

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2012, or tax year beginning 07/01/12, and ending 06/30/13

2012

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

Harry Chapin Food Bank of Southwest Florida, Inc.

Employer identification number

59-2332120

Part I Type of Return and Return Information (Whole Dollars Only)


Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>28,237,192</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

- 6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here  02/28/14 President and CEO
Signature of officer Date Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's signature	<u>Angeline K. Choo, CPA</u>	Date	<u>02/28/14</u>	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	<u>P00547763</u>
Use Only	Firm's name (or yours if self-employed), address, and ZIP code	<u>MYERS, BRETT HOLTZ & COMPANY, PA</u>			EIN	<u>59-2445709</u>		Phone no.	<u>239-939-5775</u>
		<u>12671 Whitehall D Fort Myer FL 33907</u>							

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>Angeline K. Choo, CPA</u>				
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2012)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2012
Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning 07/01/12, and ending 06/30/13

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **Harry Chapin Food Bank of Southwest Florida, Inc.**
 Doing Business As: _____
 Number and street (or P.O. box if mail is not delivered to street address): **3760 Fowler Street**
 City, town or post office, state, and ZIP code: **Fort Myers FL 33901**

D Employer identification number: **59-2332120**

E Telephone number: **239-334-7007**

G Gross receipts: **29,135,034**

F Name and address of principal officer:
Al Brislain, President & CEO
3760 Fowler Street
Fort Myers FL 33901

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: **www.harrychapinfoodbank.org**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1983** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To overcome hunger in Charlotte, Collier, Glades, Hendry and Lee counties through education in a cooperative effort with affiliated agencies in the procurement and distribution of food, equitably and without discrimination.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	45
	6 Total number of volunteers (estimate if necessary)	6	2685
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	24,023,010	27,968,820
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	741	83,142
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	326,009	-73,324
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,349,760	28,237,192
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,242,078	23,520,795
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,960,675	2,239,784
	16a Professional fundraising fees (Part IX, column (A), line 11e)	287,698	317,787
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 810,638		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,874,067	1,920,032
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,364,518	27,998,398	
19 Revenue less expenses. Subtract line 18 from line 12	-14,758	238,794	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,253,630	8,116,317
	22 Net assets or fund balances. Subtract line 21 from line 20	3,204,046	2,826,614
		5,049,584	5,289,703

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: **Al Brislain** Date: _____
 Type or print name and title: **President and CEO**

Paid Preparer Use Only

Print/Type preparer's name: **Angeline K. Choo, CPA** Preparer's signature: **Angeline K. Choo, CPA** Date: **03/03/14** Check if self-employed PTIN: **P00547763**

Firm's name ▶ **MYERS, BRETTHOLTZ & COMPANY, PA** Firm's EIN ▶ **59-2445709**
 12671 Whitehall Dr
 Firm's address ▶ **Fort Myers, FL 33907-3626** Phone no. **239-939-5775**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:
To overcome hunger in Charlotte, Collier, Glades, Hendry and Lee counties through education in a cooperative effort with affiliated agencies in the procurement and distribution of food, equitably and without discrimination.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **26,966,633** including grants of \$ **23,520,795**) (Revenue \$)
Provides more than 17.5 million pounds of nutritious, quality food to 164 partner agencies that provide direct services to those in need. Partner agencies are non-profit organizations that are comprised of church food pantries, neighborhood centers, low-income housing sites, senior nutrition centers, family crisis centers, group homes, soup kitchens, emergency shelters, after-school programs, day care centers, rehabilitation facilities, and disaster relief agencies.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ **26,966,633**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		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		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):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
c	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	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	0		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	45		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<input checked="" type="checkbox"/>	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<input checked="" type="checkbox"/>
4a			
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<input checked="" type="checkbox"/>
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
5b			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<input checked="" type="checkbox"/>
6a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7a		<input checked="" type="checkbox"/>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<input checked="" type="checkbox"/>	
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<input checked="" type="checkbox"/>
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input checked="" type="checkbox"/>
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input checked="" type="checkbox"/>
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<input checked="" type="checkbox"/>
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<input checked="" type="checkbox"/>	
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 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 is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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. Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶ Dave Najjar** **3760 Fowler Street**

Fort Myers

FL 33901

239-334-7007

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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 organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jo Anna Bradshaw Chairperson	6.00 0.00	X		X				0	0	0
(2) Noelle Melanson Vice Chairperson	5.00 0.00	X		X				0	0	0
(3) Craig Folk Treasurer	5.00 0.00	X		X				0	0	0
(4) Jeremy Barras Secretary	5.00 0.00	X		X				0	0	0
(5) Alexander Robinson Director	2.00 0.00	X						0	0	0
(6) P. Keith Scoggins Director	2.00 0.00	X						0	0	0
(7) Aida Barnhart Director	2.00 0.00	X						0	0	0
(8) John Belisle Director	2.00 0.00	X						0	0	0
(9) Connie Boyd Director	2.00 0.00	X						0	0	0
(10) Karen Pati Director	2.00 0.00	X						0	0	0
(11) Dr. Brian Schwartz Director	2.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Kristina Rodriguez Director	2.00 0.00	X						0	0	0
(13) Raymond Pavelka Director	2.00 0.00	X						0	0	0
(14) Rev. Stephanie Munz Campbell Director	2.00 0.00	X						0	0	0
(15) Alan Brislain CEO	40.00 0.00			X				90,135	0	26,539
(16)										
(17)										
(18)										
(19)										
1b Sub-total								90,135		26,539
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								90,135		26,539

