	0	<u></u>	Return of Organization Exempt Fro	om li	ncome Tax	L	OMB No. 1545-0047			
For	<b>9</b> 9	<b>90</b>	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	ode (exc	ept private foundati	ons)	2016			
			Do not enter social security numbers on this form as i	•		- í	Open to Public			
		of the Treasury nue Service	Information about Form 990 and its instructions is at	-	-		Inspection			
AF	or th	e 2016 calend			UN 30, 2017	7				
B c	heck if pplicab	le: C Name of	organization		D Employer identif	ficatio	on number			
	Addre		ING SOUTH FLORIDA, INC.							
	209'	7520								
	_chang _Initial _return	U	usiness as and street (or P.O. box if mail is not delivered to street address) Rool	om/suite	E Telephone numb					
	 Final return	2501	SW 32ND TERRACE				8-1818			
	termir ated	-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$					
	Amen return	ded DEMD	ROKE PARK, FL 33023		H(a) Is this a group					
	Applie dition	<sup>xa-</sup> <b>F</b> Name ar	nd address of principal officer: FRANCISCO VELEZ		for subordinate					
	pendi	<sup>ng</sup> SAME .	AS C ABOVE		H(b) Are all subordinates					
		empt status: 🗌		527	If "No," attach	a list.	(see instructions)			
			FEEDINGSOUTHFLORIDA.ORG		H(c) Group exempti	on nu	mber 🕨			
κF	orm o	f organization: 🗌	X Corporation Trust Association Other ►	L Year o	of formation: 1981	M Sta	te of legal domicile: ${f FL}$			
Pa	rt I	Summary								
ø	1	Briefly describ	e the organization's mission or most significant activities: ${f END}$ HUI	NGER	IN SOUTH H	FLOI	RIDA			
anc		THROUGH	D INNOVATIV	ΖE						
Governance	2	Check this box	x 🕨 📖 if the organization discontinued its operations or disposed in	of more	than 25% of its net a	assets				
Š	3		ing members of the governing body (Part VI, line 1a)			_	10			
	4		ependent voting members of the governing body (Part VI, line 1b) $\ldots$			10				
Activities &	5		of individuals employed in calendar year 2016 (Part V, line 2a)				86			
tivit	6		of volunteers (estimate if necessary)				24000			
Act			d business revenue from Part VIII, column (C), line 12			-	0.			
	b	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>		<u> </u>				
		<b>A A H H</b>			Prior Year	+ ,	Current Year 77,243,175.			
iue	8		and grants (Part VIII, line 1h)	····	<u>66,874,763</u> 669,356		486,955.			
Revenue	9	•	ce revenue (Part VIII, line 2g)		357,589		51,880.			
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)		72,288		107,713.			
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		67,973,996		77,889,723.			
	12 13		<ul> <li>add lines 8 through 11 (must equal Part VIII, column (A), line 12)</li> <li>nilar amounts paid (Part IX, column (A), lines 1-3)</li> </ul>		0.		0.			
	14				0.		0.			
6	45	Calavian atlan	$(\Delta)$ lines $E(\Delta)$		2,900,049		2,769,016.			
Ises	16a	Professional fi	indraising fees (Part IX, column (A), line 11e)		0.		0.			
Expens	b	Total fundraisi	andraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ <u>674,771</u>			-				
Щ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		65,036,725.	•	72,296,677.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		67,936,774.	•	75,065,693.			
	19	-	expenses. Subtract line 18 from line 12		37,222.		2,824,030.			
or			•		ginning of Current Year		End of Year			
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		8,034,804.	•	10,952,404.			
t As: d Bé	21	-	(Part X, line 26)		2,912,712.	•	2,969,833.			
Fun	22		fund balances. Subtract line 21 from line 20		5,122,092.	•	7,982,571.			
Pa	irt II	Signature	Block							
Und	er pena	alties of perjury, I	declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the best of r	ny kno	wledge 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									
	Print/Type preparer's name ARI D. LASKI	Preparer's signature		Check PTIN if self-employed P01259736						
Preparer		SH & CO., LLP, C.P.A.	S Firm's	EIN <b>59-1363792</b>						
Use Uniy	Use Only Firm's address 6550 N FEDERAL HIGHWAY, SUITE 410 FT. LAUDERDALE, FL 33308 Phone no.954-771-0896									
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)									
632001 11-1	•	<i>,</i>		Form <b>990</b> (2016)						
S	EE SCHEDIILE O FOR ORGANIZ	ΔΨΤΟΝ ΜΤΩΩΤΟΝ ΩΨΔΨΈΜΙ	ENT CONT	ΓΝΠΔͲΤΟΝ						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	statement of Program Service Accomplishments           Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
-	FEEDING SOUTH FLORIDA'S MISSION IS TO END HUNGER IN SOUTH FLORIDA BY	
	PROVIDING IMMEDIATE ACCESS TO NUTRITIOUS FOOD, LEADING HUNGER AND	
	POVERTY ADVOCACY EFFORTS, AND TRANSFORMING LIVES THROUGH INNOVATIVE	
	PROGRAMMING AND EDUCATION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X
	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?	Х
	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, an	d
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 73,596,763. including grants of \$) (Revenue \$ 597,9	
	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.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.)	
чu	(Expenses \$ including grants of \$ ) (Revenue \$ )	
Ŧu		
4e	Total program service expenses 73,596,763.	
	Total program service expenses ► 75,596,765.	<b>)</b> (2
4e		0

Form 99	20 (20	116)

Part IV Checklist of Required Schedules

FEEDING SOUTH FLORIDA, INC.

