest Type | Name | Address |
|---|---|---|
| AI - Endorsement | Penske Trucking | 1490 NW 22 Street, Pompano Beach,<br>FL 33069 |

| Additional Interest Type | Name | Address |
|---|---|---|
| AI - Endorsement | Penske Trucking | 1490 NW 22 Street, Pompano Beach,<br>FL 33069 |

| Additional Interest Type | Name | Address |
|---|---|---|
| AI - Endorsement | Penske Trucking | 1490 NW 22 Street, Pompano Beach,<br>FL 33069 |

| Additional Interest Type | Name | Address |
|---|---|---|
| AI - Endorsement | Penske Trucking | 1490 NW 22 Street, Pompano Beach,<br>FL 33069 |

| Additional Interest Type | Name | Address |
|---|---|---|
| AI - Endorsement | Penske Trucking | 1490 NW 22 Street, Pompano Beach,<br>FL 33069 |

| Additional Interest Type | Name | Address |
|---|---|---|
| AI - Endorsement | Penske Trucking | 1490 NW 22 Street, Pompano Beach,<br>FL 33069 |

# 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 Trucks DBA Idealease of Miami | 2565 W State Rd. 84, Fort Lauderdale, FL 33312 |

| 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 Trucks Inc dba IDEALEASE of Miami | 2565 W SR 84, Fort Lauderdale, FL 33312 |

| 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 Trucks Inc dba IDEALEASE of Miami | 2565 W SR 84, Fort Lauderdale, FL 33312 |

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

# Swiss Re Corporate Solutions Elite Insurance Corporation

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-ILP0 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 |

# BUSINESS AUTO COVERAGE FORM

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

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

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

## SECTION I – COVERED AUTOS

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

### A. Description Of Covered Auto Designation Symbols

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

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| | | |
|---|---|---|
| **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**

**1.** If Symbols **1, 2, 3, 4, 5, 6** or **19** are entered next to a coverage in Item Two of the Declarations, then you have coverage for "autos" that you acquire after the policy period begins of the type described for the remainder of the policy period.

**2.** But, if Symbol **7** is entered next to a coverage in Item Two of the Declarations, an "auto" you acquire after the policy period begins will be a covered "auto" for that coverage only if:

**a.** We already cover all "autos" that you own for that coverage or it replaces an "auto" you previously owned that had that coverage; and

**b.** You tell us within 30 days after you acquire it that you want us to cover it for that coverage.

**3.** An "auto" that is leased or rented to you without a driver, under a written agreement for a continuous period of at least six months that requires you to provide primary insurance covering such "auto", will be considered a covered "auto" you own.

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

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

**1.** "Trailers" with a registered Gross Vehicle Weight Rating of 3,000 pounds or less designed primarily for travel on public roads.

**2.** "Mobile equipment" while being carried or towed by a covered "auto".

**3.** Any "auto" you do not own while used with the permission of its owner as a temporary substitute for a covered "auto" you own that is out of service because of its:

**a.** Breakdown;

**b.** Repair;

**c.** Servicing;

**d.** "Loss"; or

**e.** Destruction.

**SECTION II – COVERED AUTOS LIABILITY COVERAGE**

**A. Coverage**

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

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

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

**1. Who Is An Insured**

The following are "insureds":

**a.** You for any covered "auto".

**b.** Anyone else while using with your permission a covered "auto" you own, hire or borrow except:

**(1)** The owner or anyone else from whom you hire or borrow a covered "auto".

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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

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

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

**11. Pollution**

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

**a.** That are, or that are contained in any property that is:

**(1)** Being transported or towed by, handled or handled for movement into, onto or from the covered "auto";

**(2)** Otherwise in the course of transit by or on behalf of the "insured"; or

**(3)** Being stored, disposed of, treated or processed in or upon the covered "auto";

**b.** Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or

**c.** After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

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

**(1)** The "pollutants" escape, seep, migrate or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and

**(2)** The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in Paragraphs **6.b.** and **6.c.** of the definition of "mobile equipment".