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 221,581					
	b Membership dues	1b					
	c Fundraising events	1c 395,970					
	d Related organizations	1d					
	e Government grants (contributions)	1e 2,355,135					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 24,996,134					
	g Noncash contributions included in lines 1a-1f: \$	23,411,894					
	h Total. Add lines 1a-1f		27,968,820				
Program Service Revenue	2a Program Service Revenue	Busn. Code	83,142	83,142			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		83,142				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,644			1,644	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			120,001				
	b Less: cost or other basis & sales exps.			194,969			
	c Gain or (loss)			-74,968			
	d Net gain or (loss)			-74,968	-74,968		
	8a Gross income from fundraising events (not including \$ 395,970 of contributions reported on line 1c). See Part IV, line 18	a	98,304				
		b Less: direct expenses	b	29,633			
c Net income or (loss) from fundraising events			68,671				
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a	838,473					
	b Less: cost of goods sold	b	673,240				
	c Net income or (loss) from sales of inventory		165,233			165,233	
11a Transportation reimbursements	Miscellaneous Revenue	Busn. Code	24,650			24,650	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		24,650				
12 Total revenue. See instructions.		28,237,192	8,174	0	191,527		

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	23,520,795	23,520,795		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	114,814	68,888	22,963	22,963
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,631,889	1,232,615	106,019	293,255
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	89,603	65,158	7,191	17,254
9 Other employee benefits	265,666	195,249	19,653	50,764
10 Payroll taxes	137,812	103,616	9,664	24,532
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	17,622		17,622	
d Lobbying				
e Professional fundraising services. See Part IV, line 7	317,787			317,787
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	36,045	28,886	2,089	5,070
12 Advertising and promotion	6,182	135		6,047
13 Office expenses	64,342	36,143	4,956	23,243
14 Information technology	119,703	110,733	3,018	5,952
15 Royalties				
16 Occupancy	118,965	113,622	4,840	503
17 Travel	22,985	17,730	1,151	4,104
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	146,739	146,739		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	350,593	345,406	2,045	3,142
23 Insurance	59,354	54,807	3,784	763
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 O.)				
a Vehicle	288,699	278,140	6,654	3,905
b Food handling	162,229	162,229		
c Food transportation	159,997	159,997		
d Agency programs	136,905	131,813		5,092
e All other expenses	229,672	193,932	9,478	26,262
25 Total functional expenses. Add lines 1 through 24e	27,998,398	26,966,633	221,127	810,638
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	147,339	1	406,791
	2	Savings and temporary cash investments	1,336,710	2	1,219,704
	3	Pledges and grants receivable, net		3	14,667
	4	Accounts receivable, net	197,560	4	144,852
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,196,457	8	1,202,887
	9	Prepaid expenses and deferred charges	52,673	9	25,010
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,166,311		
	b	Less: accumulated depreciation	10b 1,228,845	10c	4,937,466
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	12,471	12	13,796
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,000	15	151,144
16	Total assets. Add lines 1 through 15 (must equal line 34)	8,253,630	16	8,116,317	
Liabilities	17	Accounts payable and accrued expenses	51,693	17	15,992
	18	Grants payable	145,565	18	64,084
	19	Deferred revenue	28,000	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,826,115	23	2,574,195
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	152,673	25	172,343
	26	Total liabilities. Add lines 17 through 25	3,204,046	26	2,826,614
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	4,863,847	27	4,861,108
	28	Temporarily restricted net assets	180,737	28	423,595
	29	Permanently restricted net assets	5,000	29	5,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	5,049,584	33	5,289,703	
34	Total liabilities and net assets/fund balances	8,253,630	34	8,116,317	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,237,192
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,998,398
3	Revenue less expenses. Subtract line 2 from line 1	3	238,794
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,049,584
5	Net unrealized gains (losses) on investments	5	1,325
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,289,703

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

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. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization **Harry Chapin Food Bank of Southwest Florida, Inc.** Employer identification number **59-2332120**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,579,456	16,123,148	20,017,562	24,023,010	27,968,820	99,711,996
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,579,456	16,123,148	20,017,562	24,023,010	27,968,820	99,711,996
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.						99,711,996

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	11,579,456	16,123,148	20,017,562	24,023,010	27,968,820	99,711,996
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,146	5,246	2,978	4,022	1,644	19,036
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	27,017	616,041	934,903	1,064,193	863,123	3,505,277
11 Total support. Add lines 7 through 10						103,236,309
12 Gross receipts from related activities, etc. (see instructions)					12	181,446

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	96.59%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	96.67%

16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II, Line 10 - Other Income Detail

Other Income \$ 2,642,154

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2012

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization Harry Chapin Food Bank of Southwest Florida, Inc.	Employer identification number 59-2332120
---	---

Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization
<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
<input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation
<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
<input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Harry Chapin Food Bank of Southwest	Employer identification number 59-2332120
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Florida Dept of Agriculture 407 South Calhoun Street Tallahassee FL 32399	\$ 2,217,732	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Harry Chapin Food Bank of Southwest	Employer identification number 59-2332120
--	---

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	USDA food commodities	\$ 2,008,555
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Harry Chapin Food Bank of Southwest Florida, Inc.

