

Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section containing organization details: Harry Chapin Food Bank of Southwest Florida Inc, EIN 59-2332120, website www.harrychapinfoodbank.org, and principal officer information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, member counts, revenue (31,235,621), expenses (31,795,734), and net assets (5,618,533).

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.

Signature area for Al Brislain, CEO, including signature and date fields.

Paid Preparer Use Only section for Jeffrey M Tuscan, including name, address (12621 World Plaza Lane), and phone number (239-333-2090).

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

Part III Statement of Program Service Accomplishments

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

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 [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 30,659,823 including grants of \$ 26,885,065) (Revenue \$)

Provided 18.7 million pounds of nutritious, quality food through 155 partner agencies and direct distribution to 324 pantries at 81 sites. The three largest programs include retail store reclamation and pick-up, agency distributions and mobile pantries.

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 30,659,823

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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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 or other assistance to any domestic organization or government 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 or 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 25a		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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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, Part 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 or note to any line in this Part V

Table with columns for question number, description, and Yes/No response. Includes sections for backup withholding, Form W-3, unrelated business income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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 or note to any line in the Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; b 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; b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; a The organization's CEO, Executive Director, or top management official; b Other officers or key employees of the organization; If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 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. [X] Own website [X] Another's website [X] 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: The Organization 239-334-7007 (239)334-7007, 3760 Fowler Street, Fort Myers, FL 33901

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 organization 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) <u>Noelle Melanson</u> Director/Chairperson	6.00	X		X			0	0	0	
(2) <u>Raymond Pavelka</u> Director/Vice Chairperson	5.00	X		X			0	0	0	
(3) <u>Craig Folk</u> Director/Treasurer	5.00	X		X			0	0	0	
(4) <u>Brian Schwartz, M.D.</u> Director/Secretary	5.00	X		X			0	0	0	
(5) <u>Aida Barnhart</u> Director	2.00	X					0	0	0	
(6) <u>Rabbi Jeremy Barras</u> Director	2.00	X					0	0	0	
(7) <u>Jo Anna Bradshaw</u> Director	2.00	X					0	0	0	
(8) <u>John Belisle</u> Director	2.00	X					0	0	0	
(9) <u>Rev. Stephanie Munz Campbell</u> Director	2.00	X					0	0	0	
(10) <u>David Fry</u> Director	2.00	X					0	0	0	
(11) <u>Kenneth A. O'Donnell</u> Director	2.00	X					0	0	0	
(12) <u>Kristina Rodriguez</u> Director	2.00	X					0	0	0	
(13) <u>Anne Rose</u> Director	2.00	X					0	0	0	
(14) <u>Laura Worzella</u> Director	2.00	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 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			
(15) <u>Marianne R.P. Zuk</u> Director	2.00	X					0	0	0	
(16) <u>Maura Matzko</u> Director	2.00	X					0	0	0	
(17) <u>Al Brislain</u> CEO	40.00			X			108,743	0	24,056	
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							108,743	0	24,056	

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

	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	3	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	4	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	5	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
NLTG, Inc dba One to One Group, 7324 Delaineey Ct., FL 34240	Direct Mail	310,483

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 232,585					
	b Membership dues	1b					
	c Fundraising events	1c 441,990					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e 2,332,570					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 28,228,476					
	g Noncash contributions included in lines 1a-1f: \$	26,811,021					
	h Total. Add lines 1a-1f		31,235,621				
Program Service Revenue	2a Program Service Revenue	Business Code 624210	91,506	91,506			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		91,506				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,630			1,630	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses		5,952				
c Gain or (loss)		(5,952)					
d Net gain or (loss)		(5,952)	(5,952)				
8a Gross income from fundraising events (not including \$ 441,990 of contributions reported on line 1c). See Part IV, line 18	a	745,860					
	b Less: direct expenses	b 63,965					
	c Net income or (loss) from fundraising events		681,895			681,895	
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	588,130					
	b Less: cost of goods sold	b 482,906					
	c Net income or (loss) from sales of inventory		105,224	105,224			
Miscellaneous Revenue		Business Code					
11a Transportation Reimburs	624210	12,206	12,206				
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		12,206					
12 Total revenue. See instructions		32,122,130	202,984	0	683,525		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	26,885,065	26,885,065		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	123,587	90,018	8,780	24,789
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	1,856,090	1,351,932	131,867	372,291
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	116,517	84,868	8,278	23,371
9 Other employee benefits	367,723	276,589	24,364	66,770
10 Payroll taxes	155,727	113,428	11,064	31,235
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	295,743			295,743
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.)	39,440	28,728	2,801	7,911
12 Advertising and promotion				
13 Office expenses				
14 Information technology	67,557	51,893	4,921	10,743
15 Royalties				
16 Occupancy	90,839	82,962	5,069	2,808
17 Travel	16,119	10,191	1,606	4,322
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	154,788	147,693	1,024	6,071
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	327,303	327,303		
23 Insurance	42,429	32,021	2,790	7,618
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	340,056	328,324	7,387	4,345
b Agency Program	268,606	268,606		
c Transportation	203,696	203,696		
d Pick and Pack Out	117,167	112,392	4,775	
e All other expenses	327,282	264,114	39,471	23,697
25 Total functional expenses. Add lines 1 through 24e	31,795,734	30,659,823	254,197	881,714
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 or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	406,791	1	265,947
	2 Savings and temporary cash investments	1,219,704	2	1,733,698
	3 Pledges and grants receivable, net	14,667	3	152,592
	4 Accounts receivable, net	144,852	4	188,246
	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	1,202,887	8	1,256,242
	9 Prepaid expenses and deferred charges	25,010	9	69,215
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,220,556		
	b Less: accumulated depreciation	10b 1,548,865	4,937,466	10c 4,671,691
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	13,796	12	28,230
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	151,144	15	4,269
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,116,317	16	8,370,130	
Liabilities	17 Accounts payable and accrued expenses	15,992	17	404
	18 Grants payable	64,084	18	204,232
	19 Deferred revenue		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	2,574,195	23	2,376,650
	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	172,343	25	170,311
	26 Total liabilities. Add lines 17 through 25	2,826,614	26	2,751,597
Net Assets of 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	4,796,079	27	4,778,567
	28 Temporarily restricted net assets	478,126	28	812,468
	29 Permanently restricted net assets	15,498	29	27,498
	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	5,289,703	33	5,618,533	
34 Total liabilities and net assets/fund balances	8,116,317	34	8,370,130	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,122,130
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,795,734
3	Revenue less expenses. Subtract line 2 from line 1	3	326,396
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,289,703
5	Net unrealized gains (losses) on investments	5	2,434
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,618,533

