

Return of Organization Exempt From Income Tax

2017

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details: Harry Chapin Food Bank of Southwest Florida Inc, 3760 Fowler Street, Fort Myers, FL 33901. Includes tax-exempt status (501(c)(3)), website (www.harrychapinfoodbank.org), and form of organization (Corporation).

Part I Summary

Summary table with columns for line number, description, Prior Year, and Current Year. Rows include mission statement (1), governance (2-7), revenue (8-12), expenses (13-19), and net assets (20-22).

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 block for Richard W LeBer, President and CEO, including signature and date fields.

Paid Preparer Use Only section for Jeffrey M Tuscan CPA, including name, signature, date, and firm information (Tuscan & Company, PA).

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The mission is to lead our community in the fight against hunger. The vision is that no one has to go hungry in our community.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No

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

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 \$ 43,993,420 including grants of \$ 39,163,055) (Revenue \$) The three largest programs include retail store reclamation and pick-up, agency distributions, and mobile pantries. The Organization provides 20.1 million meals to those in need (24.1 million pounds) through more than 170 agencies and direct distribution of 429 pantries at 88 sites.

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 43,993,420

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and sponsoring organizations.

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 this Part VI

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> Florida
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.
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, address, and telephone number of the person who possesses the organization's books and records: -> The Organization (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) Anne Rose Director/Chairperson	6.00	X		X				0	0	0
(2) Bill M Dillon Director/Vice Chairperson	5.00	X		X				0	0	0
(3) Jeff Maddox Director/Treasurer	5.00	X		X				0	0	0
(4) John Clinger Director/Secretary	5.00	X		X				0	0	0
(5) David Fry Director	2.00	X						0	0	0
(6) Lois Thome Director	2.00	X						0	0	0
(7) P Keith Scoggins Jr. Director	2.00	X						0	0	0
(8) Pat Nevins Director	2.00	X						0	0	0
(9) Maura Matzko Director	2.00	X						0	0	0
(10) Mark Levine Director	2.00	X						0	0	0
(11) Kayla Richmond Director	2.00	X						0	0	0
(12) Jan-Erik Hustrulid Director	2.00	X						0	0	0
(13) Bianca Ross Director	2.00	X						0	0	0
(14) C. Bob Leadbetter 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 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			
(15) James Nolte Director	1.00	X						0	0	0
(16) Richard LeBer CEO	40.00			X				156,181	0	17,751
(17)										
(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)								156,181	0	17,751

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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
One to One, 5284 Paylor Lane, Sarasota, FL 34240	Advertising	316,835
Total Quality Logistics, PO Box 634558, Cincinnati, OH 45263	Shipping	305,249
Maddox Construction Co., 26340 Old 41 Road Ste 3, FL 34135	Construction	247,587