Employer identification number

59-2332120

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, Held at the End of the Tax Year. Includes questions 1-8 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶ %
- b** Permanent endowment ▶ %
- c** Temporarily restricted endowment ▶ %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	952,422	528,160		1,480,582
b Buildings		3,120,234	305,646	2,814,588
c Leasehold improvements				
d Equipment		1,565,495	923,199	642,296
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ **4,937,466**

Part VII Investments—Other Securities. 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)		
(I)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Compensated absences	86,325	
(3) Accrued payroll and benefits	79,838	
(4) Capital lease payable	6,180	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	172,343	

2. FIN 48 (ASC 740) Footnote. 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

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

1	Total revenue, gains, and other support per audited financial statements		1	28,664,093
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	1,325	
b	Donated services and use of facilities	2b	5,570	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	6,895
3	Subtract line 2e from line 1		3	28,657,198
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-420,006	
c	Add lines 4a and 4b		4c	-420,006
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	28,237,192

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

1	Total expenses and losses per audited financial statements		1	28,349,006
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	5,570	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	673,240	
e	Add lines 2a through 2d		2e	678,810
3	Subtract line 2e from line 1		3	27,670,196
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	328,202	
c	Add lines 4a and 4b		4c	328,202
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	27,998,398

Part XIII Supplemental Information

Complete this part to 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 4b - Revenue Amounts Included on Return - Other

Loss on disposal of assets	\$	-74,968
Cost of goods sold	\$	-673,240
Other fundraising expenses	\$	10,415
Shared fundraising revenue expense	\$	317,787

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Cost of goods sold	\$	673,240
--------------------	----	---------

Part XII, Line 4b - Expense Amounts Included on Return - Other

Professional fundraising expense	\$	317,787
Indirect fundraising expense	\$	10,415

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization **Harry Chapin Food Bank of Southwest Florida, Inc.** Employer identification number **59-2332120**

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
One to One Group 1 7324 Delainey Ct Sarasota FL 34240	Dir Mail		X	1,109,459	317,787	791,672
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,109,459	317,787	791,672

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

Florida

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>Hunger Walk</u> (event type)	<u>Grandeza Golf</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	343,865	57,486	92,923	494,274
	2	Less: Contributions	343,865		52,105	395,970
	3	Gross income (line 1 minus line 2)		57,486	40,818	98,304
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	12,774	9,453	7,406	29,633
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					68,671

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
		(add col. (a) through col. (c))				
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization
**Harry Chapin Food Bank of Southwest
Florida, Inc.**Employer identification number
59-2332120**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Abundant Grace Fellowship 2701 Cleveland Avenue #2 Fort Myers FL 33908	42-1567485	3		10,102	Avg cost p	Food commoditie	Food for public dist
(2)	Adventist Community Services 1655 Taylor Road Punta Gorda FL 33950	65-0652109	3		13,463	Avg cost p	Food commoditie	Food for public dist
(3)	Afcaam After School Program 3681 Michigan Avenue Fort Myers FL 33916	65-0889322	3		10,047	Avg cost p	Food commoditie	Food for public dist
(4)	All Souls Episcopal Pantry 14640 N. Cleveland Avenue North Fort Myers FL 33903	65-0151247	3		103,594	Avg cost p	Food commoditie	Food for public dist
(5)	Alva United Methodist Church P.O. Box 96 Alva FL 33920	59-0250411	3		61,663	Avg cost p	Food commoditie	Food for public dist
(6)	Amigos Center 106 S. 2nd Street Immokalee FL 34142	59-3646095	3		561,737	Avg cost p	Food commoditie	Food for public dist
(7)	Ann's Restoration House 599 Carolina Avenue Fort Myers FL 33905	20-0053851	3		23,147	Avg cost p	Food commoditie	Food for public dist
(8)	Assembly Of God 3825 McGregor Boulevard Fort Myers FL 33901	65-0616904	3		19,948	Avg cost p	Food commoditie	Food for public dist
(9)	Bonita Springs Assistance Office, I 10322 Pennsylvania Avenue Bonita Springs FL 34134	59-2337909	3		222,927	Avg cost p	Food commoditie	Food for public dist