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

**(a)** The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and

**(b)** The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.

**12. War**

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

**a.** War, including undeclared or civil war;

**b.** Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or

**c.** Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

**13. Racing**

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

**14. Unmanned Aircraft**

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

**C. Limit Of Insurance**

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

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

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

## SECTION III – PHYSICAL DAMAGE COVERAGE

### A. Coverage

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

**a. Comprehensive Coverage**

From any cause except:

**(1)** The covered "auto's" collision with another object; or

**(2)** The covered "auto's" overturn.

**b. Specified Causes Of Loss Coverage**

Caused by:

**(1)** Fire, lightning or explosion;

**(2)** Theft;

**(3)** Windstorm, hail or earthquake;

**(4)** Flood;

**(5)** Mischief or vandalism; or

**(6)** The sinking, burning, collision or derailment of any conveyance transporting the covered "auto".

**c. Collision Coverage**

Caused by:

**(1)** The covered "auto's" collision with another object; or

**(2)** The covered "auto's" overturn.

**2. Towing And Labor**

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

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

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

**a.** Glass breakage;

**b.** "Loss" caused by hitting a bird or animal; and

**c.** "Loss" caused by falling objects or missiles.

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

**4. Coverage Extensions**

**a. Transportation Expenses**

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

**b. Loss Of Use Expenses**

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

**(1)** Other than collision only if the Declarations indicates that Comprehensive Coverage is provided for any covered "auto";

**(2)** Specified Causes of Loss only if the Declarations indicates that Specified Causes Of Loss Coverage is provided for any covered "auto"; or

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

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

**B. Exclusions**

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

**a. Nuclear Hazard**

**(1)** The explosion of any weapon employing atomic fission or fusion; or

**(2)** Nuclear reaction or radiation, or radioactive contamination, however caused.

**b. War Or Military Action**

**(1)** War, including undeclared or civil war;

**(2)** Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or

**(3)** Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

**2.** We will not pay for "loss" to any covered "auto" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. We will also not pay for "loss" to any covered "auto" while that covered "auto" is being prepared for such a contest or activity.

**3.** We will not pay for "loss" due and confined to:

**a.** Wear and tear, freezing, mechanical or electrical breakdown.

**b.** Blowouts, punctures or other road damage to tires.

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

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

**a.** Tapes, records, discs or other similar audio, visual or data electronic devices designed for use with audio, visual or data electronic equipment.

**b.** Any device designed or used to detect speed-measuring equipment, such as radar or laser detectors, and any jamming apparatus intended to elude or disrupt speed-measuring equipment.

**c.** Any electronic equipment, without regard to whether this equipment is permanently installed, that reproduces, receives or transmits audio, visual or data signals.

**d.** Any accessories used with the electronic equipment described in Paragraph **c.** above.

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

**a.** Permanently installed in or upon the covered "auto";

**b.** Removable from a housing unit which is permanently installed in or upon the covered "auto";

**c.** An integral part of the same unit housing any electronic equipment described in Paragraphs **a.** and **b.** above; or

**d.** Necessary for the normal operation of the covered "auto" or the monitoring of the covered "auto's" operating system.

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

**C. Limits Of Insurance**

**1.** The most we will pay for:

**a.** "Loss" to any one covered "auto" is the lesser of:

**(1)** The actual cash value of the damaged or stolen property as of the time of the "loss"; or

**(2)** The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.

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

**(1)** Permanently installed in or upon the covered "auto" in a housing, opening or other location that is not normally used by the "auto" manufacturer for the installation of such equipment;

**(2)** Removable from a permanently installed housing unit as described in Paragraph **b.(1)** above; or

**(3)** An integral part of such equipment as described in Paragraphs **b.(1)** and **b.(2)** above.

**2.** An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss".

**3.** If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

**D. Deductible**

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

**1.** The Comprehensive or Specified Causes Of Loss Coverage deductible applies only to "loss" caused by:

**a.** Theft or mischief or vandalism; or

**b.** All perils.

**2.** Regardless of the number of covered "autos" damaged or stolen, the maximum deductible applicable for all "loss" in any one event caused by:

**a.** Theft or mischief or vandalism; or

**b.** All perils,

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

## SECTION IV – BUSINESS AUTO CONDITIONS

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

**A. Loss Conditions**

**1. Appraisal For Physical Damage Loss**

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

**a.** Pay its chosen appraiser; and

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

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

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

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

**a.** In the event of "accident", claim, "suit" or "loss", you must give us or our authorized representative prompt notice of the "accident" or "loss". Include:

**(1)** How, when and where the "accident" or "loss" occurred;

**(2)** The "insured's" name and address; and

**(3)** To the extent possible, the names and addresses of any injured persons and witnesses.

**b.** Additionally, you and any other involved "insured" must:

**(1)** Assume no obligation, make no payment or incur no expense without our consent, except at the "insured's" own cost.