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 **3**

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 201,606					
	b Membership dues	1b					
	c Fundraising events	1c 435,550					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e 7,959,284					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 38,046,970					
	g Noncash contributions included in lines 1a-1f: \$	38,096,207					
	h Total. Add lines 1a-1f ▶		46,643,410				
Program Service Revenue	2a Program Service Revenue						
		Business Code					
		624210	5,267	5,267			
	b _____						
	c _____						
	d _____						
	e _____						
f All other program service revenue							
g Total. Add lines 2a-2f ▶		5,267					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		15,363			15,363	
	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				
			5,000				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)	5,000				
	d Net gain or (loss) ▶		5,000	5,000			
	8a Gross income from fundraising events (not including \$ 435,550 of contributions reported on line 1c). See Part IV, line 18 a		235,993				
		b Less: direct expenses b	58,487				
c Net income or (loss) from fundraising events ▶			177,506			177,506	
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		207,536					
	b Less: cost of goods sold b	538,000					
	c Net income or (loss) from sales of inventory ▶		(330,464)	(330,464)			
Miscellaneous Revenue		Business Code					
11a Transportation Reimburs	624210	25,833	25,833				
b Vendor Reimburs	624210	10,591	10,591				
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶		36,424					
12 Total revenue. See instructions ▶		46,552,506	(283,773)	0	192,869		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .	29,499,876	29,499,876		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	9,663,179	9,663,179		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	168,383	111,462	20,688	36,233
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	2,504,139	1,657,644	307,657	538,838
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .	173,360	114,758	21,299	37,303
9	Other employee benefits	627,739	456,454	66,833	104,452
10	Payroll taxes	195,828	129,631	24,059	42,138
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 .	339,434			339,434
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.) . .	88,767	58,760	10,906	19,101
12	Advertising and promotion				
13	Office expenses				
14	Information technology	92,204	63,191	10,082	18,931
15	Royalties				
16	Occupancy	124,557	115,199	5,661	3,697
17	Travel	26,184	16,636	5,599	3,949
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	102,556	74,059	3,274	25,223
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	374,879	374,879		
23	Insurance	51,425	37,941	5,337	8,147
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	Transportation	343,666	343,666		
b	Vehicle	310,198	296,257	1,388	12,553
c	Pick and Pack Out	297,381	297,381		
d	Agency Program	145,593	145,593		
e	All other expenses _____	609,787	536,854	35,892	37,041
25	Total functional expenses. Add lines 1 through 24e .	45,739,135	43,993,420	518,675	1,227,040
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		1,185,910	1	419,185	
	2	Savings and temporary cash investments		801,791	2	2,125,820	
	3	Pledges and grants receivable, net		13,524	3	5,424	
	4	Accounts receivable, net		190,369	4	62,199	
	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		1,667,011	8	1,194,468	
	9	Prepaid expenses and deferred charges		55,407	9	88,471	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	8,255,352			
	b	Less: accumulated depreciation	10b	2,718,890	5,184,486	10c	5,536,462
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 11		28,055	12	30,548	
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		33,477	15	15,362	
16	Total assets. Add lines 1 through 15 (must equal line 34)		9,160,030	16	9,477,939		
Liabilities	17	Accounts payable and accrued expenses		211,902	17	231,599	
	18	Grants payable		204,479	18	99,310	
	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		1,707,610	23	1,514,671	
	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		439,476	25	222,425		
26	Total liabilities. Add lines 17 through 25		2,563,467	26	2,068,005		
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		6,452,463	27	7,289,945	
	28	Temporarily restricted net assets		116,045	28	89,441	
	29	Permanently restricted net assets		28,055	29	30,548	
	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		6,596,563	33	7,409,934		
34	Total liabilities and net assets/fund balances		9,160,030	34	9,477,939		

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	46,552,506
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,739,135
3	Revenue less expenses. Subtract line 2 from line 1	3	813,371
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,596,563
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,409,934

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)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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 VI.); 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 2017 (line 6, column (f) divided by line 11, column (f)) 98.52%; 15 Public support percentage from 2016 Schedule A, Part II, line 14 99.42%; 16a 33 1/3% support test - 2017. 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 [checked]; 16b 33 1/3% support test - 2016. 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 [unchecked]; 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization [unchecked]; 17b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization [unchecked]; 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 [unchecked].

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

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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 business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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 2017; 16 Public support percentage from 2016 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 2017; 18 Investment income percentage from 2016 Schedule A, Part III, line 17

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)			
Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		
Section E - Distribution Allocations (see instructions)			
	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2017		
a			
b	From 2013		
c	From 2014		
d	From 2015		
e	From 2016		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2017 distributable amount		
i	Carryover from 2012 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2017 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2017 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2018. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2013		
b	Excess from 2014		
c	Excess from 2015		
d	Excess from 2016		
e	Excess from 2017		

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2017

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

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Harry Chapin Food Bank of Southwest Florida Inc	Employer identification number 59-2332120
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Florida Department of Agriculture 407 South Calhoun Street Tallahassee, FL 32399	\$ 7,469,277	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	Publix 3300 Publix Corporate Pkwy Lakeland, FL 33811	\$ 6,087,626	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	Feeding America 35 E Wacker Drive Ste 2000 Chicago, IL 60601	\$ 2,902,101	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	Sams Club 3921 SW College Rd Ocala, FL 34474	\$ 2,442,701	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	Tropicana 1001 13th Ave Bradenton, FL 34208	\$ 1,652,633	Person <input 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.)