1       be organization described in section 501(3) or 4947(a)(1) (ether than a private foundation)?       I       X         2       b the organization engage in direct or index obschedule 8. Schedule of Contributors?       2       X         2       b the organization engage in direct or index obschedule 8. Schedule 0. Part 1       3       X         4       Section 501(6)(3) organizations. Direct or index obschedule C. Part 1       3       X         5       b the organization a section 501(6)(4) organization angage in lobbying activities, or have a section 501(6) electron in offect during the task and 2010 f Trees". complete Schedule C. Part 1       5       X         6       b the organization matchin any choria advised funds or any similar funds or accounts 70 f Wes! complete Schedule D. Part 1       6       X         7       Did the organization matchin any choria advised funds or any similar funds or accounts 70 f Wes! complete Schedule D. Part 1       6       X         7       Did the organization matchin and the funds or accounts 70 f Wes! complete Schedule D. Part 1       7       X         8       Did the organization matchin and the funds or accounts 70 f Wes! complete Schedule D. Part 1       7       X         8       Did the organization matchin and the funds or any of the following activities and matchin and the funds or accounts 70 f Wes! complete Schedule D. Part 1       10       X         9       Did the organization forectly or through a				Yes	No
2         Is the organization required to complete Schedule B, Schedule C Contributors?         2         X         3           3         Did the organization required to complete Schedule C, Part II         3         X           4         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(t) election in effect during the schedule C, Part II         4         X           5         Schedule Schedule C, Part II         5         X           6         Did the organization activities of nonplete Schedule C, Part II         5         X           7         Did the organization markin any donor advised funds or accounts? If 'Yes,' complete Schedule D, Part I         6         X           7         Did the organization markin any donor advised funds or accounts? If 'Yes,' complete Schedule D, Part I         8         X           8         Did the organization markin any donor advised funds or an summark. Including assamments to preaser open space, the environment, historic land cassancer, including assamments busines asset? If 'Yes,' complete Schedule D, Part I         8         X           9         Did the organization markin any ont in Part X, Line 21, for escrew or custodial account fiability, serve as a custodian for amount in Part X, Line 21, for escrew or custodial account fiability. For X as applicable.         9         X           9         Did the organization server to any of the foloxing guestons is 'esc. 'the complete Schedule D, Part V	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2         Is the organization equired to complete Schedule <i>B</i> , Schedule <i>G</i> Caritributors         2         X           3         Did the organization equired in direct or indirect political campaign activities on behaff of n in opposition to candidates for public office? If 'res,' complete Schedule <i>C</i> , Part I         3         X           4         Section 501(6)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect.         4         X           5         Is the organization as action 501(c)(4), 501(c)(5), or 301(c)(6) organization that receives membership dues, assessments, or is minar amounts as addired in Hervenue Proceedure B1917 I 'res,' complete Schedule C, Part II         6         X           6         Did the organization maintain any donor advised funds or accounts for which donors have the right to provide advised in an evenue Proceedure any similar funds or accounts for which donors have the right to provide advised in an occupiet Schedule D, Part II         7         X           7         Did the organization maintain collectors of works of ari, historical treasures, or other similar assets II 'res,' complete Schedule D, Part II         7         X           9         Did the organization clerchy or through a related organization, hold assets in temporality restricted endowments, permanent endowments, I'res,' complete Schedule D, Part II         10         X           10         Did the organization report an amount for land, buildings, and equipment in Part X, line 12 Hart is 5% or more of its total assets reported in Part X, line 167 H 'r		If "Yes," complete Schedule A	1		
public office? If 'Yes,' complete Schedule C, Part I         3         X           4         Section 501(c)(3) organizations. Did the organization again lobbying activities, or have a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar mounts as defined in Revenue Proceedure 96:197 If 'Yes,' complete Schedule C, Part II         4         X           6         Did the organization maintain any doror advised funds or any similar funds or accounts for which dorors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which dorors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which dorors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which dorors have the right to provide advise on the distribution or investment of amounts in batched treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II         6         X           7         Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II         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? If 'Yes,' complete Schedule D, Part V         10         X           10         Did the organization report an amount for levestments- orber schedule D, Part V         10         X           11         If the organization report an amount for investments- orber schedule D, Part V	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
4         Section 501(c)(3) organizations. Did the organization engage in lobbing activities, or have a section 501(n) election in effect during the taxy sear <i>N</i> ''yss, 'complete Schedule <i>C</i> , Part <i>II</i> 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 Revenue Procedure 39:197 ''tss, 'complete Schedule <i>C</i> , Part <i>II</i> 6         X           5         Did the organization resident 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 for which donors have the right of provide advice on the distribution or investment of amounts in cluding assements to preserve open space, the environment, historic land areas, or historic structures? <i>II</i> 'Yes,' complete Schedule D, Part <i>II</i> 6         X           7         X         8         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 consensing, debt maragement, credit repair, or debt negoliation services? <i>II</i> 'Yes,' complete Schedule D, Part IV         9         X           10         Did the organization report an amount for lavestments - bree securities in Part X, line 10? <i>II</i> 'Yes,' complete Schedule D, Part V         10         X           11         If the organization report an amount for investments - bree securities in Part X, line 10? <i>II</i> 'Yes,' complete Schedule D, Part X         11         X           12<	3		3		x
5         Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 86:1971 //*se, "complete Schedule C, Part III         S         X           6         Did the organization maintain any donra 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 for which donors have the right of provide advice on the distribution or investment of amounts in such funds or accounts for Whes, "complete Schedule D, Part II         6         X           7         X         8         8         X           9         Did the organization report on maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II         7         X           9         Did the organization, report an amount in Part X, line 21, for escrow or custolial account liability, serve as a custodian for amounts not pixel new YX, or provide cerefic conselling, debt management, credit repair, or debt negoliation services?         9         X           10         Did the organization report an amount for lavelad organization, hold assets in temporarily restricted endowments, permanent and woments, or quasi endowments? If "Yes," complete Schedule D, Part V, III, VI, IV, IV, X, or X as applicable.         10         X         11         X           10         Did the organization report an amount for investments - program related in Part X, line 121 that is 5% or more of its total assets reported in Part X, line 1	4				
5         Is the organization a section 501(c)(d), 501(c)(d), 507(c)(d) organization that receives membership dues, assessments, or similar amounts as defined in Revene Proceedure 89:507 W*s*, complete Schedule D, Part III         5         X           6         Did the organization receiver on hold a conservation assessment, sort similar amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice or hold a conservation assessment, including assessments to preserve open space, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part II         6         X           7         X         2         2         2         2         2         3           9         Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial for amounts on listed in Part X, or provide credit counseling, debt management, credit repari, or debt negotiation services?         9         X           10         Did the organization share the following questions is "Yes," then complete Schedule D, Parts V, VII, VIII, VII, var, X as applicable.         10         X           11         If the organization report an amount for investments - orber securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16 // W*s," complete Schedule D, Part X ///////////////////////////////////			4		Х
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 mounts in such funds or accounts // "Ves," complete Schedule D, Part //       6       X         7       XX         8       Did the organization receiver or hold a consex or historic structures? // "Yes," complete Schedule D, Part II.       7       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as autostodian for amounts no listed in Part X, or provide cordit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization report an amount for laws, <i>complete Schedule D, Part IV</i> 8       X         11       If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V       10       X         11       Did the organization report an amount for investments - others securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       X         11       Did the organization report an amount for investments - other securities in Part X, line 16? If "Yes," complete Schedule D, Part VI       11       X         12       Did the organization report an amount for investments - other securities in Part X, line 16? If "Yes," complete Schedule D, Part VI       11       X         13       Did the organization report an amount for investments - other securiti	5				
provide advice on the distribution or investment of anounts in such funds or accounts // "Yes," complete Schedule D, Part //       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? II "Yes," complete Schedule D, Part II       6       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed D Part IV       8       X         9       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV       10       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       11a       X         b       Did the organization report an amount for investments - program related in Part X, line 13? If "Yes," complete Schedule D, Part X       11a       X         c       Did the organization report an amount for there assets in Part X, line 15? If "Yes," complete Schedule D, Part X       11a       X         c       Did the organization report an amount for there assets in Part X, line 15? If Yes," complete Schedule D, Part X		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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 II.       8       X         9       Did the organization, and inclusions of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV.       8       X         9       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       10       X         11       If 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.       11a       X         11       Did the organization report an amount for investments - other securities 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 VII.       11a       X         11       Did the organization report an amount for investments - program related in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
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 II.       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?       9       X         10       Did the organization, directly or through a related organization, hold assets in temporally restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         12       Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII.       11a       X         13       Did the organization report an amount for orhore sastes 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.       11a       X         14       Did the organization report an amount for orhor sastes in Part X, line 15? If "Yes," complete Schedule D, Part X       11a       X         15       Did the organization separat e oronsolidated financial statement		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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 approxide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, diversity or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part V       10       X         12       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       11a       X         13       Did the organization report an amount for other assets 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       11a       X         14       Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part VII       11a       X         15       Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X       11a       X         16       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D,	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
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?       9       X         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or 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, Part V, line 100 If "Yes," complete Schedule D, Part V, line 100 If "Yes," complete Schedule D, Part V       10       X         b       Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part VII       11a       X         c       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 167 If "Yes," complete Schedule D, Part XIII       11b       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 167 If "Yes," complete Schedule D, Part X       11d       X         d       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         12b       Did the organization subal		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
<ul> <li>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 V</li> <li>10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V</li> <li>11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V</li> <li>11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V</li> <li>11 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</li> <li>11 Did the organization report an amount for other assets 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 VII</li> <li>11 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 X III</li> <li>11 Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X X</li> <li>12 Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X</li> <li>13 Is the organization nebud en consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X</li> <li>13 Did the organization aschool described in Section 170(b)(1)/(0)(0)? If "Yes," complete Schedule D, Part X X</li> <li>14 Did the organization nebud en consolidated, independent audited financial statements for</li></ul>	8		8		х
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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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       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       16       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       17       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," </th <td>b</td> <td></td> <td></td> <td></td> <td></td>	b				
<ul> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>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? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i></li> <li>14a X</li> <li>14b X</li> <li>15b X</li> <li>16b X</li> <li>16b X</li> <li>17b Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), l</li></ul>		If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
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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 any or for foreign individuals? If "Yes," complete Schedule F, Parts II 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       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,"       18       X	b				
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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       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,"       18       X			14b		X
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X	0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
<ul> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines <ol> <li>1c and 8a? If "Yes," complete Schedule G, Part II</li> </ol> </li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"</li> </ul>	17				
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,"       1			17		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18			77	
	40	1c and 8a? It "Yes," complete Schedule G, Part II	18	Ă	
	19		19		x

Form **990** (2016)

632003 11-11-16

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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
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			37
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
Ŀ	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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, 6, or 22 for receivables from or payables to any current or	250		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~ .	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
55	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
	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		Х
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 in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2016)