**(2)** Immediately send us copies of any request, demand, order, notice, summons or legal paper received concerning the claim or "suit".

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**(3)** Cooperate with us in the investigation or settlement of the claim or defense against the "suit".

**(4)** Authorize us to obtain medical records or other pertinent information.

**(5)** Submit to examination, at our expense, by physicians of our choice, as often as we reasonably require.

**c.** If there is "loss" to a covered "auto" or its equipment, you must also do the following:

**(1)** Promptly notify the police if the covered "auto" or any of its equipment is stolen.

**(2)** Take all reasonable steps to protect the covered "auto" from further damage. Also keep a record of your expenses for consideration in the settlement of the claim.

**(3)** Permit us to inspect the covered "auto" and records proving the "loss" before its repair or disposition.

**(4)** Agree to examinations under oath at our request and give us a signed statement of your answers.

**3. Legal Action Against Us**

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

**a.** There has been full compliance with all the terms of this Coverage Form; and

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

**4. Loss Payment – Physical Damage Coverages**

At our option, we may:

**a.** Pay for, repair or replace damaged or stolen property;

**b.** Return the stolen property, at our expense. We will pay for any damage that results to the "auto" from the theft; or

**c.** Take all or any part of the damaged or stolen property at an agreed or appraised value.

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

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

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

**B. General Conditions**

**1. Bankruptcy**

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

**2. Concealment, Misrepresentation Or Fraud**

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

**a.** This Coverage Form;

**b.** The covered "auto";

**c.** Your interest in the covered "auto"; or

**d.** A claim under this Coverage Form.

**3. Liberalization**

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

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

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

**5. Other Insurance**

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

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

**(2)** Primary while it is connected to a covered "auto" you own.

**b.** For Hired Auto Physical Damage Coverage, any covered "auto" you lease, hire, rent or borrow is deemed to be a covered "auto" you own. However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

**c.** Regardless of the provisions of Paragraph **a.** above, this Coverage Form's Covered Autos Liability Coverage is primary for any liability assumed under an "insured contract".

**d.** When this Coverage Form and any other Coverage Form or policy covers on the same basis, either excess or primary, we will pay only our share. Our share is the proportion that the Limit of Insurance of our Coverage Form bears to the total of the limits of all the Coverage Forms and policies covering on the same basis.

**6. Premium Audit**

**a.** The estimated premium for this Coverage Form is based on the exposures you told us you would have when this Policy began. We will compute the final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and the first Named Insured will be billed for the balance, if any. The due date for the final premium or retrospective premium is the date shown as the due date on the bill. If the estimated total premium exceeds the final premium due, the first Named Insured will get a refund.

**b.** If this Policy is issued for more than one year, the premium for this Coverage Form will be computed annually based on our rates or premiums in effect at the beginning of each year of the Policy.

**7. Policy Period, Coverage Territory**

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

**a.** During the policy period shown in the Declarations; and

**b.** Within the coverage territory.

The coverage territory is:

**(1)** The United States of America;

**(2)** The territories and possessions of the United States of America;

**(3)** Puerto Rico;

**(4)** Canada; and

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

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

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

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

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

**SECTION V – DEFINITIONS**

**A.** "Accident" includes continuous or repeated exposure to the same conditions resulting in "bodily injury" or "property damage".

**B.** "Auto" means:

**1.** A land motor vehicle, "trailer" or semitrailer designed for travel on public roads; or

**2.** Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

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

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

**D.** "Covered pollution cost or expense" means any cost or expense arising out of:

**1.** Any request, demand, order or statutory or regulatory requirement that any "insured" or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, "pollutants"; or

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

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

**a.** That are, or that are contained in any property that is:

**(1)** Being transported or towed by, handled or handled for movement into, onto or from the covered "auto";

**(2)** Otherwise in the course of transit by or on behalf of the "insured"; or

**(3)** Being stored, disposed of, treated or processed in or upon the covered "auto";

**b.** Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or

**c.** After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

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

**(1)** The "pollutants" escape, seep, migrate or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and

**(2)** The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in Paragraph **6.b.** or **6.c.** of the definition of "mobile equipment".

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

**(a)** The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and

**(b)** The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.

**E.** "Diminution in value" means the actual or perceived loss in market value or resale value which results from a direct and accidental "loss".