Name of organization Harry Chapin Food Bank of Southwest Florida Inc	Employer identification number 59-2332120
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	USDA Food Commodities _____ _____ _____	\$ 6,898,056	_____
2	Food commodities _____ _____ _____	\$ 6,087,626	_____
3	Food commodities _____ _____ _____	\$ 2,902,101	_____
4	Food commodities _____ _____ _____	\$ 2,442,701	_____
5	Food commodities _____ _____ _____	\$ 1,652,633	_____
_____	_____ _____ _____	\$ _____	_____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2017

Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

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

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

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table with 2 columns: Held at the End of the Tax Year. Rows a-d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under 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) Revenue included on Form 990, Part VIII, line 1 \$

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X \$

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	28,055	26,641	27,447	28,230	13,796
b Contributions	1,125	150			12,000
c Net investment earnings, gains, and losses	2,333	2,864	(443)	682	2,434
d Grants or scholarships	582	1,186			
e Other expenditures for facilities and programs				1,074	
f Administrative expenses	383	414	363	391	
g End of year balance	30,548	28,055	26,641	27,447	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 46.00 %
 - c** Temporarily restricted endowment 54.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| (i) unrelated organizations | <input checked="" type="checkbox"/> | |
| (ii) related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	952,422	518,304		1,470,726
b Buildings		3,996,855	836,414	3,160,441
c Leasehold improvements				
d Equipment		578,098	348,832	229,266
e Other STMD1E		2,209,673	1,533,644	676,029
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,536,462

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Endowment Funds	30,548	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	30,548	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Expenses	111,612
(3) Compensated Absences	110,813
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	222,425

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	46,746,072
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
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	
3	Subtract line 2e from line 1		3	46,746,072
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	(193,566)	
c	Add lines 4a and 4b		4c	(193,566)
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	46,552,506

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

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

1	Total expenses and losses per audited financial statements		1	45,932,701
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	533,000	
e	Add lines 2a through 2d		2e	533,000
3	Subtract line 2e from line 1		3	45,399,701
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	339,434	
c	Add lines 4a and 4b		4c	339,434
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	45,739,135

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. Endowment funds intended uses (Part V, line 4)

Earnings on the endowment funds are used for general operating expenses. Principal is to be held for future program needs.

Part XIII Supplemental Information (continued)**02. Other revenues included on Form 990 (Part XI, line 4b)**

Cost of food of \$538,000 included in functional expenses on the Audited Statements was included on Part VIII line 10b on the Form 990. Professional Fundraising expenses of \$339,434 included net of fundraising revenue on the Audited Statement were reported on Part IX line 11e on the Form 990. Gain on the sale of assets of \$5,000 included in functional expenses on the Audited Statement were reported on Part VIII Line 7c on the Form 990.

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

Cost of food of \$538,000 included in functional expenses on the Audited Statements was included on Part VIII line 10b on the Form 990. Gain on the sale of assets of \$5,000 included in functional expenses on the Audited Statement were reported on Part VIII Line 7c on the Form 990.

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

Professional Fundraising expenses of \$339,434 included net of fundraising gross proceeds on the Audited Statements was recorded in Part IX line 11e on the Form 990.

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

Management has analyzed its various Federal filing positions and believes that the Organizations 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. The informational returns (Form 990) for the

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

▶ Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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	631,283	339,434	291,849
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				631,283	339,434	291,849

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.