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **146**
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization **Harry Chapin Food Bank of Southwest
Florida, Inc.**Employer identification number
59-2332120**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Bootstrap Ministry Inc 4801 Orange Grove Boulevard North Fort Myers FL 33903	26-3644653	3		7,843	Avg cost p	Food commoditie	Food for public dist
(2)	Broadway Church Of God Pantry 3309 South Broadway Street Fort Myers FL 33901	59-2398091	3		1,668,805	Avg cost p	Food commoditie	Food for public dist
(3)	C.H.A.P.S., Inc 18200 Paulson Drive, Unit A-1 Port Charlotte FL 33954	65-0498294	3		60,415	Avg cost p	Food commoditie	Food for public dist
(4)	Cape Coral Assembly Of God 717 Skyline Boulevard Cape Coral FL 33991	59-2262560	3		128,031	Avg cost p	Food commoditie	Food for public dist
(5)	Cape Coral Caring Center 4645 Se 15Th Avenue Cape Coral FL 33904	65-0262583	3		113,100	Avg cost p	Food commoditie	Food for public dist
(6)	Cape Coral Community Cooperative 1105 Cultural Pkwy Cape Coral FL 33991	59-2602772	3		141,775	Avg cost p	Food commoditie	Food for public dist
(7)	Carl-Con Group Home 106 Lee Boulevard Lehigh Acres FL 33936	65-0265397	3		53,065	Avg cost p	Food commoditie	Food for public dist
(8)	Catholic Charities Of Bonita Spring 4235 Michigan Link Bonita Springs FL 33916	59-2473176	3		329,794	Avg cost p	Food commoditie	Food for public dist
(9)	Catholic Charities Of Fort Myers 4235 Michigan Link Fort Myers FL 33916	65-0889322	3		326,134	Avg cost p	Food commoditie	Food for public dist

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization
**Harry Chapin Food Bank of Southwest
Florida, Inc.**Employer identification number
59-2332120**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Catholic Charities Of Hendry/Glades 4235 Michigan Link Clewiston FL 33916	59-2473176	3		70,963	Avg cost p	Food commoditie	Food for public dist
(2)	Center For Living P.O. Box 7043 Fort Myers FL 33911	65-0581985	3		26,486	Avg cost p	Food commoditie	Food for public dist
(3)	Central Baptist Church 3208 Central Avenue Fort Myers FL 33901	59-1459608	3		8,456	Avg cost p	Food commoditie	Food for public dist
(4)	Charleston Park Neighborhood Associ 2541 Charleston Park Drive Alva FL 33920	59-3080357	3		193,813	Avg cost p	Food commoditie	Food for public dist
(5)	Charlotte County Homeless Coalition P.O. Box 380157 Port Charlotte FL 33938	65-0139525	3		95,460	Avg cost p	Food commoditie	Food for public dist
(6)	Christ Community Church 4050 Colonial Blvd Fort Myers FL 33966	59-6514378	3		83,759	Avg cost p	Food commoditie	Food for public dist
(7)	Clewiston Seventh Day 545 E. Obispo Ave Clewiston FL 33440	20-5695382	3		22,479	Avg cost p	Food commoditie	Food for public dist
(8)	Community Church of Alva 23060 Railroad Avenue Alva FL 33920	65-0714321	3		87,815	Avg cost p	Food commoditie	Food for public dist
(9)	Community Cooperative Ministries P.O. Box 2143 Fort Myers FL 33902	59-2602772	3		346,974	Avg cost p	Food commoditie	Food for public dist

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization **Harry Chapin Food Bank of Southwest
Florida, Inc.**Employer identification number
59-2332120**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Community Cooperative Ministries-Ea 4040 Palm Beach Blvd Fort Myers FL 33916	59-2602772	3		102,380	Avg cost p	Food commoditie	Food for public dist
(2)	Community Fellowship Church 1701 13th Street Clewiston FL 33440	27-4399453	3		39,762	Avg cost p	Food commoditie	Food for public dist
(3)	Community Resource Center, Inc. 5400 Riverside Drive, Box 3522 Punta Gorda FL 33982	65-0496363	3		48,989	Avg cost p	Food commoditie	Food for public dist
(4)	Compassion Avenue, Inc. P.O. Box 418 Clewiston FL 33440	51-0477088	3		223,061	Avg cost p	Food commoditie	Food for public dist
(5)	Daniels Road Baptist Church 5878 Daniels Road Fort Myers FL 33912	59-2350694	3		71,324	Avg cost p	Food commoditie	Food for public dist
(6)	Discipleship Driven Ministries 565 Prineville, St Port Charlotte FL 33954	20-5840548	3		348,568	Avg cost p	Food commoditie	Food for public dist
(7)	Eben-Ezer Baptist Church P.O. Box 6580 Fort Myers FL 33911	65-0975889	3		72,194	Avg cost p	Food commoditie	Food for public dist
(8)	Edgewater United Methodist Church 19190 Cochran Boulevard Port Charlotte FL 33948	65-0235009	3		299,323	Avg cost p	Food commoditie	Food for public dist
(9)	Englewood East Church Of Christ 9600 Gulfstream Boulevard Englewood FL 34224	26-3786816	3		31,629	Avg cost p	Food commoditie	Food for public dist

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2012)

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(Form 990)****Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2012**Open to Public
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Internal Revenue Service