**F.** "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".

**G.** "Insured" means any person or organization qualifying as an insured in the Who Is An Insured provision of the applicable coverage. Except with respect to the Limit of Insurance, the coverage afforded applies separately to each insured who is seeking coverage or against whom a claim or "suit" is brought.

**H.** "Insured contract" means:

**1.** A lease of premises;

**2.** A sidetrack agreement;

**3.** Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;

**4.** An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;

**5.** That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another to pay for "bodily injury" or "property damage" to a third party or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement; or

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

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

**a.** That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, roadbeds, tunnel, underpass or crossing;

**b.** That pertains to the loan, lease or rental of an "auto" to you or any of your "employees", if the "auto" is loaned, leased or rented with a driver; or

**c.** That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for your use of a covered "auto" over a route or territory that person or organization is authorized to serve by public authority.

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

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

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

**1.** Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;

**2.** Vehicles maintained for use solely on or next to premises you own or rent;

**3.** Vehicles that travel on crawler treads;

**4.** Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:

**a.** Power cranes, shovels, loaders, diggers or drills; or

**b.** Road construction or resurfacing equipment such as graders, scrapers or rollers;

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

**a.** Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well-servicing equipment; or

**b.** Cherry pickers and similar devices used to raise or lower workers; or

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

**a.** Equipment designed primarily for:

**(1)** Snow removal;

**(2)** Road maintenance, but not construction or resurfacing; or

**(3)** Street cleaning;

**b.** Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and

**c.** Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting or well-servicing equipment.

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

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

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

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

**1.** Damages because of "bodily injury" or "property damage"; or

**2.** A "covered pollution cost or expense";

to which this insurance applies, are alleged.

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"Suit" includes:

**a.** An arbitration proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the "insured" must submit or does submit with our consent; or

**b.** Any other alternative dispute resolution proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the insured submits with our consent.

**O.** "Temporary worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.

**P.** "Trailer" includes semitrailer.

**Q.** "Unmanned aircraft" means an aircraft that is not:

**1.** Designed;

**2.** Manufactured; or

**3.** Modified after manufacture;

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

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

# 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.

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**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**

| Coverage | Designation Or Description Of Covered "Autos" To Which This Insurance Applies | Maximum Payment Each Covered "Auto" | | | Premium |
|---|---|---|---|---|---|
| | | Any One Day | No. Of Days | Any One Period | |
| **Comprehensive** | | $ | | $ | $ |
| **Collision** | | $ | | $ | $ |
| **Specified Causes Of Loss** | | $ | | $ | $ |
| | | | | **Total Premium** | $ |
| Information 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:

**1.** 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.


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**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.


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# SUPPLEMENTAL FORM DECLARATION FOR CA9923 1013

# RENTAL REIMBURSEMENT COVERAGE

**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 |
| 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 |

## SUPPLEMENTAL FORM DECLARATION FOR CA9923 1013

## RENTAL REIMBURSEMENT COVERAGE

| | | 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 |
| Collision | Vehicle 10, 2017 Hino 268, VIN-5PVNJ8JV0H4S65582 | $ 50 | 30 | $ 1,500 | $ 27 |
| 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 |

## SUPPLEMENTAL FORM DECLARATION FOR CA9923 1013

## RENTAL REIMBURSEMENT COVERAGE

| | | 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 | 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-3HSDYTZR0KN289797 | $ 50 | 30 | $ 1,500 | $ 27 |
| Comprehensive | Vehicle 20, 2019 International LT625, VIN-3HSDYTZR0KN289797 | $ 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 |

## SUPPLEMENTAL FORM DECLARATION FOR CA9923 1013

## RENTAL REIMBURSEMENT COVERAGE

| | | 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 |
| 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 |

## SUPPLEMENTAL FORM DECLARATION FOR CA9923 1013

## RENTAL REIMBURSEMENT COVERAGE

| | | 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 | 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-3HSDZTZR0KN732446 | $ 50 | 30 | $ 1,500 | $ 27 |
| Comprehensive | Vehicle 37, 2019 International LT625, VIN-3HSDZTZR0KN732446 | $ 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 |

## SUPPLEMENTAL FORM DECLARATION FOR CA9923 1013

## RENTAL REIMBURSEMENT COVERAGE

| | | 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 |
| 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 | $ 1,500 | $ 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 |

## SUPPLEMENTAL FORM DECLARATION FOR CA9923 1013

## RENTAL REIMBURSEMENT COVERAGE

| | | 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 | 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 |

## SUPPLEMENTAL FORM DECLARATION FOR CA9923 1013

## RENTAL REIMBURSEMENT COVERAGE

| | | 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 |
| 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 | $ 50 | 30 | $ 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

| | | 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 | 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**

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

**B. Changes**

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

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

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

**D. Inspections And Surveys**

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

**E. Premiums**

The first Named Insured shown in the Declarations:

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

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

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

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

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**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".