All States

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>Hunger Walk</u> (event type)	<u>Fowler St</u> (event type)	<u>3</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	316,386	16,822	338,335	671,543
	2	Less: Contributions	316,386		119,164	435,550
	3	Gross income (line 1 minus line 2)		16,822	219,171	235,993
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	20,085		38,402	58,487
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11	Net income summary. Subtract line 10 from line 3, column (d) ▶					177,506

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		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 conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

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

**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" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
(1)	Baker Center School 311 E Charlotte Ave Punta Gorda, FL 33950	65-0139525	3		18,676	Average Cost	Food commodities	Food for public distribution
(2)	All Faiths Food Bank 8171 Blaikie Court Sarasota, FL 34240	65-0115814	3		1,099,163	Average Cost	Food commodities	Food for public distribution
(3)	Adventist Comm Cape Coral 829 SE 47th Terrace Cape Coral, FL 33990	41-2279695	3		502,672	Average Cost	Food commodities	Food for public distribution
(4)	Allen Chapel AMEC PO BOX 892 Bellville, TX 77418	76-0691836	3		148,905	Average Cost	Food commodities	Food for public distribution
(5)	Bethel Assembly of God 1225 W Main St Immokalee, FL 34142	44-0577787	3		17,428	Average Cost	Food commodities	Food for public distribution
(6)	Alva United Methodist P.O. Box 96 Alva, FL 33920	59-0250411	3		144,236	Average Cost	Food commodities	Food for public distribution
(7)	Amigos Center 106 S. 2nd St. Immokalee, FL 34142	59-3646095	3		199,785	Average Cost	Food commodities	Food for public distribution
(8)	American Legion PO BOX 10155 Indianapolis, IN 46206	35-0144250	3		814,969	Average Cost	Food commodities	Food for public distribution
(9)	First Presbyterian Church o 2330 Harriet Street NE Port Charlotte, FL 33952	59-1835089	3		96,712	Average Cost	Food commodities	Food for public distribution
(10)	Harlem Heights Improvement 10511 Gladiolus Ave. Fort Myers, FL 33908	65-0323306	3		422,181	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 ▶

**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" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
(1)	Bonita Springs Asst Ofc 25300 Bernwood Dr 6 Bonita Springs, FL 34135	59-2337909	3		68,971	Average Cost	Food commodities	Food for public distribution
(2)	Bootstrap Ministry, Inc. 4801 Orange Grove Blvd. North Fort Myers, FL 33903	26-3644653	3		101,631	Average Cost	Food commodities	Food for public distribution
(3)	Broadway Church of God 3309 South Broadway Street Fort Myers, FL 33901	59-2398091	3		854,599	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		121,718	Average Cost	Food commodities	Food for public distribution
(5)	AIDS Healthcare Foundation 110 Se 10th Street Ste 1960 Fort Lauderdale, FL 33316	20-8744009	3		150,379	Average Cost	Food commodities	Food for public distribution
(6)	Cape Coral Caring Center 4645 SE 15th Ave. Cape Coral, FL 33904	65-0262583	3		101,002	Average Cost	Food commodities	Food for public distribution
(7)	Fort Myers Presbyterian Com 1925 Virginia Ave Fort Myers, FL 33901	59-1668256	3		33,267	Average Cost	Food commodities	Food for public distribution
(8)	Mission Peniel-Peace River 5600 Peace River Rd North Port, FL 34287	59-2958426	3		45,542	Average Cost	Food commodities	Food for public distribution
(9)	Ft Myers Seventh Day Advent 16101 San Carlos Blvd Fort Myers, FL 33908	52-0643036	3		47,111	Average Cost	Food commodities	Food for public distribution
(10)	Catholic Charity Bonita Spg 4235 Michigan Link Fort Myers, FL 33916	59-2473176	3		174,103	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" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
(1)	Catholic Charity Ft Myers 4235 Michigan Link Fort Myers, FL 33916	65-0889322	3		529,413	Average Cost	Food commodities	Food for public distribution
(2)	Hope Clubhouse of SWFL Inc 3602 Broadway Fort Myers, FL 33901	30-0437443	3		5,757	Average Cost	Food commodities	Food for public distribution
(3)	Iglesia De Dios John 3:16 16521 Slater Road North Fort Myers, FL 33917	06-1830541	3		75,487	Average Cost	Food commodities	Food for public distribution
(4)	Charleston Pk Neighborhood 2541 Charleston Park Alva, FL 33920	59-3080357	3		89,192	Average Cost	Food commodities	Food for public distribution
(5)	Charlotte Cty Homeless Coal P.O. Box 380157 Murdock, FL 33938	65-0139525	3		178,124	Average Cost	Food commodities	Food for public distribution
(6)	Children Advocacy Center 3830 Evans Ave Fort Myers, FL 33901	59-2824352	3		511,266	Average Cost	Food commodities	Food for public distribution
(7)	Integrity Church Naples 10421 Pennsylvania Ave Bonita Springs, FL 34135	26-1668738	3		10,941	Average Cost	Food commodities	Food for public distribution
(8)	Clewiston Seventh Day Adven 545 E. Obispo Ave. Clewiston, FL 33440	20-5695382	3		20,347	Average Cost	Food commodities	Food for public distribution
(9)	Nextep Inc 6313 Corporate Ct Fort Myers, FL 33919	26-4144992	3		97,177	Average Cost	Food commodities	Food for public distribution
(10)	Community Co-op Ministries P.O. Box 2143 Fort Myers, FL 33902	59-2602772	3		621,299	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 ▶
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(Form 990)**