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

Harry Chapin Food Bank of Southwest Florida Inc

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?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

(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) 2013

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

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2012 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. 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

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or bus. under sec 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 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; c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 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; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 2 columns: Line number, Percentage. Rows: 15 Public support percentage for 2013; 16 Public support percentage from 2012 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Rows: 17 Investment income percentage for 2013; 18 Investment income percentage from 2012 Schedule A, Part III, line 17

19a 33 1/3% support tests - 2013. 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 - 2012. 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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2013

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

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

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

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$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 33 1/3% 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 its Form 990-PF, Part I, line 2, 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 Florida Inc	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	<u>Florida Department of Agriculture</u> <u>407 South Calhoun Street</u> <u>Tallahassee, FL 32399</u>	\$ <u>2,178,050</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Harry Chapin Food Bank of Southwest Florida Inc	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	<div style="border-bottom: 1px solid black; margin-bottom: 2px;">USDA food commodities</div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	\$ 1,929,246	
—	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	\$ _____	_____
—	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	\$ _____	_____
—	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	\$ _____	_____
—	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	\$ _____	_____
—	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	\$ _____	_____
—	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	\$ _____	_____
—	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div>	\$ _____	_____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2013

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

Harry Chapin Food Bank of Southwest Florida Inc

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that 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	13,796				
b Contributions	12,000				
c Net investment earnings, gains, and losses	2,434				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	28,230				

- 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 55.00 %
 - c Temporarily restricted endowment 45.00 %
- 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:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
- 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.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	952,422	518,304		1,470,726
b Buildings		3,137,764	394,669	2,743,095
c Leasehold improvements				
d Equipment		363,316	180,320	182,996
e Other	STMDLE	1,248,750	973,876	274,874
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,671,691

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) Endowment Funds	28,230	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	28,230	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Payroll and Benefits	96,330
(3) Compensated Absences	73,981
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	170,311

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII . . .

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

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

1	Total revenue, gains, and other support per audited financial statements		1	32,317,679
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		2,434
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	2,434
3	Subtract line 2e from line 1		3	32,315,245
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		(193,115)
c	Add lines 4a and 4b		4c	(193,115)
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	32,122,130

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

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

1	Total expenses and losses per audited financial statements		1	31,988,849
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		488,858
e	Add lines 2a through 2d		2e	488,858
3	Subtract line 2e from line 1		3	31,499,991
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		295,743
c	Add lines 4a and 4b		4c	295,743
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	31,795,734

Part XIII Supplemental Information

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

01. Other revenues included on Form 990 (Part XI, line 4b)

Loss on disposal of assets of \$5,952 and cost of food of \$482,906 included in functional expenses on the Audited Statements was included on Part VII line 8c and Part VII line 10b respectively on the Form 990. Professional Fundraising expenses of \$295,473 included net of fundraising revenue on the Audited Statement were reported on Part IX line 11e on the Form 990.

Part XIII Supplemental Information (continued)

02. Other expenses not included on Form 990 (Part XII, line 2d)

Loss on disposal of assets of \$5,952 and cost of food of \$482,906 included in functional expenses on the Audited Statements was included on Part VII line 8c and Part VII line 10b respectively on the Form 990.

03. Other expenses included on Form 990 (Part XII, line 4b)

Professional Fundraising expenses of \$295,743 included net of fundraising gross proceeds on the Audited Statements was recorded in Part IX line 11e on the Form 990.