632004 11-11-16

Part V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in the Part V       Vest No         Is financing the number reported in Box 3 of Form 108 Enter -0 in not applicable.       In       U         Is financing the number reported in Box 3 of Form 108 Enter -0 in not applicable.       In       U         IS financing the number of employees reported on Form W3, Transmitta of Wage and Tax Statements, Ica 8 different the number of employees reported on Form W3, Transmitta of Wage and Tax Statements, Ica 8 different the number of employees reported on Form W3, Transmitta of Wage and Tax Statements, Ica 8 different terms of the organization have an evaluated to tark for the number of employees reported on Inte 2.4, diff the organization file an required devial employment tax refurm?       Za       X         If Irvs, 'Instein file a Sam 000 To this yage IT Nr. On the Za, provide a neglotable on Schedule O       Zb       X         If Irvs, 'Instein file a Sam 000 To this yage IT Nr. On the Za, provide a neglotable and schedule O tark in the organization have an interest in, or a signature or the rationarity over, a financial account?       Aa       X         If Irvs, 'Instein the number of the foreign country is on the applicable and reported the reparization anter interest in the reparisation and the organization and yaber organization and the reparization and the reparization and the reparization and the organization and prove organization and the organization and the reparization and the reparization and the organization and the reparization and the reparization andift andift and the reparization the reparization and	Form	990 (2016) FEEDING SOUTH FLORIDA, INC. 59-2097	520	P	age <b>5</b>
1a       Enter the number reported in Box 3 of Form 1098. Enter 4- if not applicable       1a       0       1b       0         1a       Enter the number of Forms W28 included in line 1a. Ent- 0- if not applicable       1b       0       1b       0         2b       Enter the number of Forms W28 included in line 1a. Ent- 0- if not applicable       1b       1c       X         2a       Enter the number of ports W28 included in line 1a. Ento- 0- if not applicable       2a       86       1c       X         2a       Enter the number of ports W28 included in line 1a. Ento- 0- if not applicable       2a       86       1c       X         2a       Enter the number of ports w287 in Note. If the scalar yeer endows weet indived in scalar yeer endows weet indived in the scalar yeer endows an indived endows and indived endows andindived endows and indived endows and indived endows a	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
a Enter the number eported in Box 3 of Ferm 1096. Enter -0+ not applicable         1a         0           b Enter the number eported in Box 3 of Ferm 1096. Enter -0+ not applicable         1c         X           2 Enter the number of comm W2G holded in line ta. Enter -0+ not applicable         1c         X           2 Enter the number of composes reported on Form W3, Transmittal of Wage and Tax Statements.         2a         66           2 Enter the number of composes reported on Form W3, Transmittal of Wage and Tax Statements.         2a         X           Motes. If the sum of lines 1 and 2a is greater than 250, your may be required to e-file (see instructions)         3a         X           3 Did the organization have unrelated business groos income of 31 globa or more during the year?         3a         X           4 At any time during the caledary war, did the organization have an interest in, or a agnization or other authority over, a financial account in a foreign country:         3a         X           1 H*Yes, ' test if the an origin country is that are normally greater than 3100,000, and did the ciganization are an interpoint on that the sol is a parbly to a prohibite tax year?         5a         X           6 Did are granization have an interpoint the organization have an interpoint on interpoint and that that are ormally greater than \$100,000, and did the ciganization sellit an organization have an interpoint an interpoint and that was or is a parbly to a prohibite tax year?         5a         X           1 H*Ys, ' to line 6a or 5b, did the org		Check if Schedule O contains a response or note to any line in this Part V			
b       Enter the number of Forms W20 included in line 1a. Enter 0-11 not applicable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X         2a       Enter the number of enclybex exported on from W3. Transmittal of Wags and Tax Statements.       2a       866       X         2a       Enter the number of enclybex exported on from W3. Transmittal of Wags and Tax Statements.       2a       866       X         3a       Did the organization have uncluded bainess gross income during the year?       3a       X       X         3b       If Twes, The at field a Form 300 Tor the year?       3a       X       X         3b       If Twes, The at field a Form 300 Tor the year?       3a       X       X         3c       If Twes, The at field a Form 300 Tor the year?       3a       X       X         3b       If Twes, The at field a Form 300 Tor the year?       3a       X       X         3c       If Twes, The at field a Form 300 Tor the year?       3a       X       X         3c       If Twes, The at field a Form 300 Tor the year?       3a       X       X         3c       If Twes, Teat the name of the foreign country.       X       X       X         3c       If Twes, Teat the ane of the organization have an interest in , or a signature or other anchola scountry.       Sa				Yes	No
c       Did the organization comply with backup withholding rules for reportable gamming (anability) withings to price womer?       1       C       X         2a       Effect the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, issue in reported to line 2a, did the organization file all required faderal employment tax statums?       2a       X         3a       X       Note. If the sum of ines 1a and 2a is greater than 250, you may be required to e- <i>ibit</i> (see instructions)       3a       X         b       If the sam of ines 1a and 2a is greater than 250, you may be required to e- <i>ibit</i> (see instructions)       3a       X         b       If Y+ss, 'that if field a form 990-T for this year? If No, 'to ine 3b, provide an explanation in schedule O       3b       4a         b       If Y+ss,' that if field a form 990-T for this year? If No, 'to ine 3b, provide an explanation in Schedule O       3b       X         b       If Y+ss,' then the name of the organization have an interest in, or a signature or other authority over, a financial account?       4a       X         b       If Y+ss,' to line 6a or 5b, did the organization have bacher transaction are yith authoring the tax year?       5a       X         b       If Y+ss,' to line 6a or 5b, did the organization have and back theoret transaction?       5a       X         b       If Y+ss,' to line 6a or 5b, did the organization have and the sate onthibutions or gifts were not tax deductible?       7a	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
cgambing) winnings to prize winness?       1c       X         2a       Enter the number of employees reported on frem W3, Transmittat of Wage and Tax Statements.       2a       866         b       if at least one is reported on line 2a, did the organization fie all required to deferal employment tax returns?       2b       X         Note. If the sum of lines 1 and 2 is greater than 250, you may be required to defice lein structions)       3a	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
2a       Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.       2a       86         b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b       X         Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)       3a       X         b       If Yes," that if field a form 990-T for the year?       3a       X         b       If Yes," that if field a form 990-T for the year?       3a       X         b       If Yes," that if field a form 990-T for the year?       3a       X         b       If Yes," that if field a form 990-T for the year?       3a       X         b       If Yes," that if field a form 990-T for the year?       3a       X         b       If Yes," that the foreign country (such as a bank account, securities account, or other financial account)?       4a       X         b       If Yes," to line 5a of 5b, did the organization has a therhat another transaction tip that xyssa?       5a       X         c       If Yes," to line 5a or 5b, did the organization fier 6mm 888617       5a       X         b       If Yes," to line 5a or 5b, did the organization fier 6mm 888617       5a       X         b       If Yes," toline 5a or 5b, did the organization fier 6mm 888617       5a	с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2a       Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.       2a       86         b       If at least one is reported on line 2a, did the organization file all required fedral employment tax returns?       2b       X         Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)       3a       X         3a       Did the organization have numelated business greas income of 51,000 or more during the year?       3a       X         3b       If Yes," hast filed a form 900 T for this year? If Wo, 'to line 3b, provide an explanation in 3chedule O       3a       X         b       If Yes," hast filed a form 900 T for this year? If Wo, 'to line 3b, provide an explanation in 3chedule O       3a       X         b       If Yes," hast filed a form 900 T for this year? If Wo, 'to line 3b, provide an explanation or she tax atthority over, a financial account?       4a       X         b       If Yes," into filen requirements for FinCEN Form 114, Report of Foreign Eank and Financial Accounts (FBAR).       5a       X         b       If Yes," into filen 5a or 50, did the organization filen Fem 8886 T?       5a       X         b       If Yes," into filen 5a or 50, did the organization action that ware ort as a party to a prohibit tax at the organization solicit an an explanation receive anytemic in eaces of 35 male party as a contributions or gifts were not tax deductible?       5a       X <t< th=""><th></th><th>(gambling) winnings to prize winners?</th><th>1c</th><th>Х</th><th></th></t<>		(gambling) winnings to prize winners?	1c	Х	
b       If at least one is reported on line 3a, did the organization lis al required to deral employment tax returns?       2b       X         Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)       3a       X         b       If "Yes," has it flied a Form 980.1" for this year? If 'No," to line 3b, provide an explanation in Schedule O       3a       X         b       If "Yes," has it flied a Form 980.1" for this year? If 'No," to line 3b, provide an explanation in Schedule O       3a       X         b       If 'Yes," reter the name of the foreign country (such as a bark account, securities account, or other financial account)?       4a       X         b       If 'Yes," to line 5a or 5b, did the organization have party to a problet dax sheler transaction?       5a       X         b       D dark taxable party notify the organization have sheles transaction at any time during the tax year?       5a       X         cl       Dot shou taxable party notify the organization have sheles transaction at my time during the tax year?       5a       X         cl       Did shou taxable party notify the organization have annual grass receives that as normally greater than \$100,000, and did the organization sector annual grass receives that are normally greater than \$100,000, and did the organization sector annual grass receives that a contributions?       5b       X         Dif we organization neeve annual grass receives that a contribution of the goad sentexe provided 1	2a				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		filed for the calendar year ending with or within the year covered by this return 2a 86			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)       3a       X         3a       Did the organization have unrelated business gross income of 51,000 or more during the year?       3a       X         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority year, a financial account is a forsing country.       3a       X         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority year, a financial account is a forsing country.       4a       4a       X         5a       MX       See instructions for filing requirements or finite group country.       5a       X         5a       MX is the organization count year.       5a       X         5a       MX is the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible form 880-7       5a       X         6a       Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 70(c).       7a       X         6b       If "Yes," indicate the number of Forms 8282 filed during the year       Za       7a       X         7b       Did the organization necked a paymet in excess of 575 made party as a corthibution of paintexion necked a paintexion necked a paintexion no	b		2b	Х	
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         b       if "Yes," has if lied a Form 980-T for this year? if "No," to line 3b, provide an explanation in Schedule 0       3b       3b         4       At any time during the calendary year, did the organization have an interest in, or a signature or other authomy over, a financial account if the foreign country (such as a bank account, securities account, or other financial account)?       4a       X         5       Was the organization party to a prohibited tax shelter transaction at any time during the axy year?       5a       X         b       If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If "Yes," to line organization nucled with every solicitation an express statement that such contributions or gifts were not tax deductible?       7a       X         0       Or ganization that way receive deductible contributions?       7a       X         10       If "Yes," did the organization nucled with every solicitation an express statement that such contributions or gifts were not tax deductible?       7a       X         11       If "Yes," did the organization nucled with every solicitation an expresonal benefit contract?       7e       X         11       If "Yes," did the organization nucles of 375 made party as contributions or gifts desenonal poet (or thich it was required to the fo					
b       If 'Yes,' has it field a Form 990.T for this yea? If 'No,' to fine 3b, provide an explanation in Schedule O       3b         4       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: ▶       4a       X         b       If 'Yes,' enter the name of the foreign country: ▶	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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 is a foreign country (such as a bank account, securities account, or other intencial account)?       4a       X         b If "Yes," entor the name of the foreign country?       See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account (FBAR).       5a       X         b Ud any taxable party to a prohibited tax shelter transaction at any time during the taxy year?       5a       X         b D d 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 that it was or is a party to a prohibited tax shelter transaction?       5c       5c       5c         7 Organization network with every solicitation an express statement that such contributions or gifts       6a       X         b If "Yes," id the organization network with every solicitation and party for goods and services provided to the payor?       7a       X         b D d the aganization network a payment in excess of 575 made party as a contributions and party for goods and services provided?       7a       X         b D d the organization network a payment in excess of 457 made party as a contribution on a party for goods and services provided to the payor?       7a       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       7d			3b		