Department of the Treasury
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(1)	Community Resource Ctr Inc 5400 Riverside Dr. Punta Gorda, FL 33982	65-0496363	3		82,440	Average Cost	Food commodities	Food for public distribution
(2)	Compassion Avenue Inc P.O. Box 418 Clewiston, FL 33440	51-0477088	3		68,771	Average Cost	Food commodities	Food for public distribution
(3)	Coronado High School 3057 Cleveland Ave Fort Myers, FL 33901	75-3255798	Government		13,364	Average Cost	Food commodities	Food for public distribution
(4)	Daniels Road Baptist Church 5878 Daniels Road Fort Myers, FL 33912	59-2350694	3		200,472	Average Cost	Food commodities	Food for public distribution
(5)	SVDP Church Elem Pantries 13031 Palm Beach Blvd Fort Myers, FL 33905	59-2824352	3		187,574	Average Cost	Food commodities	Food for public distribution
(6)	Discipleship Driven Ministr 3480 Depew Ave Port Charlotte, FL 33952	20-5840548	3		482,444	Average Cost	Food commodities	Food for public distribution
(7)	David Lawrence Center 6075 Bathey Lane Naples, FL 34116	59-2206025	3		177,988	Average Cost	Food commodities	Food for public distribution
(8)	Eben-Ezer Baptist Church P.O. Box 6580 Fort Myers, FL 33911	65-0975889	3		186,298	Average Cost	Food commodities	Food for public distribution
(9)	Ebenezer Food Pantry P.O Box 6580 Fort Myers, FL 33911	65-0120343	3		222,919	Average Cost	Food commodities	Food for public distribution
(10)	Edgewater United Methodist 19190 Cochran Blvd. Port Charlotte, FL 33948	65-0235009	3		249,124	Average Cost	Food commodities	Food for public distribution