04. Footnote for uncertain tax position under FIN 48 (Part X)

Management has analyzed its various Federal filing positions and believes that the Organization's income tax filing positions and deductions are well documented, supported and contain no uncertain tax positions. Management believes the Organization met the requirements to maintain its tax-exempt status and has no income subject to unrelated business income tax. Additionally, management believes that no accruals for tax liabilities, interest or penalties are required. Therefore, no reserves for uncertain income tax positions have been recorded.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2013

Open to Public Inspection

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

Name of the organization

Employer identification number

Harry Chapin Food Bank of Southwest Florida Inc

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			
1 NLTG Inc dba One to One G 7324 Delainey Ct, FL 34240	Direct Mail		X	779,437	295,743	483,694
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				779,437	295,743	483,694

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 <u>Hunger Walk</u> (event type)	(b) Event #2 <u>Fowler St</u> (event type)	(c) Other events <u>3</u> (total number)	(d) Total events (add col. (a) through col. (c))	
Revenue	1	Gross receipts	262,098	483,762	745,860	
	2	Less: Contributions	298,835	143,155	441,990	
	3	Gross income (line 1 minus line 2)	(298,835)	262,098	340,607	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	2,883	7,612	53,470	63,965
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				63,965
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				239,905	

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. Subtract line 7 from line 1, column (d) ▶				

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)**

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.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Harry Chapin Food Bank of Southwest Flor

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 Ave. 2 Fort Myers, FL 33908	42-1567485	3		6,917	Average Cost	Food commodities	Food for public distribution
(2)	Act Shelter PO Box 60401 Fort Myers, FL 33906	59-1864735	3		10,722	Average Cost	Food commodities	Food for public distribution
(3)	Adventist Community Cnt. Ca 829 SE 47th Terrace Cape Coral, FL 33990	41-2279695	3		67,325	Average Cost	Food commodities	Food for public distribution
(4)	Afcaam Afterschool Program 3681 Michigan Ave. Fort Myers, FL 33916	65-0889322	3		6,861	Average Cost	Food commodities	Food for public distribution
(5)	All Souls Episcopal Pantry 14640 N. Cleveland Ave. North Fort Myers, FL 33903	65-0151247	3		81,913	Average Cost	Food commodities	Food for public distribution
(6)	Alva United Methodist Churc P.O. Box 96 Alva, FL 33920	59-0250411	3		117,851	Average Cost	Food commodities	Food for public distribution
(7)	Amigos Center 106 S. 2nd St. Immokalee, FL 34142	59-3646095	3		157,550	Average Cost	Food commodities	Food for public distribution
(8)	Animal Refuge Center 18011 Old Bayshore Rd North Fort Myers, FL 33917	65-0057419	3		5,403	Average Cost	Food commodities	Food for public distribution
(9)	Ann's Restoration House 599 Carolina Ave. Fort Myers, FL 33905	20-0053851	3		21,173	Average Cost	Food commodities	Food for public distribution
(10)	Harlem Heights Improvement 10511 Gladiolus Ave. Fort Myers, FL 33908	65-0323306	3		586,769	Average Coast	Food commodities	Food for public distribution

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

3 Enter total number of other organizations listed in the line 1 table 1

**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.

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

OMB No. 1545-0047

2013

**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)	Bonita Springs Assist. Offi 25300 Bernwood Dr 6 Bonita Springs, FL 34135	59-2337909	3		160,125	Average Cost	Food commodities	Food for public distribution
(2)	Bootstrap Ministry, Inc. 4801 Orange Grove Blvd. North Fort Myers, FL 33903	26-3644653	3		18,809	Average Cost	Food commodities	Food for public distribution
(3)	Broadway Church of God 3309 South Broadway Street Fort Myers, FL 33901	59-2398091	3		1,143,160	Average Cost	Food commodities	Food for public distribution
(4)	C.H.A.P.S., Inc. 18200 Paulson Dr. Port Charlotte, FL 33954	65-0498294	3		80,058	Average Cost	Food commodities	Food for public distribution
(5)	Cape Coral Assembly of God 717 Skyline Dr. Cape Coral, FL 33991	59-2262560	3		116,288	Average Cost	Food commodities	Food for public distribution
(6)	Cape Coral Caring Center 4645 SE 15th Ave. Cape Coral, FL 33904	65-0262583	3		76,556	Average Cost	Food commodities	Food for public distribution
(7)	Cape Coral Community Coop. 1105 Cultural Pkwy Cape Coral, FL 33991	59-2602772	3		188,508	Average Cost	Food commodities	Food for public distribution
(8)	Baker Center School 311 East Charlotte Ave Punta Gorda, FL 33950	65-0139525	3		18,253	Average Cost	Food commodities	Food for public distribution
(9)	Casa Maria Soup Kitchen 7775 Vanderbilt Beach Road Naples, FL 34120	59-2617151	3		39,861	Average Cost	Food commodities	Food for public distribution
(10)	Catholic Charities of Bonit 4235 Michigan Link Fort Myers, FL 33916	59-2473176	3		360,032	Average Cost	Food commodities	Food for public distribution