b       If "Yes," enter the name of the foreign country.       See instructions for tining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Sa         b       Was the organization aparty to a prohibed tax shefter transaction at any time during the tax year?       So       X         b       Did any taxable party notify the organization that it was or is a party to a prohibed tax shefter transaction?       So       X         d       Dest the organization aparty to a prohibed tax shefter transaction?       So       X         d       Dest the organization include with were y solicitation an express statement that such contributions or gifts       Go       X         f       Organizations that may receive deductible contributions under section 170(c).       Bo       Effect and the organization network aparts and the dome of the value of the goods or services provided?       To         f       Organization sele, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?       To       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td       X         f       He organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Td       Td         f       He organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Td       Td					
b       If "Yes," enter the name of the foreign country:			4a		X
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c       X         5a 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         7 Organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?       7c       X         9 If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         9 Did the organization receive a promium, directly or indirectly, on a personal benefit contract?       7r       7r         9 Did the organization maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining door advised funds.       8       9a         9 Sonsorring organization maintaining door advised funds.       10a       10a       10a       10a       10a         9 Sonsorring organization maintaining door advised funds.<	b				
5a       X         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         6b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c       X         76       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solutit any contributions that were not tax deductible as chartable contributions?       6a       X         b       If "Xes," if did the organization include with very solicitation an express statement that such contributions or gitts were not tax deductible contributions under section 170(c).       6b       7a       X         7       Organizations that may receive deductible contributions under section 170(c).       7b       7a       X         8       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         7       Ty'se," did the number of Forms 8282 filed during the year       7d       7c       X         10       the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       7c       X         11       the organization receive a synthesis, directly or indirectly, to pay premiums on a personal benefit contract?       7d       X         12					
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 8886-17       5c       5c         G       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gits       6a       X         b       If "Yes," did the organization selle express of 3/5 made party as a contribution and party for goods and services provided to the pavor?       7a       X         b       If "Yes," did the organization necelve anyment in excess of 3/5 made party as a contribution and party for which it was required       7b       7c       X         b       If "Yes," indicate the number of Forms 8282 field during the year       Zd       7c       X         d       If "Yes," indicate the number of Forms 8282 field during the year inprincently, in a personal benefit contract?       7fe       7fe         g       If the organization neceive a contribution of qualified intelectual property, did the organization file Form 8989 as required?       7h       7fe         h       If the organization neceive a contribution of cas, boats, airplanes, or other vehicles, did the organization file Form 8989 as required?       7h       7fe      <	5a		5a		X
c     If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?     5c       Ga     Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not 1 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     7a       7     Organizations that may receive deductible contributions under section 170(c).     7b     7a     X       b     If 'Yes,'' did the organization notify the donor of the value of the goods or services provided?     7c     X       c     Did the organization receive a payment in excess of \$57 made partly as a contribution and partly for goods and services provided to the payor?     7a     X       d     If 'Yes,'' did the organization notify the donor of the value of the goods or services provided?     7c     X       d     If 'Yes,'' didicate the number of Forms 8282?     7c     X       d     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7e     Yf       f     Did the organization receive a contribution of qualified intellectual property. (Jd the organization file Form 8898 are required?     7h     Yf       f     If the organization receive any taxable distributions under section 4966?     9a     9a       gonosoring organizati					X
Ga       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?       Ga       X         b If "Nes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ga       X         7       Organization stat may receive deductible contributions under section 170(c).       Bit the organization nective apyment in excess of 3/5 made partly as a contribution and partly for gods and services provided to the payor?       7a       X         b If "Yes," 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       [Zd]       7d       7d         d If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       7g         f If the organization receive a contribution of casi, boats, aiplanes, or other vehicles, did the organization file a Form 1080C?       7h       2         Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       2         9 Sponsoring organization make any taxable distributions under section 4966?       9a       3b       2       3b       3b       3b       3b       3b       3a       3b			5c		
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       6b         7 Organizations that may receive deductible contributions under section 170(c).       a bid the organization neceive 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       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         d If 'Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         g If the organization received a contribution of qualified intellectual properly, did the organization file Form 8899 as required?       7h       7d       7h         g Sponsoring organization matinining door advised funds.       8       9       9       9         9 Sponsoring organization make a distribution to a donor advisor, or related person?       9a       9b       9b         10 d the sponsoring organization make a distributions included on Part VIII, line 12       10a       10a					
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       X         7b       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         7c       X       To       To       To       To         7c       X       To       To       To       To       To         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       To			6a		X
were not tax deductible?     6b       7     Organization set has may receive deductible contributions under section 170(c).     7a       8     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       2     Did the organization neckes a payment in excess of \$75 made partly as a contribution and partly for which it was required to file Form 8282?     7c     X       4     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       7     Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?     7n     7g       9     Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a       9     Did the sponsoring organization make any taxable distributions under section 4966?     9a       10     Section 501(c)(7) organizations. Enter:     10a     10b       11     Id     10b     12a       12     Section 501(c)(1) organizations included on Part VIII, line 12, lorganization flie or form tothult on a construct or pay in lieu of Form 1041?     12a       13     Section 501(c)(12) organization make any taxable distributions under section 4966?     9b     12a       14     Section 501(c)(2) organization make any taxable distributions und	b	,			
7       Organizations that may receive deductible contributions under section 170(c).       a       Za       Za         a       Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payof       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c       Did the organization notify the donor of the value of the goods or services provided?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       7c       X         d       If "Yes," has it filed organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7d       7d </th <th></th> <th></th> <th>6b</th> <th></th> <th></th>			6b		
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       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       7f         e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       7g       7g         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       7g       7f         8 Sponsoring organizations maintaining doorn advised funds.       7d	7				
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization notify the donor of the value of the goods or services provided?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d			7a		X
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       7e       7e         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7e       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?       7f       7f       7f         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C7       7h       7h       7d					
to file Form 8282?       7c       X         d If "Yes," Indicate the number of Forms 8282 filed during the year       7d       7d       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7e       7d         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       7g       7g         f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g       7g         f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       8         Sponsoring organization have excess business holdings at any time during the year?       8       9         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a         b Did the sponsoring organizations. Enter:       10a       10a       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a       10b       10b         11 Section 501(c)(7) organizations. Enter:       11a       10b       11b       12a         13 Gross income from members or shareholders       11a       11b       12a       12a       14a       12a         b If					
d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7f         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       7f         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1088-02?       7h       7h         8       9       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9         9       Sponsoring organizations maintaining donor advised funds.       9a       9         10       the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Did the sponsoring organizations. Enter:       10a       10a       10a       10a         11       Section 501(c)(7) organizations. Enter:       10b       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       11b       10a       11b       10a       11b	Ū		70		x
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 a Form 1098-C?       7g         h       If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       7a         g       Did the sponsoring organizations maintaining donor advised funds.       8         g       Sponsoring organization make any taxable distributions under section 4966?       9a         g       Did the sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross income from members or shareholders       11a         b       Gross income from members or shareholders       11a         a       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a         12a       If "Yes," enter the amount of tax-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13a       Note. See the instructions for additional information the organization filing Form 9	Ь		10		
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 organization make access business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Section 501(c)(7) organizations. Enter:       10a       10a         10       Section 501(c)(12) organizations. Enter:       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         12       Section 501(c)(12) organizations. Enter:       11a       10b       11a         13       Gross income from members or shareholders       11a       10b       12a         14       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a       12a       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a <t< th=""><th></th><th>, , , , , , , , , , , , , , , , , , , ,</th><th>70</th><th></th><th></th></t<>		, , , , , , , , , , , , , , , , , , , ,	70		
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?       7n         8 Sponsoring organizations maintaining donor advised funds.       8         a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross income from members or shareholders       10b         11 Section 501(c)(12) organizations. Enter:       10a         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       11b       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         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.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a					
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 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:       10a       9b         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b         11       Section 501(c)(7) organizations. Enter:       10a       10b       10b         12       Section 501(c)(12) organizations. Enter:       11a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11b       12a       12a         13       Gross income from members or shareholders       11a       11b       12a       12a         14       Type," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         15       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a					
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.       9         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:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       11b         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from them.)       11b       11b       12a         12       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       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more	-				
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         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:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       11a       10a         a       Gross income from members or shareholders       11a       11b       12a         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         12a       b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13c       13a         b       Enter the amount of reserves	-		/ 11		
9       Sponsoring organizations maintaining donor advised funds.       9a         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:       10a       9b         a       Initiation fees and capital contributions included on Part VIII, line 12       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b         a       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a       13a         14       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 in Schedule O       14b       14b	U		8		
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:       10a         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:       10a         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 501(c)(29) qualified nonprofit health insurance issuers.       12b         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.       13b         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         14       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X	q		<u> </u>		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       11a         a Gross income from members or shareholders       11a       11b       11b         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         12a Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a       13a         b Inter the amount of reserves on hand       13c       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X			<b>9</b> a		
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Check if Schedule O contains a response or note to any line in this Part VI