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Evangel Church 350 S. Berner Road Clewiston FL 33440	59-2236258	3		16,806	Avg cost p	Food commoditie	Food for public dist
(2)	Everglades Community Church P.O. Box 177 Chokoloskee FL 34139	22-3934843	3		101,275	Avg cost p	Food commoditie	Food for public dist
(3)	F.I.S.H. Of Sanibel 1630-B Periwinkle Way Sanibel FL 33957	20-8892375	3		16,966	Avg cost p	Food commoditie	Food for public dist
(4)	Faith Fellowship Food Pantry 6111 South Pointe Boulevard Fort Myers FL 33919	65-0827752	3		13,958	Avg cost p	Food commoditie	Food for public dist
(5)	Faith Presbyterian Church/We Care 4544 Coronado Parkway Cape Coral FL 33904	59-1021543	3		100,840	Avg cost p	Food commoditie	Food for public dist
(6)	Family Resource Center 4209 Tamiami Trail East Naples FL 34112	59-2473176	3		187,107	Avg cost p	Food commoditie	Food for public dist
(7)	First Assembly Cornerstone 3220 Martin Luther King Boulevard Fort Myers FL 33916	59-0782460	3		286,938	Avg cost p	Food commoditie	Food for public dist
(8)	First Assembly Ministries 4701 Summerlin Road Fort Myers FL 33919	59-0782460	3		57,369	Avg cost p	Food commoditie	Food for public dist
(9)	First Baptist Church of FM Beach 130 Connecticut Street FM Beach FL 33931	59-2495484	3		114,117	Avg cost p	Food commoditie	Food for public dist

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(Form 990)****Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2012**Open to Public
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Internal Revenue Service

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Name of the organization
**Harry Chapin Food Bank of Southwest
Florida, Inc.**Employer identification number
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(1)	First Baptist Church/Horn Of Plenty 459 Gill Street Punta Gorda FL 33950	59-6167083	3		52,874	Avg cost p	Food commoditie	Food for public dist
(2)	First Community Congregational Chur 200 E Leeland Heights Boulevard Lehigh Acres FL 33936	59-1969598	3		1,270,868	Avg cost p	Food commoditie	Food for public dist
(3)	First Macedonia Missionary Baptist 411 E. Charlotte Avenue Punta Gorda FL 33950	65-0360165	3		10,970	Avg cost p	Food commoditie	Food for public dist
(4)	First United Methodist Church of Im 303 N 9th St Immokalee FL 34142	59-1963954	3		15,088	Avg cost p	Food commoditie	Food for public dist
(5)	Florida Gulf Coast Univ Campus Food 10501 FGCU Boulevard South Fort Myers FL 33965	65-0403969	3		15,590	Avg cost p	Food commoditie	Food for public dist
(6)	Friendship United Methodist Church 12275 Paramount Dr. Punta Gorda FL 33955	36-2167731	3		5,201	Avg cost p	Food commoditie	Food for public dist
(7)	Ft Myers Christian Center 3500 Fowler Street Fort Myers FL 33901	65-0937140	3		211,973	Avg cost p	Food commoditie	Food for public dist
(8)	Ft. Myers Rescue Mission 6900 Mission Lane Fort Myers FL 33916	59-2469860	3		729,106	Avg cost p	Food commoditie	Food for public dist
(9)	Ft. Myers Shores Seventh Day Advent 14830 Palm Beach Boulevard Fort Myers Shores FL 33905	65-1136427	3		24,198	Avg cost p	Food commoditie	Food for public dist

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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Name of the organization **Harry Chapin Food Bank of Southwest
Florida, Inc.**Employer identification number
59-2332120**Part I General Information on Grants and Assistance**

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Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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(1)	Ft. Myers Spanish Sda Church 9838 Bernwood Place Drive, #211 Fort Myers FL 33966	52-6037545	3		91,093	Avg cost p	Food commoditie	Food for public dist
(2)	Good Samaritans Of Charlotte County P.O. Box 494752 Punta Gorda FL 33949	59-2379128	3		140,273	Avg cost p	Food commoditie	Food for public dist
(3)	Good Shepherd Ministries Of SWFL, I 2621 Central Avenue Fort Myers FL 33901	26-1213378	3		5,763	Avg cost p	Food commoditie	Food for public dist
(4)	Glorious Community Service Programs 12538 Palm Beach Blvd Fort Myers FL 33905	32-0325441	3		31,682			
(5)	Grace Community Center 13 SE 21st Place Cape Coral FL 33990	26-2720721	3		294,213	Avg cost p	Food commoditie	Food for public dist
(6)	Grace Place For Children & Families P.O. Box 990531 Naples FL 34116	65-1229558	3		347,963	Avg cost p	Food commoditie	Food for public dist
(7)	Grace United Methodist Church 14036 Matanzas Drive Fort Myers Shores FL 33905	36-2167731	3		6,229	Avg cost p	Food commoditie	Food for public dist
(8)	Guadalupe Center, Inc 211 9th Street South Immokalee FL 33934	59-2617151	3		24,208	Avg cost p	Food commoditie	Food for public dist
(9)	Guadalupe Social Services P.O. Box 5034 Immokalee FL 33934	59-2473176	3		117,152	Avg cost p	Food commoditie	Food for public dist

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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Department of the Treasury
Internal Revenue Service