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 ▶

**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.

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

OMB No. 1545-0047

2013

**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)	Catholic Charities of Ft. M 4235 Michigan Link Fort Myers, FL 33916	65-0889322	3		464,890	Average Cost	Food commodities	Food for public distribution
(2)	Catholic Charities of Hendr 4235 Michigan Link Fort Myers, FL 33916	59-2473176	3		111,197	Average Cost	Food commodities	Food for public distribution
(3)	Central Baptist Church 3208 Central Ave. Fort Myers, FL 33901	59-1459608	3		5,850	Average Cost	Food commodities	Food for public distribution
(4)	Charleston Park Neighborhoo 2541 Charleston Park Alva, FL 33920	59-3080357	3		123,726	Average Cost	Food commodities	Food for public distribution
(5)	Charlotte County Homeless C P.O. Box 380157 Murdock, FL 33938	65-0139525	3		382,337	Average Cost	Food commodities	Food for public distribution
(6)	Children Advocacy Center 3830 Evans Ave Fort Myers, FL 33901	59-2824352	3		52,333	Average Cost	Food commodities	Food for public distribution
(7)	Christ Community Church 4050 Colonial Blvd. Fort Myers, FL 33966	59-6514378	3		93,119	Average Cost	Food commodities	Food for public distribution
(8)	Clewiston Seventh Day Adven 545 E. Obispo Ave. Clewiston, FL 33440	20-5695382	3		14,853	Average Cost	Food commodities	Food for public distribution
(9)	Community Church of Alva 23060 Railroad Ave. Alva, FL 33920	65-0714321	3		53,000	Average Cost	Food commodities	Food for public distribution
(10)	Community Cooperative Minis P.O. Box 2143 Fort Myers, FL 33902	59-2602772	3		467,356	Average Cost	Food commodities	Food for public distribution

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 ▶

**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.

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

OMB No. 1545-0047

2013

**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)	Community Resource Center, 5400 Riverside Dr. Punta Gorda, FL 33982	65-0496363	3		92,855	Average Cost	Food commodities	Food for public distribution
(2)	Compassion Avenue, Inc. P.O. Box 418 Clewiston, FL 33440	51-0477088	3		109,296	Average Cost	Food commodities	Food for public distribution
(3)	Coronado High School 3057 Cleveland Ave Fort Myers, FL 33901	75-3255798	3		15,244	Average Cost	Food commodities	Food for public distribution
(4)	Daniels Road Baptist Church 5878 Daniels Road Fort Myers, FL 33912	59-2350694	3		143,737	Average Cost	Food commodities	Food for public distribution
(5)	SVDP Church Elementary Pant 13031 Palm Beach Blvd Fort Myers, FL 33905	59-2824352	3		515,733	Average Cost	Food commodities	Food for public distribution
(6)	Discipleship Driven Ministr	20-5840548	3		567,698	Average Cost	Food commodities	Food for public distribution
(7)	Word of Life Church 2120 Collier Ave Fort Myers, FL 33901	54-2133463	3		163,669	Average Cost	Food commodities	Food for public distribution
(8)	Eben-Ezer Baptist Church P.O. Box 6580 Fort Myers, FL 33911	65-0975889	3		72,515	Average Cost	Food commodities	Food for public distribution
(9)	Ebenezer Food Pantry P.O Box 6580 Fort Myers, FL 33911	65-0120343	3		25,249	Average Cost	Food commodities	Food for public distribution
(10)	Edgewater United Methodist 19190 Cochran Blvd. Port Charlotte, FL 33948	65-0235009	3		357,993	Average Cost	Food commodities	Food for public distribution

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 ▶

**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.

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

OMB No. 1545-0047

2013

**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)	Englewood East Church of Ch 9600 Gulfstream Blvd. Englewood, FL 34224	26-3786816	3		29,704	Average Cost	Food commodities	Food for public distribution
(2)	Everglades City Comm. Church 101 Copeland Ave S Everglades City, FL 34139	22-3934843	3		32,485	Average Cost	Food commodities	Food for public distribution
(3)	We Care Outreach Center 4231 Desoto Ave Fort Myers, FL 33905	61-1485045	3		167,377	Average Cost	Food commodities	Food for public distribution
(4)	F.I.S.H. of Sanibel 1630-B Periwinkle Way Sanibel, FL 33957	20-8892375	3		15,948	Average Cost	Food commodities	Food for public distribution
(5)	Faith Fellowship Food Pantry 6111 South Pointe Blvd. Fort Myers, FL 33919	65-0827752	3		17,976	Average Cost	Food commodities	Food for public distribution
(6)	Faith Presbyterian Church/ 4544 Coronado Pkwy Cape Coral, FL 33904	59-1021543	3		86,726	Average Cost	Food commodities	Food for public distribution
(7)	Family Resource Center 4209 Tamiami Trail East Naples, FL 34112	59-2473176	3		169,924	Average Cost	Food commodities	Food for public distribution
(8)	First Assembly of God 3220 Martin Luther King Blvd. Fort Myers, FL 33916	59-0782460	3		314,289	Average Cost	Food commodities	Food for public distribution
(9)	Wake America of Southwest Florida 2135 Central Ave Fort Myers, FL 33901	65-0997803	3		1,001,755	Average Cost	Food commodities	Food for public distribution
(10)	First Baptist Church of Fort Myers 130 Connecticut St. Fort Myers Beach, FL 33931	59-2495484	3		127,385	Average Cost	Food commodities	Food for public distribution

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.