X

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 in Schedule O. See instructions.

the number of voting members of the governing body at the end of the tax year       1a         the material differences in voting rights among members of the governing body, or if the governing       1a         legated broad authority to an executive committee or similar committee, explain in Schedule 0.       1b         the number of voting members included in line 1a, above, who are independent       1b         or officer, director, trustee, or key employee have a family relationship or a business relationship with an director, trustee, or key employees to a management company or other person?       1b         organization delegate control over management duties customarily performed by or under the direct ares, directors, or trustees, or key employees to a management company or other person?       10         organization become aware during the year of a significant diversion of the organization's assets?       10         organization have members or stockholders?       10         organization have members, stockholders, or other persons who had the power to elect or appoint or embers of the governing body?       10         organization contemporaneously document the meetings held or written actions undertaken during the year by the factor, mailing address? If "Yes," provide the names and addresses in Schedule O       10         organization have local chapters, branches, or affiliates?       10         organization have local chapters, branches, or affiliates?       10         organization have written policies and procedures governing the activities of such chapte	supervision filed?	3b 9 9 Y 0a 9 0b 1 1a 2	X X X X X X X X X					
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anches to ensure their operations are consistent with the organization's exempt purposes?	filing the form? 1	1a 2a	X X					
e organization provided a complete copy of this Form 990 to all members of its governing body before be in Schedule O the process, if any, used by the organization to review this Form 990.	filing the form?	1a 2 2a	x					
be in Schedule O the process, if any, used by the organization to review this Form 990.								
ficers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflic		2b						
organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," des		==+-						
dule O how this was done		2c	х					
organization have a written whistleblower policy?			X					
organization have a written document retention and destruction policy?			X					
process for determining compensation of the following persons include a review and approval by ind		-	·					
s, comparability data, and contemporaneous substantiation of the deliberation and decision?								
janization's CEO, Executive Director, or top management official	4	5a -	х					
fficers or key employees of the organization			x					
to line 15a or 15b, describe the process in Schedule O (see instructions).	·····							
organization invest in, contribute assets to, or participate in a joint venture or similar arrangement wit	na 📗							
entity during the year?		6a						
" did the organization follow a written policy or procedure requiring the organization to evaluate its pa								
venture arrangements under applicable federal tax law, and take steps to safeguard the organization?								
		6b						
. status with respect to such arrangements?								
	1501(c)(3) = control area	ailable	<u></u>					
	i conconcors onny ave	madie						
	dule O)							
		nancia	al					
wn website X Another's website X Upon request Other (explain in Sche								
we website X Another's website X Upon request Other (explain in Sche be in Schedule O whether (and if so, how) the organization made its governing documents, conflict of	20 State the name, address, and telephone number of the person who possesses the organization's books and records:							
why website X Another's website X Upon request Other (explain in Sche be in Schedule O whether (and if so, how) the organization made its governing documents, conflict of ents available to the public during the tax year. The name, address, and telephone number of the person who possesses the organization's books and								
The name, address, and telephone number of the person who possesses the organization's books and $ICISCOVELEZ - 954-518-1818$			<u></u>					
	states with which a copy of this Form 990 is required to be filed $\blacktriangleright FL$ 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section c inspection. Indicate how you made these available. Check all that apply. vn website $X$ Another's website $X$ Upon request $\Box$ Other ( <i>explain in Sched</i> e in Schedule O whether (and if so, how) the organization made its governing documents, conflict of i ints available to the public during the tax year. e name, address, and telephone number of the person who possesses the organization's books and	states with which a copy of this Form 990 is required to be filed $\blacktriangleright FL$ 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) ava c inspection. Indicate how you made these available. Check all that apply. why website $X$ Another's website $X$ Upon request $\Box$ Other ( <i>explain in Schedule O</i> ) e in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and file that available to the public during the tax year. e name, address, and telephone number of the person who possesses the organization's books and records: $\Box$ CISCO VELEZ - 954-518-1818	states with which a copy of this Form 990 is required to be filed ►FL 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available c inspection. Indicate how you made these available. Check all that apply. vn website X Another's website X Upon request Other ( <i>explain in Schedule O</i> ) e in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financi ints available to the public during the tax year. e name, address, and telephone number of the person who possesses the organization's books and records:►					

Part VII	I Compensation of Officers, Directors, Trustees, Key Emp	loyees, 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 (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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 report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)			(0	C)		loui	(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		l than	one	Reportable	Reportable	Estimated
	hours per week		box, unless person is both an officer and a director/trustee)					compensation from	compensation from related	amount of other
	(list any hours for	or director	ee			ated		the organization	organizations (W-2/1099-MISC)	compensation from the
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) JAMES ALCOCK	1.00									
BOARD MEMBER		X						0.	0.	0.
(2) MICHAEL BLOCK	1.00									
BOARD MEMBER		X						0.	0.	0.
(3) CAROLYN BOLTON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) HENRY DEL CAMPO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) DON HSIEH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) ROBERT MCCABE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) CHARLENE MARKO-HEIM	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(8) HARRIS SISKIND	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(9) BENNY J. GONZALEZ	1.00									
TREASURER		х		Х				0.	0.	0.
(10) EDUARDO RIVERA	1.00									•
SECRETARY		Х		Х				0.	0.	0.
(11) FRANCISCO VELEZ	40.00							125 000	0	
CEO	40.00			X				135,000.	0.	3,607.
(12) SARI VATSKE	40.00							117 000	0	
VP OF COMMUNITY RELATIONS	_					X		117,000.	0.	2,705.
632007 11-11-16							I			Form <b>990</b> (2016)

632007 11-11-16

15490206 757829 LA592097520

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2016.05050 FEEDING SOUTH FLORIDA, INC. LA5920A1

	990 (2016) <b>FEEDING</b>					-				59-2	097	520	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week (list any	box, offic	not c , unle	Pos heck ss pe	more rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatic from related	on d	an	(F) stimate nount other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org an	pensa rom the anizati d relate anizatio	e ion ed
			_	_		<u>×</u>								
	Sub-total Total from continuation sheets to Part VI								252,000.		0.		6,3	0.
d Total (add lines 1b and 1c)       ▶       252,000.       0         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable						<b>0.</b> le		6,3						
	compensation from the organization												Yes	2 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>				•	•	•		highest compensated e			3	100	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from			4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	accrue comper	nsati	ion f	rom	any	/ unr	elat		idual for services		5		X
	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										Ipens			
	(A) Name and business	address							(B) Description of s	services	С	ompe	<b>C)</b> nsatio	n
P.(	NECA INDUSTRIAL PARK D. BOX 198498, ATLANTA, FILLIES CONSTRUCTION, I		384	1					RENT	UOUGE		59	5,5	53.
P.(	SFIELD OIL COMPANY		384	1					BOYNTON WARE RENOVATION ON SITE FLEE			26	6,4	15.
P.(	D. BOX 638544, CINCINNA BRIEL GROUP, 3090 RIDER								SERVICES POSTAGE/MARK			14	3,9	89.
EAI	RTH CITY, MO 63045 KTRAN TRUCK CENTER-MIAN					,			SERVICES			14	3,9	89.
	<b>)1 NW 74TH AVE, MIAMI,</b> Total number of independent contractors (ii	FL 3316		mite	d to	tho	se lis		TRUCK RENTAL			14	3,9	67.
	\$100,000 of compensation from the organiz	-					6		·			Form	<b>990</b> (2	2016)

632008 11-11-16

			<u> </u>		(A) Total revenue	<b>(B)</b> Related or	<b>(C)</b> Unrelated	( <b>D</b> ) Revenue excluded
						exempt function revenue	business revenue	from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
ts, (	С	Fundraising events	1c	33,500.				
Gifi lar	d	Related organizations	1d					
ns,	е	Government grants (contribut	ions) <b>1e</b>	8,600,476.				
er S	f	All other contributions, gifts, gran	ts, and					
-th		similar amounts not included abo	ve 1f	68,609,199.				
onti of C	-	Noncash contributions included in lines		71,178,801.				
δē	h	Total. Add lines 1a-1f			77,243,175.			
				Business Code	406.055	100.055		
vice	2 a			900099	486,955.	486,955.		
Ser	b		<u> </u>					
s nav	c							
gra Re	d							
Program Service Revenue	e f			522100				
	t	<b>Total.</b> Add lines 2a-2f			486,955.			
	3	Investment income (including						
	-	other similar amounts)			19,761.			19,761.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
		Net rental income or (loss)		🕨				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	383,677.	40,500.				
	۵	Less: cost or other basis	326,010.	66,048.				
	~	and sales expenses Gain or (loss)						
		Net gain or (loss)			32,119.			32,119.
		Gross income from fundraising			, -			,
enne	-	including \$ 33						
		contributions reported on line						
r B		Part IV, line 18		20,251.				
Other Rev	b	Less: direct expenses	b	23,486.				
Ŭ	С	Net income or (loss) from func	Iraising events	►	-3,235.			-3,235.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		▶				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	c	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 a	MISCELLANEOUS	e	900099	110,948.	110,948.		
	b					· , · ·		
	c							
		All other revenue						
		Total. Add lines 11a-11d		►	110,948.			
	12	Total revenue. See instructions.			77,889,723.	597,903.	0.	48,645.
63200	9 11-1							Form <b>990</b> (2016)

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

Form 990 (2016)

Statement of Revenue

Part VIII

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2016.05050 FEEDING SOUTH FLORIDA, INC. LA5920A1

59-2097520 Page **9**  Part IX Statement of Functional Expenses

FEEDING SOUTH FLORIDA, INC.