Name of the organization **Harry Chapin Food Bank of Southwest Florida, Inc.** Employer identification number **59-2332120**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Harlem Heights Neighborhood Associa 10511 Gladiolus Fort Myers FL 33908	65-0323306	3		111,673	Avg cost p	Food commoditie	Food for public dist
(2)	Harmony Transitional Housing of SWF 6340 Emerald Bay Ct. Fort Myers FL 33908	27-3534932	3		13,966	Avg cost p	Food commoditie	Food for public dist
(3)	Helping Paws Animal Sanctuary 10060 Mallory Pkwy E Unit D St James City FL 33956	27-2416399	3		6,750	Avg cost p	Food commoditie	Food for public dist
(4)	Hendry-Glades Mental Health Clinic 601 W AlveRodez Ave Clewiston FL 33440		3		36,716	Avg cost p	Food commoditie	Food for public dist
(5)	Hope Club House 3602 Broadway Fort Myers FL 33901	30-0437443	3		8,169	Avg cost p	Food commoditie	Food for public dist
(6)	House Of Prayer Iv 2112 Mitchell Court Fort Myers FL 33916	59-2559908	3		62,207	Avg cost p	Food commoditie	Food for public dist
(7)	Iglesia Vida Nueva.Tv/New Life.Tv C 217 E. Aztec Avenue Clewiston FL 33440	65-0397182	3		712,633	Avg cost p	Food commoditie	Food for public dist
(8)	Interfaith Caregivers Inc 17592 Rockefeller Circle Fort Myers FL 33967	65-0362473	3		47,887	Avg cost p	Food commoditie	Food for public dist
(9)	Island Coast Aids Network 2231 McGregor Boulevard Fort Myers FL 33901	65-0147957	3		103,951	Avg cost p	Food commoditie	Food for public dist

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**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012**Open to Public
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Internal Revenue Service

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Name of the organization **Harry Chapin Food Bank of Southwest
Florida, Inc.**Employer identification number
59-2332120**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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(1)	Juan Diego Center 26650 Noble Lane Bonita Springs FL 34135	59-3742064	3		56,910	Avg cost p	Food commoditie	Food for public dist
(2)	K-9 Search & Rescue of South Florida 18211 Palm Creek Dr North Fort Myers FL 33917	65-0471808	3		25,793	Avg cost p	Food commoditie	Food for public dist
(3)	Lehigh Acres Christian Church 50 Bell Boulevard Lehigh Acres FL 33936	59-2168522	3		54,317	Avg cost p	Food commoditie	Food for public dist
(4)	Lehigh Community Services 9 Beth Stacy Boulevard, # 206 Lehigh Acres FL 33971	59-1773738	3		58,821	Avg cost p	Food commoditie	Food for public dist
(5)	Lehigh Seventh Day Adventist 190 S. Homestead Road Lehigh Acres FL 33970	65-0550589	3		75,360	Avg cost p	Food commoditie	Food for public dist
(6)	Liberty Youth Ranch 11081 Liberty Ranch Road Bonita Springs FL 34135	38-3674666	3		9,720	Avg cost p	Food commoditie	Food for public dist
(7)	Lifeline Family Center 907 SE 5th Avenue Cape Coral FL 33904	65-0529641	3		20,951	Avg cost p	Food commoditie	Food for public dist
(8)	Living Word Ministries/Lovelight 2900 N Tamiami Trail North Ft. Myers FL 33903		3		74,110	Avg cost p	Food commoditie	Food for public dist
(9)	McGregor Baptist Pantry 3750 Colonial Boulevard Fort Myers FL 33966	59-2115730	3		429,427	Avg cost p	Food commoditie	Food for public dist

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(Form 990)****Grants and Other Assistance to Organizations,
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Name of the organization **Harry Chapin Food Bank of Southwest
Florida, Inc.**Employer identification number
59-2332120**Part I General Information on Grants and Assistance**

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(1)	Mission Unity, Inc 3512 Depew Circle Port Charlotte FL 33952	05-0532477	3		85,102	Avg cost p	Food commoditie	Food for public dist
(2)	Morningstar Baptist Church 5160 Richmond Fort Myers FL 33905	65-0245964	3		130,168	Avg cost p	Food commoditie	Food for public dist
(3)	Nations Association P.O. Box 1060 Fort Myers FL 33902	59-1840066	3		23,200	Avg cost p	Food commoditie	Food for public dist
(4)	Nature's Cove, Inc 18060 Elmwood Drive Alva FL 33920	65-0697850	3		29,994	Avg cost p	Food commoditie	Food for public dist
(5)	New Life Assembly of God 5146 Leonard Blvd S Lehigh Acres FL 33973	59-2126484	3		58,092	Avg cost p	Food commoditie	Food for public dist
(6)	New Life Dream Center 2120 Collier Avenue, Suite H Fort Myers FL 33901	59-2276660	3		26,555	Avg cost p	Food commoditie	Food for public dist
(7)	Nextep 8981 Daniels Parkway Fort Myers FL 33912	26-4144992	3		95,639	Avg cost p	Food commoditie	Food for public dist
(8)	Noahs Ark Church, Inc 576 11th Street North Naples FL 34102	65-0712776	3		28,937	Avg cost p	Food commoditie	Food for public dist
(9)	Octogan Wild Life 41660 Horseshoe Road Punta Gorda FL 33982	59-2298305	3		429,422	Avg cost p	Food commoditie	Food for public dist

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

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Name of the organization **Harry Chapin Food Bank of Southwest Florida, Inc.** Employer identification number **59-2332120**