EEA

**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.

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

OMB No. 1545-0047

2013

**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)	First Baptist Church/Horn o 459 Gill St. Punta Gorda, FL 33950	59-6167083	3		42,217	Average Cost	Food commodities	Food for public distribution
(2)	First Community Congregatio 200 E Leland Heights Blvd. Lehigh Acres, FL 33936	59-1969598	3		1,256,462	Average Cost	Food commodities	Food for public distribution
(3)	First Macedonia 411 E. Charlotte Ave. Punta Gorda, FL 33950	65-0360165	3		12,469	Average Cost	Food commodities	Food for public distribution
(4)	First United Methodist Chur 303 N 9th St Immokalee, FL 34142	59-1963954	3		19,896	Average Cost	Food commodities	Food for public distribution
(5)	Florida Gulf Coast Univ. Fo 10501 FGCU Blvd. South Fort Myers, FL 33965	65-0403969	Government		18,800	Average Cost	Food commodities	Food for public distribution
(6)	Fort Myers Presbyterian Com 1925 Virginia Ave Fort Myers, FL 33901	59-1668256	3		5,302	Average Cost	Food commodities	Food for public distribution
(7)	Vineyard Community Church 923 SE 47th Terrace Cape Coral, FL 33904	59-2706764	3		39,510	Average Cost	Food commodities	Food for public distribution
(8)	Fort Myers Christian Center 3500 Fowler St. Fort Myers, FL 33901	65-0937140	3		208,206	Average Cost	Food commodities	Food for public distribution
(9)	Ft. Myers Shores Seventh Da 14830 Palm Beach Blvd. Fort Myers, FL 33905	65-1136427	3		21,308	Average Cost	Food commodities	Food for public distribution
(10)	Ft. Myers Rescue Mission 6900 Mission Lane Fort Myers, FL 33916	59-2469860	3		727,510	Average Cost	Food commodities	Food for public distribution

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 ▶

**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.

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

OMB No. 1545-0047

2013

**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)	Fort Myers Spanish SDA Chur 9838 Bernwood Place Fort Myers, FL 33966	52-6037545	3		179,442	Average Cost	Food commodities	Food for public distribution
(2)	God's Precious Gifts, Inc. 429 E. Virginia Ave Punta Gorda, FL 33950	03-0604004	3		25,648	Average Cost	Food commodities	Food for public distribution
(3)	Grace Community Center 13 SE 21st Place Cape Coral, FL 33990	26-2720721	3		259,840	Average Cost	Food commodities	Food for public distribution
(4)	Grace Place for Children & P.O. Box 990531 Naples, FL 34116	65-1229558	3		510,339	Average Cost	Food commodities	Food for public distribution
(5)	Grace United Methodist Chur 14036 Matanzas Drive Fort Myers, FL 33905	36-2167731	3		10,528	Average Cost	Food commodities	Food for public distribution
(6)	Guadalupe Social Services 211 9th St. South Immokalee, FL 34142	59-2473176	3		97,674	Average Cost	Food commodities	Food for public distribution
(7)	Helps Outreach 2025 J and C Blvd 1 Naples, FL 34109	47-0951406	3		87,010	Average Cost	Food commodities	Food for public distribution
(8)	Hendry-Glades Mental Health 601 W Alvarez Ave. Clewiston, FL 33440	59-1558636	3		8,309	Average Cost	Food commodities	Food for public distribution
(9)	Holy Trinity Lutheran Churc 2565 Tamiami Trail Port Charlotte, FL 33952	59-1439248	3		30,249	Average Cost	Food commodities	Food for public distribution
(10)	Hope Club House 3602 Broadway Ave Fort Myers, FL 33901	30-0437443	3		8,207	Average Cost	Food commodities	Food for public distribution

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 ▶

**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.

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

OMB No. 1545-0047

2013

**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)	House of Prayer IV 2112 Mitchel Court Fort Myers, FL 33916	59-2559908	3		45,559	Average Cost	Food commodities	Food for public distribution
(2)	Iglesia Bautista Nuevo Test 300 South James St Labelle, FL 33935	43-2043791	3		13,295	Average Cost	Food commodities	Food for public distribution
(3)	Iglesia Vida Nueva/ New Lif 217 E Aztec Ave. Clewiston, FL 33440	65-0397182	3		277,226	Average Cost	Food commodities	Food for public distribution
(4)	Interfaith Charities of Sou 17592 Rockefeller Cir Fort Myers, FL 33967	65-0362473	3		46,838	Average Cost	Food commodities	Food for public distribution
(5)	Island Coast AIDS network 2231 McGregor Blvd. Fort Myers, FL 33901	65-0147957	3		100,837	Average Cost	Food commodities	Food for public distribution
(6)	Jesus Loves You Ministries, P.O. Box 380275 Murdock, FL 33938	26-1128961	3		13,694	Average Cost	Food commodities	Food for public distribution
(7)	Juan Diego Center 26650 Noble Lane Bonita Springs, FL 34135	59-3742064	3		54,105	Average Cost	Food commodities	Food for public distribution
(8)	Lehigh Acres Christian Chur 50 Bell Blvd. Lehigh Acres, FL 33936	59-2168522	3		73,165	Average Cost	Food commodities	Food for public distribution
(9)	Lehigh Community Services 9 Beth Stacy Blvd. Lehigh Acres, FL 33971	59-1773738	3		41,391	Average Cost	Food commodities	Food for public distribution
(10)	Lehigh SDA Church 190 Homestead Rd S Lehigh Acres, FL 33936	65-0550589	3		173,301	Average Cost	Food commodities	Food for public distribution