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Department of the Treasury
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(1)	Englewood E Church of Chris 9600 Gulfstream Blvd. Englewood, FL 34224	26-3786816	3		19,227	Average Cost	Food commodities	Food for public distribution
(2)	Everglades City Comm Church 101 Copeland Ave S Everglades City, FL 34139	22-3934843	3		96,830	Average Cost	Food commodities	Food for public distribution
(3)	We Care Outreach Center 4231 Desoto Ave Fort Myers, FL 33905	61-1485045	3		52,227	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		42,328	Average Cost	Food commodities	Food for public distribution
(5)	Noahs Ark Church Inc 11853 Collier Blvd Naples, FL 34116	65-0712776	3		929,176	Average Cost	Food commodities	Food for public distribution
(6)	Faith Presbyterian Church/W 4544 Coronado Pkwy Cape Coral, FL 33904	59-1021543	3		87,574	Average Cost	Food commodities	Food for public distribution
(7)	Family Resource Center 4209 Tamiami Trail East Naples, FL 34112	59-2473176	3		206,087	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		166,859	Average Cost	Food commodities	Food for public distribution
(9)	Family Church of Marco 1450 WINTERBERRY DR Marco Island, FL 34145	27-3148396	3		134,886	Average Cost	Food commodities	Food for public distribution
(10)	First Baptist Church of FM 130 Connecticut St. Fort Myers Beach, FL 33931	59-2495484	3		123,154	Average Cost	Food commodities	Food for public distribution

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**SCHEDULE I
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Department of the Treasury
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**Grants and Other Assistance to Organizations,
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(1)	First Baptist Church/Horn o 459 Gill St. Punta Gorda, FL 33950	59-6167083	3		94,266	Average Cost	Food commodities	Food for public distribution
(2)	First Community Congregatio 200 E Leland Heights Blvd. Lehigh Acres, FL 33936	59-1969598	3		1,132,047	Average Cost	Food commodities	Food for public distribution
(3)	First Macedonia 411 E. Charlotte Ave. Punta Gorda, FL 33950	65-0360165	3		134,005	Average Cost	Food commodities	Food for public distribution
(4)	Palmetto Church of God 1123 Veronica Shoemaker Blvd Fort Myers, FL 33916	65-0497066	3		194,813	Average Cost	Food commodities	Food for public distribution
(5)	Friendship United Methodist 107 N DRIVER ST Durham, NC 27703	36-2167731	3		10,822	Average Cost	Food commodities	Food for public distribution
(6)	Pine Island Food Pantry 12175 Stringfellow Rd Bokeelia, FL 33922	27-1757051	3		65,958	Average Cost	Food commodities	Food for public distribution
(7)	Vineyard Community Church 923 SE 47th Terrace Cape Coral, FL 33904	59-2706764	3		175,211	Average Cost	Food commodities	Food for public distribution
(8)	Fort Myers Christian Center 3500 Fowler St. Fort Myers, FL 33901	65-0937140	3		391,578	Average Cost	Food commodities	Food for public distribution
(9)	Shy Wolf Sanctuary 1161 27th Street Naples, FL 34117	59-3691867	3		5,861	Average Cost	Food commodities	Food for public distribution
(10)	Fort Myers Rescue Mission 6900 Mission Lane Fort Myers, FL 33916	59-2469860	3		435,627	Average Cost	Food commodities	Food for public distribution

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Department of the Treasury
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Harry Chapin Food Bank of Southwest Florida Inc