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"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.


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# 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.


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



President



Secretary

**SWISS RE CORPORATE SOLUTIONS ELITE CORPORATION**

# 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.

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

# FLORIDA CHANGES

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

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

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

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

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

We will pay for the "insured":

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

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

**1.** No deductible applies under Specified Causes Of Loss or Comprehensive Coverage for "loss" to glass used in the windshield.

**2.** All other **Physical Damage Coverage** provisions will apply.

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

**1. Appraisal For Physical Damage Loss**

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

**a.** Pay its chosen appraiser; and

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

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

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

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

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

**(1)** One provides coverage to a lessor of "autos" for rent or lease; and

**(2)** The other provides coverage to a person not described in Paragraph **D.1.a.(1);**

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

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

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

**(1)** One provides coverage to the service customer; and

**(2)** The other provides coverage to a motor vehicle dealer, or a motor vehicle dealer's leasing or rental affiliate;

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

**(1)** The vehicle is provided without charge or at a reasonable daily charge;

**(2)** There is no negligence or criminal wrongdoing on the part of the vehicle dealer, or its leasing or rental affiliate; and

**(3)** The vehicle dealer or its leasing or rental affiliate executes a written rental or use agreement and obtains from the person receiving the temporary replacement a copy of the person's driver license and insurance information reflecting at least the minimum motor vehicle insurance coverage provided in the state.

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

**Mediation**

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

**a.** "Bodily injury" in an amount of $10,000 or less, arising out of the ownership, operation, use or maintenance of a covered "auto";

**b.** "Property damage" in any amount, arising out of the ownership, operation, maintenance or use of a covered "auto"; or

**c.** "Loss" to a covered "auto" or its equipment, in any amount;

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

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

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


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

# FLORIDA CHANGES – CANCELLATION AND NONRENEWAL

This endorsement modifies insurance provided under the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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**(2)** Ownership of the covered "auto" is transferred; or

**(3)** The Named Insured has purchased another policy covering the motor vehicle insured under this Policy.

**b.** It is a new policy, we may not cancel it during the first 30 days immediately following the effective date of the Policy for nonpayment of premium unless a check used to pay us is dishonored for any reason or any other type of premium payment is subsequently determined to be rejected or invalid.

**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.


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# 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.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 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).**

**PRODUCER**
Arthur J. Gallagher Risk Management Services, LLC
1050 Crown Pointe Parkway, Suite 600
Atlanta GA 30338

**CONTACT NAME:** Andrea Thompson
**PHONE (A/C, No, Ext):** 678-393-5209 **FAX (A/C, No):** 678-393-5220
**E-MAIL ADDRESS:** andrea_thompson@ajg.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Alliance of Nonprofits for Insurance Grp | 10023 |
| INSURER B : Swiss Re Corporate Solutions Elite Insurance Corpo | 29700 |
| INSURER C : AmFed Casualty Insurance Company | 11963 |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**INSURED** FEEDSOU-02
Feeding South Florida Inc.
2501 SW 32nd Terace
Pembroke Park FL 33023

**COVERAGES** **CERTIFICATE 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 PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

**APPROVED** Daniel Beecher
**By Daniel Beecher at 10:14 am, Aug 18, 2025**

**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**

City of Pompano Beach
100 West Atlantic Blvd.
Pompano Beach FL 33060

**CANCELLATION**

**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.**

**AUTHORIZED REPRESENTATIVE**
Christopher R. Ward

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ALLIANCE OF NONPROFITS FOR INSURANCE
Part of Nonprofits Insurance Alliance (NIA)

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

**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** |
|---|---|

02/11/2025 BY _____
(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.**

ALLIANCE OF NONPROFITS FOR INSURANCE
Part of Nonprofits Insurance Alliance (NIA)

NONPROFITS OWN®

## DECLARATION

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

**INSURED:** FEEDING SOUTH FLORIDA, INC.

**EFFECTIVE DATE:** 02/02/2025

**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.**

02/11/2025

BY _____
(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.**