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 ▶

**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.

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

OMB No. 1545-0047

2013

**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)	Liberty Youth Ranch 11081 Liberty Ranch Rd. Bonita Springs, FL 34135	38-3674666	3		14,898	Average Cost	Food commodities	Food for public distribution
(2)	Lifeline Family Center 907 SE 5th Ave. Cape Coral, FL 33904	65-0529641	3		25,218	Average Cost	Food commodities	Food for public distribution
(3)	McGregor Baptist Pantry 3750 Colonial Blvd. Fort Myers, FL 33966	59-2115730	3		479,502	Average Cost	Food commodities	Food for public distribution
(4)	Meals of Hope 2221 Corporation Blvd Naples, FL 34109	27-0268307	3		5,577	Average Cost	Food commodities	Food for public distribution
(5)	Morningstar Baptist Church 5160 Richmond Ave. Fort Myers, FL 33905	65-0245964	3		189,946	Average Cost	Food commodities	Food for public distribution
(6)	N.Naples United Methodist C 6000 Goodlette-Frank Rd Naples, FL 34109	36-2167731	3		30,686	Average Cost	Food commodities	Food for public distribution
(7)	Nations Association P.O.Box 1060 Fort Myers, FL 33902	59-1840066	3		71,482	Average Cost	Food commodities	Food for public distribution
(8)	Nature's Cove, Inc. 18060 Elmwood Drive Alva, FL 33920	65-0697850	3		22,421	Average Cost	Food commodities	Food for public distribution
(9)	NCEF Avalon Elementary 3300 Thomasson Drive Naples, FL 34112	65-1001650	3		72,909	Average Cost	Food commodities	Food for public distribution
(10)	New Hope Ministries 7675 Davis Blvd Naples, FL 34104	59-2276660	3		19,712	Average Cost	Food commodities	Food for public distribution

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 ▶

**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.

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

OMB No. 1545-0047

2013

**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)	New Life Assembly of God 5146 Leonard Blvd. Lehigh Acres, FL 33973	59-2126484	3		60,520	Average Cost	Food commodities	Food for public distribution
(2)	New Life Dream Center 2120 Collier Blvd. Fort Myers, FL 33901	59-2276660	3		15,607	Average Cost	Food commodities	Food for public distribution
(3)	Nextep Inc. 8981 Daniels Blvd. Fort Myers, FL 33912	26-4144992	3		99,114	Average Cost	Food commodities	Food for public distribution
(4)	Oasis Community Food Pantry 1110 Ashlar Ave Lehigh Acres, FL 33936	59-1318118	3		407,333	Average Cost	Food commodities	Food for public distribution
(5)	Octagon Wild Life 41660 Horseshoe Rd. Punta Gorda, FL 33982	59-2298305	3		371,523	Average Cost	Food commodities	Food for public distribution
(6)	Page Park Improvement Assoc 507 Center Rd Fort Myers, FL 33907	59-6155104	3		73,460	Average Cost	Food commodities	Food for public distribution
(7)	Peniel SDA Church 2663 Second St. Fort Myers, FL 33916	59-2627645	3		27,585	Average Cost	Food commodities	Food for public distribution
(8)	Pentecostal New Testament C 247 Pine Island Rd. North Fort Myers, FL 33903	59-3552793	3		67,166	Average Cost	Food commodities	Food for public distribution
(9)	Pine Island Food Pantry 12175 Stringfellow Rd. Bokeelia, FL 33922	27-1757051	3		63,799	Average Cost	Food commodities	Food for public distribution
(10)	Pine Manor Improvement Asso P.O.Box 61464 Fort Myers, FL 33906	65-0133208	3		49,872	Average Cost	Food commodities	Food for public distribution

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 ▶

**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.

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

OMB No. 1545-0047

2013

**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)	Point of Light Fellowship, P.O. Box 2751 Okeechobee, FL 34973	27-3160770	3		45,660	Average Cost	Food commodities	Food for public distribution
(2)	Port Charlotte Church of Ch 20484 Midway Blvd. Port Charlotte, FL 33952	59-6153816	3		83,778	Average Cost	Food commodities	Food for public distribution
(3)	Redeemer Haitian Baptist Ch 3856 Evans Ave. Fort Myers, FL 33901	57-1178818	3		30,921	Average Cost	Food commodities	Food for public distribution
(4)	Renew First Assemblies Mini 3805 The Lord's Way Naples, FL 34113	59-1759946	3		69,548	Average Cost	Food commodities	Food for public distribution
(5)	S. Ft. Myers Food Pantry Co 8260 Cypress Lake Dr. Fort Myers, FL 33919	59-1649348	3		1,129,368	Average Cost	Food commodities	Food for public distribution
(6)	Salvation Army 25221 Bernwood Dr. S. 2 Bonita Springs, FL 34135	58-0660607	3		771,209	Average Cost	Food commodities	Food for public distribution
(7)	Salvation Army Service Clew 335 Central Ave Clewiston, FL 33440	59-0631403	3		32,295	Average Cost	Food commodities	Food for public distribution
(8)	Senior Friendship Centers, 5272 Summerlin Commons Way Fort Myers, FL 33907	59-1522614	3		51,791	Average Cost	Food commodities	Food for public distribution
(9)	Seventh Day Adventist Comm. 2036 Loveland Blvd. Punta Gorda, FL 33980	52-6037545	3		18,129	Average Cost	Food commodities	Food for public distribution
(10)	St. Francis of Assisi 5265 Placida Rd. Englewood, FL 34224	59-1933467	3		42,832	Average Cost	Food commodities	Food for public distribution