~	Check if Schedule O contains a response	se or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	252,001.	170,926.	46,465.	34,610
~	trustees, and key employees	252,001.	170,920.	40,405.	54,010
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
7	persons described in section 4958(c)(3)(B)	2,077,790.	1,409,316.	383,111.	285,363
7 8	Other salaries and wages Pension plan accruals and contributions (include	4,011,150.			205,505
U	section 401(k) and 403(b) employer contributions)	17,755.	12,043.	3,274.	2 438
9	Other employee benefits	221,222.	150,049.	40,790.	2,438 30,383
9 10	Payroll taxes	200,248.	135,824.	36,922.	27,502
11	Fees for services (non-employees):	20072100			
a	Management				
b	Legal	82.		82.	
	Accounting	35,250.	21,201.	5,451.	8,598
	Lobbying				•
e					
f	Investment management fees	14,565.		14,565.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch O.)	180,480.	108,544.	27,912.	44,024
12	Advertising and promotion				
13	Office expenses	41,435.	30,532.	7,850.	3,053
14	Information technology				
15	Royalties				
16	Occupancy	676,758.	574,868.	85,194.	16,696
7	Travel	27,272.	20,095.	5,167.	2,010
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings		00 654		0.005
20	Interest	125,745.	92,654.	23,826.	9,265
21	Payments to affiliates	20E 622	151 510	20 062	15 150
22	Depreciation, depletion, and amortization	205,632. 188,269.	151,518. 138,725.	38,962.	15,152
23		100,209.	130,/25.	35,672.	13,872
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CONTRIBUTED FOOD ACTIVI	69,098,054.	69,098,054.		
a h	AUTO AND TRUCK	659,921.	659,921.		
2	WAREHOUSE	196,350.	196,350.		
d	TRANSPORTATION AND STOR	191,806.	191,806.		
e e		655,058.	434,337.	38,916.	181,805
25	Total functional expenses. Add lines 1 through 24e	75,065,693.	73,596,763.	794,159.	674,771
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)				

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10 2016.05050 FEEDING SOUTH FLORIDA, INC. LA5920A1

Form **990** (2016)

Form 990 (2016)

I UI		Balance Grieer					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			599,480.	1	468,139.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			65,460.	3	621,089.
	4	Accounts receivable, net		65,094.	4	188,381.	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing					
		employers and sponsoring organizations of section 501(c)(9) voluntary					
S		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8					8	
	9	Prepaid expenses and deferred charges			123,750.	9	111,192.
	10a	Land, buildings, and equipment: cost or other					
			10a	4,497,261.			
	b	basis. Complete Part VI of Schedule D	10b	400,065.	3,797,941.	10c	4,097,196.
	11	Investments - publicly traded securities			3,797,941. 938,022.	11	4,097,196. 962,317.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	2,445,057.	15	4,504,090.		
	16	Total assets. Add lines 1 through 15 (must equa			8,034,804.	16	10,952,404.
	17	Accounts payable and accrued expenses		412,322.	17	355,985.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20					20	
	21	Escrow or custodial account liability. Complete I	Part IV o	of Schedule D		21	
S	22	Loans and other payables to current and former	officer	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and	disqualified persons.			
iabi		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela			2,417,771.	23	2,529,770.
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, page	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			82,619.	25	84,078.
	26	Total liabilities. Add lines 17 through 25			2,912,712.	26	2,969,833.
		Organizations that follow SFAS 117 (ASC 958		k here ► X and			
ses		complete lines 27 through 29, and lines 33 an					
anc	27	Unrestricted net assets			3,718,252.	27	7,000,748.
Bal	28	Temporarily restricted net assets			522,854.	28	100,837.
pu	29			······	880,986.	29	880,986.
Fu		Organizations that do not follow SFAS 117 (A	SC 958	B), check here ▶ 🛄			
۲ د		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds				30	
Ast	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			E 100 000	32	
~	33	Total net assets or fund balances			5,122,092.	33	7,982,571.
	34	Total liabilities and net assets/fund balances			8,034,804.	34	10,952,404. Form <b>990</b> (2016)

Form **990** (2016)

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Form	1990 (2016) FEEDING SOUTH FLORIDA, INC.	59-20	97520	Paç	ge <b>12</b>		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
			^^		~ ~		
1	Total revenue (must equal Part VIII, column (A), line 12)		77,889				
2	Total expenses (must equal Part IX, column (A), line 25)		75,065				
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,122				
5	Net unrealized gains (losses) on investments	5	36	<b>,</b> 4	49.		
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 in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	7,982	2,5	71.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No		
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	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 separat						
	consolidated basis, or both:	,					
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si						
	Act and OMB Circular A-133?		3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х			
			Form	<b>990</b> (	2016)		

SCHEDULE A
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(Form	990	or	990-	·ΕΖ
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# 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.

2016	
Open to Public Inspection	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is	<sub>s at</sub> www.irs.gov/form990.

Name of the organization		Name	of the	organization
--------------------------	--	------	--------	--------------

15490206 757829 LA592097520

Nan	ne of t	he organization							identification number
<b>D</b> -				FLORIDA, INC					9-2097520
Ра	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The	organ	ization is not a private found							
1		A church, convention of ch				• • •	1)(A)(i).		
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)							
3		A hospital or a cooperative							
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
_		city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
5		•		llege or university owned	d or opera	ted by a g	overnmental	unit describ	bed in
•		section 170(b)(1)(A)(iv). (C							
6	$\square$	A federal, state, or local gov	•				.,		
7		An organization that norma	-	intial part of its support i	rom a gov	ernmental	unit or from 1	the general	public described in
~		section 170(b)(1)(A)(vi). (C							
8	$\square$	A community trust describe						11	
9		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	. Enter the	name, cit	y, and state o	i the colleg	eor
10	X	university:	Illy reacives (1) more	than 22 1/20/ of its our	nort from	oontributi	ana mambar	abin face o	nd areas ressints from
10	- 23	An organization that norma							
		activities related to its exen		-					-
		income and unrelated busin See section 509(a)(2). (Cor		(less section 511 tax) in	om busine	esses acqu	lifed by the o	rganization	alter Julie 30, 1975.
11		An organization organized a	,	ively to test for public so	foty Soo	caction 5(	O(a)(4)		
12	$\square$	An organization organized a	-	•	•			arry out the	purposes of one or
12		more publicly supported or	-	•	-			-	
		lines 12a through 12d that							
а		<b>Type I.</b> A supporting orga	• •			-		-	aivina
u	L	the supported organization		-	•				
		organization. You must c			amajonty				apporting
b		<b>Type II.</b> A supporting org	-		tion with it	ts sunnort	ed organizatio	on(s) by ha	vina
		control or management o	-				•		-
		organization(s). You mus						.gee eap	
с		Type III functionally inte			in connec	tion with.	and functiona	Ilv integrate	ed with.
		its supported organization							
d		] Type III non-functionally			-			rted organi	zation(s)
		that is not functionally int						-	
		requirement (see instruct	•	<b>c</b> ,	•		•		
е		Check this box if the orga						II, Type III	
		functionally integrated, or					51 <i>/</i> 51	<i>,</i> <b>,</b>	
f	Ente	er the number of supported of	organizations	, , , , , , , , , , , , , , , , , , , ,	0 0				
g	Prov	vide the following information							
	<b>(</b> i	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount o	,	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tat									
Tota тыл		aperwork Reduction Act N	lotice see the Instr	uctions for Form 990 o	r 990_E7	622021 00	01.16 Scho		m 990 or 990-E7) 2016

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2016.05050 FEEDING SOUTH FLORIDA, INC. LA5920A1

# Schedule A (Form 990 or 990-EZ) 2016 FEEDING SOUTH FLORIDA INC 59-20975 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

59-2097520 Page 2

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	(-,	(	(-/	(-) =	(-) == · · -	(1) 1 2 2 2 2
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
Ŭ	activities, whether or not the						
	business is regularly carried on						
10							
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi				12	
	First five years. If the Form 990 is for			rd fourth or fifth t			
10	organization, check this box and <b>stop</b>	-			-		
Se	ction C. Computation of Publ	ic Support Pe	rcentage	<u></u>			
-	Public support percentage for 2016 (I			column (f))		14	%
	Public support percentage from 2015					15	%
	<b>33 1/3% support test - 2016.</b> If the c						
	stop here. The organization qualifies	-					
r	<b>33 1/3% support test - 2015.</b> If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
F	10% -facts-and-circumstances test						
Ľ	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
-10	i mate roundation. Il the organizatio	n ala not oneon a		a, 100, 17a, 01 17			90 or 990-E7) 2016

Schedule A (Form 990 or 990-EZ) 2016

632022 09-21-16

## Schedule A (Form 990 or 990 EZ) 2016 FEEDING SOUTH FLORIDA, INC.

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	53,577,725.	61,662,224.	64,606,183.	66,899,612.	77,243,175.	323,988,919.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	733,291.	807,197.	879,260.	669,356.	486,955.	3,576,059.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	54,311,016.	62,469,421.	65,485,443.	67,568,968.	77,730,130.	327,564,978.
	Amounts included on lines 1, 2, and	, ,	, ,	, ,	, ,	, ,	, ,
	3 received from disgualified 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.
с	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						327,564,978.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	<b>(f)</b> Total
	Amounts from line 6	54,311,016.	62,469,421.	65,485,443.	67,568,968.	77,730,130.	327,564,978.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	88,036.	1,142,759.	68,579.	788,844.	443,938.	2,532,156.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	88,036.	1,142,759.	68,579.	788,844.	443,938.	2,532,156.
11	Net income from unrelated business activities not included in 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.)	13,446.	88,840.	83,059.	68,247.	110,948.	364,540.
13	Total support. (Add lines 9, 10c, 11, and 12.)	54,412,498.	63,701,020.	65,637,081.	68,426,059.	78,285,016.	330,461,674.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						
	ction C. Computation of Publ		-				00 10
	Public support percentage for 2016 (		•	olumn (f))		15	99.12 %
	Public support percentage from 2015					16	99.18 %
	ction D. Computation of Invest						77
	Investment income percentage for 20			ie 13, column (f))		17	•77 % •73 %
	Investment income percentage from 2					<b>18</b>	,,,
19a	<b>33 1/3% support tests - 2016.</b> If the	-					
Ŀ	more than 33 1/3%, check this box a						
a	<b>33 1/3% support tests - 2015.</b> If the						
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	T GIU HOL CHECK A				edule A (Form 990	
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2016