Employer identification number

59-2332120

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Fort Myers Spanish SDA Chur 9838 Bernwood Place Fort Myers, FL 33966	52-6037545	3		488,107	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		21,506	Average Cost	Food commodities	Food for public distribution
(3)	Source of Light and Hope De PO Box 1892 Fort Myers, FL 33902	65-0013240	3		67,943	Average Cost	Food commodities	Food for public distribution
(4)	Grace Place for Children & P.O. Box 990531 Naples, FL 34116	65-1229558	3		249,045	Average Cost	Food commodities	Food for public distribution
(5)	Grace United Methodist Chur 14036 Matanzas Drive Fort Myers, FL 33905	36-2167731	3		46,540	Average Cost	Food commodities	Food for public distribution
(6)	Guadalupe Social Services 211 9th St. South Immokalee, FL 34142	59-2473176	3		298,929	Average Cost	Food commodities	Food for public distribution
(7)	Teen Challenge of Florida 5646 Seventh Ave Fort Myers, FL 33907	59-2479228	3		94,742	Average Cost	Food commodities	Food for public distribution
(8)	Guardian Angels for Special PO Box 151321 Cape Coral, FL 33915	65-0769068	3		21,193	Average Cost	Food commodities	Food for public distribution
(9)	Holy Trinity Lutheran Churc 2565 Tamiami Trail Port Charlotte, FL 33952	59-1439248	3		41,426	Average Cost	Food commodities	Food for public distribution
(10)	Word of Life Church 2150 Collier Ave Fort Myers, FL 33901	13-5648615	3		87,235	Average Cost	Food commodities	Food for public distribution

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**SCHEDULE I
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Name of the organization: **Harry Chapin Food Bank of Southwest Florida Inc**
Employer identification number: **59-2332120**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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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 noncash assistance	(h) Purpose of grant or assistance
(1)	House of Prayer IV 2112 Mitchel Court Fort Myers, FL 33916	43-2043791	3		42,253	Average Cost	Food commodities	Food for public distribution
(2)	Iglesia Bautista Nuevo Test 300 South James St Labelle, FL 33935	65-0397182	3		552,826	Average Cost	Food commodities	Food for public distribution
(3)	Carl-Con Group Home 104 Ortona St Lehigh Acres, FL 33936	65-0265397	3		154,178	Average Cost	Food commodities	Food for public distribution
(4)	Interfaith Charities of Sou 17592 Rockefeller Cir Fort Myers, FL 33967	65-0362473	3		635,980	Average Cost	Food commodities	Food for public distribution
(5)	Jesus Loves You Ministries PO Box 380275 Murdock, FL 33938	26-1128961	3		16,333	Average Cost	Food commodities	Food for public distribution
(6)	Lehigh Community Services 9 Beth Stacy Blvd. Lehigh Acres, FL 33971	59-1773738	3		125,470	Average Cost	Food commodities	Food for public distribution
(7)	Lehigh SDA Church 190 Homestead Rd S Lehigh Acres, FL 33936	65-0550589	3		273,189	Average Cost	Food commodities	Food for public distribution
(8)	Harvest Field Church 6431 Arc Way Fort Myers, FL 33966	27-2904147	3		28,782	Average cost	Food commodities	Food for public distribution
(9)	Lifeline Family Center 907 SE 5th Ave. Cape Coral, FL 33904	65-0529641	3		22,781	Average Cost	Food commodities	Food for public distribution
(10)	McGregor Baptist Pantry 3750 Colonial Blvd. Fort Myers, FL 33966	59-2115730	3		393,347	Average Cost	Food commodities	Food for public distribution

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(1)	Meals of Hope 2221 Corporation Blvd Naples, FL 34109	27-0268307	3		789,921	Average Cost	Food commodities	Food for public distribution
(2)	Morningstar Baptist Church 5160 Richmond Ave. Fort Myers, FL 33905	65-0245964	3		177,930	Average Cost	Food commodities	Food for public distribution
(3)	N.Naples United Methodist C 6000 Goodlette-Frank Rd Naples, FL 34109	36-2167731	3		105,648	Average Cost	Food commodities	Food for public distribution
(4)	Manatee Food Bank 811 23rd Avenue East Bradenton, FL 34208	59-1420986	3		1,248,961	Average Cost	Food commodities	Food for public distribution
(5)	Nature's Cove, Inc. 18060 Elmwood Drive Alva, FL 33920	65-0697850	3		64,321	Average Cost	Food commodities	Food for public distribution
(6)	Naples Children and Educati 4305 Exchange Avenue Naples, FL 34104	65-1001650	3		2,268,836	Average Cost	Food commodities	Food for public distribution
(7)	New Hope Ministries 7675 Davis Blvd Naples, FL 34104	59-2276660	3		331,387	Average Cost	Food commodities	Food for public distribution
(8)	New Life Assembly of God 5146 Leonard Blvd. Lehigh Acres, FL 33973	59-2126484	3		42,963	Average Cost	Food commodities	Food for public distribution
(9)	First Christian Church Napl PO Box 1986 Indianapolis, IN 46206	35-0868116	3		145,200	Average Cost	Food commodities	Food for public distribution
(10)	St Martin de Porres Outreac 4711 Palm Beach Blvd Fort Myers, FL 33905	46-4001708	3		250,878	Average cost	Food commodities	Food for public distribution