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 ▶

**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.

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

OMB No. 1545-0047

2013

**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)	St. John XXIII Catholic Chu 13060 Palomino Ln Fort Myers, FL 33912	85-8012705	3		5,666	Average Cost	Food commodities	Food for public distribution
(2)	St. Joseph the Worker P.O.Box 1109 Moore Haven, FL 33471	59-2545812	3		205,488	Average Cost	Food commodities	Food for public distribution
(3)	St. Mark Coptic Orthodox Ch 11926 Fairway Lakes Dr Fort Myers, FL 33913	65-0311824	3		23,049	Average Cost	Food commodities	Food for public distribution
(4)	St. Matthew's House 2001 Airport Rd. South Naples, FL 34112	65-0097432	3		109,637	Average Cost	Food commodities	Food for public distribution
(5)	St. Vincent de Paul- Church 13031 Palm Beach Blvd. Fort Myers, FL 33905	59-2824352	3		117,377	Average Cost	Food commodities	Food for public distribution
(6)	St. Vincent de Paul- Grand P.O.Box 2546 Fort Myers, FL 33902	13-5562362	3		2,366,833	Average Cost	Food commodities	Food for public distribution
(7)	St. Vincent de Paul- Naples 4451 Mercantile Ave Naples, FL 34104	59-1711287	3		6,400	Average Cost	Food commodities	Food for public distribution
(8)	St. Vincent de Paul- Port C 21505 Augusta Ave. Port Charlotte, FL 33952	37-1566756	3		72,656	Average Cost	Food commodities	Food for public distribution
(9)	St. Vincent de Paul- Punta 25200 Airport Rd. Punta Gorda, FL 33950	80-0029958	3		274,149	Average Cost	Food commodities	Food for public distribution
(10)	St. Vincent de Paul- St. Ma 2080 Tamiami Tr. Port Charlotte, FL 33948	59-1905861	3		34,320	Average Cost	Food commodities	Food for public distribution

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 ▶

**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.

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

OMB No. 1545-0047

2013

**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)	Suncoast Neighborhood Taskf 2440 Thompson St. Fort Myers, FL 33901	94-3415530	3		440,715	Average Cost	Food commodities	Food for public distribution
(2)	SVDP- San Antonio Conferenc 24445 Rampart Blvd. Punta Gorda, FL 33980	65-0373993	3		7,132	Average Cost	Food commodities	Food for public distribution
(3)	The Foundation for Lee Co. 2266 Second St Fort Myers, FL 33901	59-2637849	3		6,746	Average Cost	Food commodities	Food for public distribution
(4)	Tice United Methodist Pantr 4545 Tice Street Fort Myers, FL 33905	59-1155134	3		550,082	Average Cost	Food commodities	Food for public distribution
(5)	Tree of Life Church 2132 Shadowlawn Drive Naples, FL 34112	59-1315066	3		61,773	Average Cost	Food commodities	Food for public distribution
(6)	Trinity Baptist Church of P 11234 Royal Rd. Punta Gorda, FL 33955	64-0147009	3		84,789	Average Cost	Food commodities	Food for public distribution
(7)	Trinity United Methodist Ch P.O. Box 495895 Port Charlotte, FL 33949	59-6515026	3		95,211	Average Cost	Food commodities	Food for public distribution
(8)	Vanderbilt Presbyterian Chu 1225 Piper Blvd Naples, FL 34110	85-8012560	3		5,152	Average Cost	Food commodities	Food for public distribution
(9)	Lena Tipton, Pig Farmer 18300 Lynn Rd North Fort Myers, FL 33917	26-5577619			409,325	Average Cost	Food commodities	Food for animal distribution
(10)								

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 ▶

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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

01. Monitoring procedures (Part I, line 2)

Harry Chapin Food Bank (HCFB) tracks all food assistance distributed. Eligibility is determined by location and selection is based on completion of a formal application and annual monitoring.

Selection criteria is scored as a pass or fail based on length of service to the community, tax exempt status, board of directors list provided, food handler certification, pest control verification, passing inspection, new partner certification and agreement to HCFB terms.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, of Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**
▶ **Information about Schedule L (Form 990 or 990EZ) and its instructions is at www.irs.gov/form990.**

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)					

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 organization?		(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
			Yes	No			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
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)				

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 organization's revenues?	
				Yes	No
(1) John Belisle (see below)	Board Member	70,044	Insurance policy purchases		X
(2) Al Brislain (see below)	President & CEO	12,206	Reimbursement of Transportation		X
(3)					
(4)					
(5)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

1. Supplemental Information for Schedule L

Part IV Additional Information

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 of The Association of Florida Food Banks, which is a Grantor to the organization. The organization received \$12,206 reimbursement of transportation costs during the year ended June 30, 2014 from The Association of Florida Food Banks.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

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

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	2	26,811,021	Avg. Cost Purchase
20	Drugs and medical supplies			
21	Taxidermy			
22	Historical artifacts			
23	Scientific specimens			
24	Archeological artifacts			
25	Other ▶ ()			
26	Other ▶ ()			
27	Other ▶ ()			
28	Other ▶ ()			

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

	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
Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Harry Chapin Food Bank of Southwest Florida Inc

Employer identification number

59-2332120

01. Form 990 governing body review (Part VI, line 11)

The 990 is reviewed and approved by the CEO, Director of Administration and the Head of the Finance Commmittee before it is signed and e-filed.