Part I General Information on Grants and Assistance

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(1)	Our Daily Bread 1418 Homestead Rd. N. Lehigh Acres FL 33936	59-1318118	3		416,257	Avg cost p	Food commoditie	Food for public dist
(2)	Page Park Community Service Club 507 Center Road Fort Myers FL 33907	59-6155104	3		75,418	Avg cost p	Food commoditie	Food for public dist
(3)	Peniel Sda Church 2663 Second Street Fort Myers FL 33916	59-2627645	3		22,019	Avg cost p	Food commoditie	Food for public dist
(4)	Pentecostal New Testament Church 247 Pine Island Road North Fort Myers FL 33903	59-3552793	3		162,372	Avg cost p	Food commoditie	Food for public dist
(5)	Pine Island Food Pantry 12175 Stringfellow Road St. James City FL 33922	27-1757051	3		39,022	Avg cost p	Food commoditie	Food for public dist
(6)	Pine Island Methodist Church 5701 Pine Island Road Bookelia FL 33922	27-1750751	3		14,194	Avg cost p	Food commoditie	Food for public dist
(7)	Pine Manor Improvement Association P.O. Box 61464 Fort Myers FL 33906	65-0133208	3		121,224	Avg cost p	Food commoditie	Food for public dist
(8)	Port Charlotte Church Of Christ 20484 Midway Boulevard Port Charlotte FL 33952	59-6153816	3		362,035	Avg cost p	Food commoditie	Food for public dist
(9)	Redeemer Haitian Baptist Church-FM 3856 Evans Ave. 3 Fort Myers FL 33901	57-1178818	3		32,212	Avg cost p	Food commoditie	Food for public dist

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(1)	Renew-First Assemblies Ministries 3805 The Lord's Way Naples FL 34113	59-1759946	3		74,868	Avg cost p	Food commodity	Food for public dist
(2)	Salvation Army Bonita Springs 25221 Bernwood Dr. S #2 Bonita Springs FL 34135	58-0660607	3		36,217	Avg cost p	Food commodity	Food for public dist
(3)	Salvation Army Lodge-Fort Myers P.O. Box 60087 Fort Myers FL 33906	58-0660607			5,305	Avg cost p	Food commodity	Food for public dist
(4)	Salvation Army S/S-Fort Myers P.O. Box 60087 Fort Myers FL 33906	58-0660607	3		542,727	Avg cost p	Food commodity	Food for public dist
(5)	Salvation Army S/S-Naples P.O. Box 8209 Naples FL 34101	58-0660607	3		34,484	Avg cost p	Food commodity	Food for public dist
(6)	Salvation Army Service Unit-Clewiston 335 Central Avenue Clewiston FL 33440	59-0631403	3		26,914	Avg cost p	Food commodity	Food for public dist
(7)	Salvation Army Unit Of Labelle P.O. Box 218 Labelle FL 33975	58-0660607	3		126,753	Avg cost p	Food commodity	Food for public dist
(8)	Senior Friendship Centers Inc 5272 Summerlin Commons Way Fort Myers FL 33907	59-1522614	3		60,195	Avg cost p	Food commodity	Food for public dist
(9)	Seventh-Day Adventist Comm. Service 2036 Loveland Boulevard Port Charlotte FL 33980	52-6037545	3		10,664	Avg cost p	Food commodity	Food for public dist

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization **Harry Chapin Food Bank of Southwest
Florida, Inc.**Employer identification number
59-2332120**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	South Fort Myers Food Pantry 8260 Cypress Lake Drive S.W. Fort Myers FL 33919	59-1649348	3		872,958	Avg cost p	Food commoditie	Food for public dist
(2)	St. Francis Of Assisi 5265 Placida Road Grove City FL 34224	59-1933467	3		54,337	Avg cost p	Food commoditie	Food for public dist
(3)	St. Joseph The Worker P.O. Box 1109 Moore Haven FL 33471	59-2545812	3		284,201	Avg cost p	Food commoditie	Food for public dist
(4)	St. Matthew's House 2001 Airport Road South Naples FL 34112	65-0097432	3		42,157	Avg cost p	Food commoditie	Food for public dist
(5)	St. Vincent De Paul Church 13031 Palm Beach Boulevard SE Fort Myers FL 33905	59-2824352	3		600,539	Avg cost p	Food commoditie	Food for public dist
(6)	St. Vincent De Paul-Grand Ave. P.O. Box 2546 Fort Myers FL 33902	13-5562362	3		1,858,355	Avg cost p	Food commoditie	Food for public dist
(7)	St. Vincent De Paul-Port Charlotte 21505 Augusta Avenue Port Charlotte FL 33952	37-1566756	3		89,258	Avg cost p	Food commoditie	Food for public dist
(8)	St. Vincent De Paul-Punta Gorda 25200 Airport Road Punta Gorda FL 33950	80-0029958	3		329,426	Avg cost p	Food commoditie	Food for public dist
(9)	St. Vincent De Paul-St. Maximillian 2080 Tamiami Trail Port Charlotte FL 33948	59-1905861	3		30,203	Avg cost p	Food commoditie	Food for public dist