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## Schedule A (Form 990 or 990-EZ) 2016 FEEDING SOUTH FLORIDA, INC. Part IV Supporting Organizations (continued)

			V.	NI -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		Vee	Na
	Did the divertees twettees average while of one average supported every institute have the approximate		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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		
Sec	tion 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		
Sec	tion 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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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 (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? 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 <b>Part VI</b> the role played by the organization in this regard.	3b		
632025	5 09-21-16 Schedule A (Form 9	90 or 99	90-EZ	2016
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## Schedule A (Form 990 or 990 EZ) 2016 FEEDING SOUTH FLORIDA, INC. 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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .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 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-functional	ly integrate	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2016

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exe	mpt purposes						
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose							
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions							
7	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which the	he organization is responsive	9					
	(provide details in <b>Part VI</b> ). See instructions							
9	Distributable amount for 2016 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016				
			110 2010					
_1	Distributable amount for 2016 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2016 (reason-							
	able cause required- explain in Part VI). See instructions							
_3	Excess distributions carryover, if any, to 2016:							
a								
b								
	From 2013							
	From 2014							
	From 2015							
-	Total of lines 3a through e							
	Applied to underdistributions of prior years							
	Applied to 2016 distributable amount							
	Carryover from 2011 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2016 from Section D, line 7: \$							
	Applied to underdistributions of prior years							
	•••••••••••••••••••••••••••••••••••••••							
-	Applied to 2016 distributable amount Remainder. Subtract lines 4a and 4b from 4							
<u> </u>	Remaining underdistributions for years prior to 2016, if							
5	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions							
6	Remaining underdistributions for 2016. Subtract lines 3h							
U	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions							
7	Excess distributions carryover to 2017. Add lines 3j							
•	and 4c							
8	Breakdown of line 7:							
a								
	Excess from 2013							
	Excess from 2014							
-	Excess from 2015							
	Excess from 2016							

Schedule A (Form 990 or 990-EZ) 2016

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Part VI	Supplemental Information. Pro	vide the explanations r	RIDA, INC	line 10: Part II line	17a or 17b: Part III	line 12:
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b line 1; Part IV, Section D, lines 2 and 3;	, 4c, 5a, 6, 9a, 9b, 9c, 1	1a, 11b, and 11c	; Part IV, Section B,	lines 1 and 2; Part IV	V, Section C
	Section D, lines 5, 6, and 8; and Part V, (See instructions.)	Section E, lines 2, 5, ar	nd 6. Also comple	ete this part for any a	additional information	n.
	(					
2028 09-21-	6			<u></u>	hedule A (Form 990	) or 990-F7
-020 00-21-			20	30		LZ,

## **Schedule of Contributors**

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

INC.

OMB No. 1545-0047

2016

Employer identification number

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-	~		~	•	~	'	-	~	•	

Name	of	the	orga	nizati	on

	niej.
Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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.

FEEDING SOUTH FLORIDA,

#### **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 or 990-EZ), 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, II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

FEEDING SOUTH FLORIDA, INC. Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (b) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 RMS OF FLORIDA, LLC. Person Payroll 751 NW 33RD ST, CENTERPORT STE 500 2,465,504. Noncash \$ (Complete Part II for POMPANO BEACH, FL 33064 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 THOMAS PRODUCE Person Payroll 9905 CLINT MOORE ROAD 1,573,954. Noncash \$ (Complete Part II for BOCA RATON, FL 33496 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 USDA FDACS Person Payroll 407 CALHOUN ST, #M39 8,578,522. Noncash (Complete Part II for TALLAHASSEE, FL 32399 noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No.

Employer identification number

59-2097520

(d)

(d)

(d)

(d)

(d)

(d)

X

X

X

623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Person Pavroll Noncash (Complete Part II for noncash contributions.)

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22

Employer identification number

59-2097520

FEEDING SOUTH FLORIDA, INC.

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 41 11	FOOD DONATION		
1			
		<u> </u>	06/30/17
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions)	Date received
Part I	FOOD DONATION	(,	
2	FOOD DONATION		
		\$ <u>1,573,954</u> .	06/30/17
(a) No.	(b)	(c)	(d)
from	(D) Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions)	
	FOOD DONATION		
3			
			06/30/17
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions)	Date received
		_	
		\$	
(a) No.		(c)	/-1\
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions)	
—			
		\$	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions)	Date received
		—	
		\$	
23453 10-18-	-16 23		990, 990-EZ, or 990-PF

me of organ	nization		Employer identification number
EEDING	G SOUTH FLORIDA, INC.		59-2097520
art III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete	tributions to organizations described i	n section $501(c)(7)$ , (8), or (10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religion	us, charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.) <b>\$</b>
a) No.	Use duplicate copies of Part III if addition	nal space is needed.	
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, a	nd ZIP + 4	Relationship of transferor to transferee
-			
-			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(-) Turneferreferreferre	
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
-			
-			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-			
_			
		(-) Turneferreferreferre	
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
-			
-			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	· · · · ·		
I _			
-			
-			

_					OMB No. 1545-0047		
	HEDULE D n 990)		<b>al Financial Statements</b> anization answered "Yes" on Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2016		
	ment of the Treasury		Attach to Form 990.	ov/form000	Open to Public Inspection		
	I Revenue Service e of the organizati		m 990) and its instructions is at www.irs.go		ver identification number		
Num	e of the organizati	FEEDING SOUTH FLOR	IDA, INC.		59-2097520		
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Account	S.Complete if the		
	organizatio	n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(b) Funds	and other accounts		
1		nd of year					
2		of contributions to (during year)					
3 4		of grants from (during year)					
<del>-</del> 5		t end of year	I writing that the assets held in donor advised	funds			
Ŭ	-		exclusive legal control?		Yes No		
6			dvisors in writing that grant funds can be use				
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for any other purpose cor	nferring			
_					Yes No		
Pa			anization answered "Yes" on Form 990, Par	t IV, line 7.			
1		servation easements held by the organization					
		n of land for public use (e.g., recreation or e of natural habitat	ducation) Preservation of a historic				
		n of open space			loture		
2			ied conservation contribution in the form of a	a conservatio	in easement on the last		
_	day of the tax yea				eld at the End of the Tax Year		
а	Total number of co	onservation easements		2a			
b							
с	Number of conser	vation easements on a certified historic stru	ucture included in (a)	<b>2</b> c			
d			after 8/17/06, and not on a historic structure				
•					·		
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the or	ganization di	uring the tax		
4	year	where property subject to conservation eas	sement is located				
5		tion have a written policy regarding the per	·				
	٠.	forcement of the conservation easements it			Yes No		
6			handling of violations, and enforcing conserv				
	▶						
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatior	n easements	during the year		
	▶\$						
8			re satisfy the requirements of section 170(h)(				
9			on easements in its revenue and expense st		Yes No		
3			ion's financial statements that describes the				
	conservation ease			organization	e decedg.e.		
Pai	rt III Organiza	ations Maintaining Collections of	f Art, Historical Treasures, or Othe	er Similar	Assets.		
	Complete in	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	•		C 958), not to report in its revenue statemer				
			hibition, education, or research in furtherance	e of public se	rvice, provide, in Part XIII,		
L.		the to its financial statements that described under SEAS 116 (AS		d balance ch	not works of art historical		
a	-		C 958), to report in its revenue statement an ducation, or research in furtherance of public				
	relating to these it		uter and the search in the here of public	service, pro	anounts		
	•			▶ \$			
				<b>N</b> 1			
2	If the organization		asures, or other similar assets for financial ga				
	the following amou	unts required to be reported under SFAS 1	16 (ASC 958) relating to these items:				
LНА	For Paperwork R	eduction Act Notice, see the Instructions	STOLEOLU AAN AAN	SC	hedule D (Form 990) 2016		

LHA	For Paperwork	Reduction /	Act Notice,	see the	Instructio	ons for	Form 9
632051	08-29-16						