02. Conflict of interest policy compliance (Part VI, line 12c)

Each member of the Board and management completes an annual certification. Any verified infraction can lead to dismissal.

03. CEO, executive director, top management comp (Part VI, line 15a)

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. Furthermore, during fiscal 2013-2014 the organization prepared a benchmark of all salaries including the CEO for Board review.

04. Other officer or key employee compensation (Part VI, line 15b)

Salaries for key employees are determined by the President, in consultation with the Executive Committee. Furthermore, during fiscal 2013-2014 the organization prepared a benchmark of all salaries including the CEO for board review.

05. Governing documents, etc, available to public (Part VI, line 19)

Financial Statements are posted on the organization's website, along with the tax return. Upon request, the public can receive copies of specific policies, with the concurrence by either the CEO or the Board.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

OMB No. 1545-1709

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. Harry Chapin Food Bank of Southwest Florida Inc	Employer identification number (EIN) or 59-2332120
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3760 Fowler Street	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Fort Myers, FL 33901	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ **The Organization 239-334-7007, 3760 Fowler S, 33901**

Telephone No. ▶ **239-334-7007** FAX No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02-17**, 20**15**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20__ or

▶ tax year beginning **07-01**, 20**13**, and ending **06-30**, 20**14**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return

Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

FOR YOUR RECORDS ONLY
Federal Supporting Statements

2013 PG01

Name(s) as shown on return

FEIN

Harry Chapin Food Bank of Southwest Florida Inc

59-2332120

Form 990, Schedule D, Part VI, Line 1e
Investments - Other

Statement #D1e

<u>Description of Investment</u>	<u>Cost/basis (Investment)</u>	<u>Cost/basis (Other)</u>	<u>Depr</u>	<u>Book Value</u>
Vehicles	0	1,248,750	973,876	274,874
Total	<u>0</u>	<u>1,248,750</u>	<u>973,876</u>	<u>274,874</u>

Name(s) as shown on return

FEIN

Harry Chapin Food Bank of Southwest Florida Inc

59-2332120

Form 990; Part VIII; Line 1c

Description	Amount
Events	\$ 441,990
Total:	\$ 441,990

Other Grants and Donations Part VIII line 1f

Description	Amount
Grants and Donations	\$ 2,567,264
Direct Mail	779,437
Total:	\$ 3,346,701

Form 990; Part VIII; Line 8a

Description	Amount
Fundraising	\$ 525
Fundraising Other	472,123
Fundraising Restricted Purc	11,114
Capital Campaign Fowler St	262,098
Total:	\$ 745,860

Form 990; Part VIII; Line 8b

Description	Amount
Events	\$ 33,252
Other	23,101
Fundraising Exp Cap Campaign	7,612
Total:	\$ 63,965

Other Expense part IX Line 24e Program Services

Description	Amount
Maintenance	\$ 76,265
Other	187,849
Total:	\$ 264,114

Name(s) as shown on return

FEIN

Harry Chapin Food Bank of Southwest Florida Inc

59-2332120

Other Expenses part IX Line 24 Management and General

Description	Amount
Maintenance	\$ 2,685
Other	36,786
Total:	\$ 39,471

Other Expenses Part IX Line 24e Fundraising

Description	Amount
Other	\$ 23,697
Total:	\$ 23,697

Form 990; Part X; Line 3 Pledges and grants receivable

Description	Amount
Unconditional promises to give current	\$ 76,793
Unconditional promises to give non current	75,799
Total:	\$ 152,592

Form 990; Sch D; Part V; Line 1a

Description	Amount
SWFCF	\$ 13,796
Total:	\$ 13,796

Form 990; Sch D; Part V; Line 1b

Description	Amount
Community Foundation of Collier	\$ 10,000
Charlotte Community Foundation	2,000
Total:	\$ 12,000

Form 990; Sch D; Part V; Line 1c

Description	Amount
SWFCF	\$ 1,702
Community Foundation of Collier	683
Charlotte Community Foundation	49
Total:	\$ 2,434

Name(s) as shown on return

FEIN

Harry Chapin Food Bank of Southwest Florida Inc

59-2332120

Form 990; Schedule D; Part XI; Line 4b Other

<u>Description</u>	<u>Amount</u>
Loss on Disposal of Assets	\$ (5,952)
Professional Fundraising Expenses	295,743
Cost of Food	(482,906)
Total:	\$ -193,115

Form 990; Schedule D; Part XII; Line 2d Other

<u>Description</u>	<u>Amount</u>
Loss on Disposal of Assets	\$ 5,952
Cost of Food	482,906
Total:	\$ 488,858

Form 990; Schedule D; Part XII; Line 4b Other

<u>Description</u>	<u>Amount</u>
Professional Fundraising Expenses	\$ 295,743
Total:	\$ 295,743

**Form 990
Worksheet**

Schedule A, Line 5 - Excess 2% Limitation Contributors

2013

(Keep for your records)

Name of the organization

Harry Chapin Food Bank of Southwest Florida Inc

Employer identification number

59-2332120

2% of the amount on Schedule A, part II, line 11, column (f) **2,448,583**

Name	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	(g) Excess contributions (col. (f) minus the 2% limit)
Florida Department of Agriculture					2,178,050	2,178,050	

Total

=====