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization **Harry Chapin Food Bank of Southwest
Florida, Inc.**Employer identification number
59-2332120**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Suncoast Neighborhood Taskforce, In 2440 Thompson Street North Fort Myers FL 33901	94-3415530	3		299,504	Avg cost p	Food commoditie	Food for public dist
(2)	SVDP-San Antonio Conference 24445 Rampart Blvd Port Charlotte FL 33980	65-0373993	3		18,339	Avg cost p	Food commoditie	Food for public dist
(3)	Tice United Methodist Pantry 4545 Tice Street Fort Myers FL 33905	59-1155134	3		462,679	Avg cost p	Food commoditie	Food for public dist
(4)	Tree Of Life Church 2132 Shadowlawn Drive Naples FL 34112	59-1315066	3		194,404	Avg cost p	Food commoditie	Food for public dist
(5)	Trinity Baptist Church Of Punta Gor 11234 Royal Road Punta Gorda FL 33955	64-0147009	3		95,040	Avg cost p	Food commoditie	Food for public dist
(6)	Vineyard Community Church-Cape 923 SE 47th Terrace Cape Coral FL 33904	59-2706764	3		29,840	Avg cost p	Food commoditie	Food for public dist
(7)	We Care Outreach Center, Inc./Healt 4231 Desoto Avenue Fort Myers FL 33905	61-1485045	3		206,933	Avg cost p	Food commoditie	Food for public dist
(8)	Word Of Life Church 2150 Collier Avenue, Suite H Fort Myers FL 33901	54-2133463	3		299,293	Avg cost p	Food commoditie	Food for public dist
(9)	Trinity United Methodist Church P.O. Box 495895 Port Charlotte FL 33949	59-6515026	3		112,897	Avg cost p	Food commoditie	Food for public dist

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization **Harry Chapin Food Bank of Southwest
Florida, Inc.**

Employer identification number
59-2332120

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	NCEF-Mobile Pantries & School Pantr 6200 Shirley St. Unit #206 Naples FL 34109	65-1001650	3		1,192,361			
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

The organization complies with terms of the grants, including recording and reporting against defined measurements, memo invoicing as applicable, and in the final process, a formal write-up or grant report which states measured outcomes against funding. The process engages business development, grant writing, operations and finance.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization **Harry Chapin Food Bank of Southwest Florida, Inc.** Employer identification number **59-2332120**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) See below					X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Schedule L, Part V - Additional Information

Alexander Robinson, President of Northern Trust Bank, is a member of the Board of Directors, and was Treasurer of the organization through June, 2012. "Sandy" Robinson is an officer at a bank that was used to acquire a mortgage for the purchase of the organization's warehouse/office facility as well as open land and a second warehouse. Mr. Robinson has recused himself from participating in the Board's decision to obtain any mortgage or refinancing from Northern Trust. He is not compensated for business transactions between the Bank and the organization. For the most recent fiscal year, Mr. Robinson's role was as a non-executive board member until term expiration in June, 2013. As of June 30, 2013, the remaining balance on the mortgages was \$2,505,681.

John Belisle, board member, is a Vice President of BB&T Bank and BB&T Oswald Trippe, which is a broker of various insurance policies of the organization. Mr. Belisle recuses himself from direct negotiations with his employer and is not compensated in any fashion.

Al Brislain (President & CEO) is married to the Executive Director, Association of Florida Food Banks, which is a service provider to the

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

organization. The organization received \$24,650 during the
year ended June 30, 2013.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**Open To Public
Inspection**

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.

Name of the organization **Harry Chapin Food Bank of Southwest
Florida, Inc.**

Employer identification number
59-2332120

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
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	X	2	23,379,564	Avg. cost purchase
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Computer equip)	X	1	28,385	Cost
26 Other ▶ (Vehicle)	X	1	3,845	Kelly Blue Book value
27 Other ▶ (Gift cards)	X	1	100	Cost
28 Other ▶ ()				

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

29	
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	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012**Open to Public
Inspection**

Name of the organization

**Harry Chapin Food Bank of Southwest
Florida, Inc.**

Employer identification number

59-2332120**Form 990, Part V - Additional Information****Part V, Line 2a**

All compensation and payroll taxes reported are amounts paid for leased employees who are reported on Form 941's of the leasing company. The number of employees paid by the leasing company was 41 full-time and 4 part-time employees.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The board reviews a draft copy of the tax return for accuracy and completeness prior to signing and filing the tax return.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Annual confirmation of any potential conflict of interest by Board members and key staff.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The executive committee of the board reviews the annual salary survey prepared by Feeding America, a national nonprofit distributor of donated produce in the food bank network, and prepares written documentation of the review process and salary recommendation. The board then approves the executive director's salary.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Salaries for key employees are determined by the President, in consultation with the Executive Committee.

Name of the organization

Harry Chapin Food Bank of Southwest

Employer identification number

59-2332120

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The organization makes its governing documents, conflict of interest policy and financial statements available to the public upon written request.

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Loss on disposal of assets	\$ 74,968
Cost of goods sold	\$ 673,240
Other fundraising expenses	\$ -10,415
Shared fundraising revenue expense	\$ -317,787
Cost of goods sold	\$ -673,240
Professional fundraising expense	\$ 317,787
Indirect fundraising expense	\$ 10,415

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Loss on disposal of assets	\$ 74,968
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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2012

Attachment
Sequence No. **179**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **Harry Chapin Food Bank of Southwest Florida, Inc.**

Identifying number
59-2332120

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	350,589

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	350,589
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2012)