Schedule D (Form 990) 2016

25 2016.05050 FEEDING SOUTH FLORIDA, INC. LA5920A1

15490206 757829 LA592097520

Sche		SOUTH FLO					59-20			age <b>2</b>
Par										
3	Using the organization's acquisition, accessi	on, and other record	s, check any of	the following th	at are a s	significant	use of its	collectio	n item	S
	(check all that apply):									
а	Public exhibition	d		exchange prog						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						ose in Par	t XIII.		
5	During the year, did the organization solicit of							-		-
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organiz	ation answered	"Yes" or	n Form 990	0, Part IV,	line 9, oi	Ē	
1a	Is the organization an agent, trustee, custod		liary for contribu	tions or other a	ssets not	tincluded				
iu	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII						······ ـــــ			
, N			nowing table.					Amoun	+	
~	Reginning balance					1c		Amoun		
	Beginning balance									
	Additions during the year									
f	Distributions during the year					1f				
	Ending balance Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.						L			1
Par										
		(a) Current year	(b) Prior yea				vears hack	(e) Four	r vears	hack
10	Beginning of year balance	938,022.	927,0		3,344.	. , .	961,019.			924.
	Contributions								,	
	Net investment earnings, gains, and losses	98,403.	10,9	45 3	33,733.	1	47,325.		98	594.
	Grants or scholarships						,			
	Other expenditures for facilities									
e		74,108.					215,000.			
£	and programs	/4,100.				2			14	499.
	Administrative expenses	962,317.	938,0	22 93	27,077.	ç	393,344.		,	019.
-	End of year balance	,			.,,,,,,	,	,511.		, ,	
2	Provide the estimated percentage of the cur Board designated or quasi-endowment	8 • 45	%	in (a)) neiù as.						
	Permanent endowment 91.55	%	70							
	·									
C	Temporarily restricted endowment	%								
0-	The percentages on lines 2a, 2b, and 2c sho		ation that are he	المراجع والمعارية	awa al ƙawa					
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are ne	io ano aominist	ered for t	ine organi	zation	1	Vee	
	by:							20(1)	Yes	No X
	(i) unrelated organizations									X
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organization							3a(ii)		
				R?				3b		
4   Dar	t VI Land, Buildings, and Equipm		wment tunas.							
1 41	Complete if the organization answere		) Part IV line 1	a Soo Form 00	0 Dart V	lino 10				
		(a) Cost or of	· · · · ·	a. See ronn 99 Sost or other	1		ad		-	
	Description of property	basis (investr		sis (other)		ccumulate preciation		( <b>d)</b> Boo	k value	9
	Land	· · · · ·	,	460,000		PICCIALION		16	0,0	00
	Land			<u>400,000.</u> 915,908.		103,0	37	2,81		
	Buildings			<u>335,597.</u>		$\frac{103,0}{41,0}$			<u>4,</u> 8	
	Leasehold improvements			145,559.		$\frac{41,0}{51,9}$			$\frac{4}{3}, 5$	
	Equipment			640,197.		$\frac{51,9}{204,0}$			$\frac{5}{6}, 1$	
	Other				1	<u>204</u> ,0		4,09		
Tota	. Add lines 1a through 1e. (Column (d) must e	quai ⊢orm 990, Part	х, coiumn (B), li	ne IUC.)						
							Schedule	D (Forn	n 990)	2016

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	95,349.
(2) FOOD ON HAND	4,408,741.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,504,090.

#### Other Liabilities. Part X

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)	AGENCY DEPOSITS	84,078.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	84,078.	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

632053 08-29-16

15490206 757829 LA592097520 2016.05050 FEEDING SOUTH FLORIDA, INC. LA5920A1

632054 08-29-16		Schedule D (Form 990) 2016
	28	

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JJ 20JIJ20	Pade 🖶

23,486.

23,486.

Sche	edule D (Form 990) 2016 FEEDING SOUTH FLORIDA, IN	VC.		59-	2097520 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per R	leturi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	77,941,819.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	36,449.		
b	Donated services and use of facilities		6,726.		
с	Recoveries of prior year grants				
d			23,486.		
е				2e	66,661.
3	Subtract line <b>2e</b> from line <b>1</b>			3	77,875,158.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,565.		
b	Other (Describe in Part XIII.)				
с	Add lines <b>4a</b> and <b>4b</b>			4c	14,565.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			5	77,889,723.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With	n Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	75,081,340.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	6,726.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	23,486.		
е	Add lines 2a through 2d			2e	30,212.
3					
	Subtract line <b>2e</b> from line <b>1</b>			3	75,051,128.
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:				75,051,128.
4 a	Amounts included on Form 990, Part IX, line 25, but not on line 1:				75,051,128.
4 a b	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	14,565.		14,565.
b c 5	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )	4a 4b	14,565.		
b c 5	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4a 4b	14,565.	4c	14,565.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

### SPECIAL EVENT EXPENSE

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	ental Information Regarding e organization answered "Yes" on organization entered more than \$15 Attach to Form 990 about Schedule G (Form 990 or 990-EZ)	Form 5,000 ( or Fo	990, F on Fo rm 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 0-EZ.	or 19	, or if the orm990.	OMB No. 1545-0047
Name of the organization		SOUTH FLORIDA, IN					Employer i 59-209	dentification number
	ing Activities	Complete if the organization answe		es" o	n Form 990, Part IV,	line 1		
<ol> <li>Indicate whether the</li> <li>a Mail solicitati</li> <li>b Internet and</li> <li>c Phone solicit</li> <li>d In-person sol</li> <li>2 a Did the organization key employees lister</li> </ol>	ons email solicitations ations icitations n have a written c ed in Form 990, P highest paid indiv	sed funds through any of the followin e Solicitat f Solicitat g Special pr oral agreement with any individual Part VII) or entity in connection with pr viduals or entities (fundraisers) pursu	ion of ion of fundra (incluo rofess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	<b>Y</b>	es DNo o be
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have cr or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (	Amount paid or retained by fundraiser ted in col. (i)	(v) Amount paid to (or retained by)
			Yes	No				
		on is registered or licensed to solicit o		▶ outions	s or has been notified	d it is	exempt fron	n registration
LHA For Paperwork Re	duction Act Not	ice, see the Instructions for Form S	990 or	990-l	EZ. 5	sche	dule G (Forn	n 990 or 990-EZ) 2016

632081 09-12-16

## Schedule G (Form 990 or 990-EZ) 2016 FEEDING SOUTH FLORIDA, INC.

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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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	)-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
			(a) Event #1 OUTRUN	(b) Event #2 SUMMER	(c) Other events	(d) Total events (add col. (a) through
			HUNGER 5K	HUNGER ENDS	6	col. (c)
anı			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	32,293.	5,425.	16,033.	53,751.
	2	Less: Contributions	28,500.	5,000.		33,500.
	3	Gross income (line 1 minus line 2)	3,793.	425.	16,033.	20,251.
	4	Cash prizes				
es	5	Noncash prizes				
Expens	6	Rent/facility costs		7,912.		7,912.
Direct Expenses	7	Food and beverages				
-	8	Entertainment				
	9	Other direct expenses	6,894.		8,680.	
	10	Direct expense summary. Add lines 4 throug				23,486.
	11			000 D L N/ K 40		-3,235.
Pa	rt I	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	1990, Part IV, line 19, or i	reported more than	
		\$13,000 011 0111 990 LZ, inte 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Hevenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
-	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	<b>Yes</b> %	Yes %	
	6	Volunteer labor	No	No	Νο	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1 column (d)		•	
_	<u> </u>	Hot gaming moorne summary. Subtrast line f				
9	Ent	ter the state(s) in which the organization cond	ucts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
~						
		ere any of the organization's gaming licenses r				Yes No
IJ		Yes," explain:				
000		- 10.10			Sobodula C /Ea	rm 000 or 000 EZ\ 004
5208	sz 09	9-12-16			Schedule G (FO	rm 990 or 990-EZ) 2010
				20		

Schedule G (Form 990 or 990-EZ) 2016 FEEDING SOUTH FLORIDA, INC.	59-2097520 <sub>Page</sub>
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity form	
to administer charitable gaming?	Yes 🗆 N
3 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a
b An outside facility	
I4 Enter the name and address of the person who prepares the organization's gaming/special events books and	
Name	
Address 🕨	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	?
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> and the	amount
of gaming revenue retained by the third party ▶\$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
6 Gaming manager information:	
Name	
Gaming manager compensation 🕨 💲	
Description of services provided 🕨	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	Yes
retain the state gaming license? <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	
organization's own exempt activities during the tax year <b>&gt;</b> \$	pentinitie
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III lines 9 9h 10h 15h
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	and Fart III, intes 9, 90, 100, 13
Toc, To, and Tro, as applicable. Also provide any additional information. See instructions	
	edule G (Form 990 or 990-EZ) 2
31	
90206 757829 LA592097520 2016.05050 FEEDING SOUTH FLORI	DA, INC. LA59202

	G (Form 990 or 990-EZ)			FLORIDA,	INC.
Part IV	Supplemental Ir	nformation (contine	ued)		

<sup>632084</sup> 04-01-16 <b>490206</b>	757829	LA59209	7520	2016.0	)5050	32 FEEDING	SOUTH	FLOR	IDA,	INC.	LA5920A	1
632084									Sched	ule G (For	m 990 or 990-E	<b>Z</b> )
												_
												—

SCHEDULE	Μ
(Form 990)	

## **Noncash Contributions**

OMB No. 1545-0047 

Department of the Treasury Internal Revenue Service

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

**Open To Public** Inspection

Employer identification number

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

#### TNC

	FEEDING SOUTH	H FLOR	IDA, INC.			59-2097520
Pa	rt I Types of Property			_		
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		(d) Method of determining noncash contribution amounts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory	Х		71,178,80	1.WH	OLESALE VALUE/LB
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other • ()					
26	Other  ( )					
27	Other  ( )					
28	Other 🕨 (					
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for o	contributions		
	for which the organization completed Form 828					
						Yes No
30a	During the year, did the organization receive by	/ contributio	on any property rej	ported in Part I, lines 1 th	rough 28	3, that it

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, th	at it			
	must hold for at least three 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		Х
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		Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash				
	contributions?		32a		Х
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.				
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule M (F	orm	990) (	2016)

632141 08-23-16

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.

32142 08-23-16					Schedule M	l (Form 990) (2016)
		34				
190206 757829 LA592097520	2016.05050	FEEDING	SOUTH	FLORIDA	A, INC.	LA5920A1

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

OMB No. 1545-0047 2016 Open to Public Inspection

FEEDING SOUTH FLORIDA, INC.

Employer identification number 59 - 2097520

### FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROGRAMMING.

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

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

NO CHANGE FROM PRIOR YEAR.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2016)

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