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(1)	North Nicholas High School 3200 North Tamiami Trail Naples, FL 34103	75-3255798	Government		11,210	Average cost	Food commodities	Food for public distribution
(2)	Octagon Wild Life 41660 Horseshoe Rd. Punta Gorda, FL 33982	59-2298305	3		137,466	Average cost	Food commodities	Food for public distribution
(3)	Page Park Improvement Assoc 507 Center Rd Fort Myers, FL 33907	59-6155104	3		203,382	Average cost	Food commodities	Food for public distribution
(4)	Pine Manor Improvement Asso P.O.Box 61464 Fort Myers, FL 33906	65-0133208	3		98,642	Average Cost	Food commodities	Food for public distribution
(5)	Jewish Family and Community 5025 Castello Drive Naples, FL 34103	45-3980909	3		31,901	Average cost	Food commodities	Food for public distribution
(6)	Trinity United Methodist Ch P.O. Box 495895 Port Charlotte, FL 33949	59-6515026	3		170,214	Average cost	Food commodities	Food for public distribution
(7)	Redeemer Haitian Baptist Ch 3856 Evans Ave. Fort Myers, FL 33901	57-1178818	3		59,839	Average Cost	Food commodities	Food for public distribution
(8)	Tree of Life Church 2132 Shadowlawn Drive Naples, FL 34112	59-1315066	3		144,603	Average cost	Food commodities	Food for public distribution
(9)	S. Ft. Myers Food Pantry Co 8260 Cypress Lake Dr. Fort Myers, FL 33919	59-1649348	3		962,841	Average Cost	Food commodities	Food for public distribution
(10)	Salvation Army 25221 Bernwood Dr. S. 2 Bonita Springs, FL 34135	58-0660607	3		562,914	Average Cost	Food commodities	Food for public distribution

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(1)	Salvation Army Service Clew 335 Central Ave Clewiston, FL 33440	59-0631403	3		30,386	Average Cost	Food commodities	Food for public distribution
(2)	Senior Friendship Centers, 5272 Summerlin Commons Way Fort Myers, FL 33907	59-1522614	3		159,064	Average Cost	Food commodities	Food for public distribution
(3)	Seventh Day Adventist Comm. 2036 Loveland Blvd. Punta Gorda, FL 33980	52-6037545	3		13,972	Average Cost	Food commodities	Food for public distribution
(4)	St. Francis of Assisi 5265 Placida Rd. Englewood, FL 34224	59-1933467	3		63,549	Average Cost	Food commodities	Food for public distribution
(5)	Tice United Methodist Pantr 4545 Tice Street Fort Myers, FL 33905	59-1155134	3		523,326	Average cost	Food commodities	Food for public distribution
(6)	St. Joseph the Worker P.O.Box 1109 Moore Haven, FL 33471	59-2545812	3		403,264	Average Cost	Food commodities	Food for public distribution
(7)	St. Mark Coptic Orthodox Ch 11926 Fairway Lakes Dr Fort Myers, FL 33913	65-0311824	3		17,986	Average Cost	Food commodities	Food for public distribution
(8)	St. Matthew's House 2001 Airport Rd. South Naples, FL 34112	65-0097432	3		291,370	Average Cost	Food commodities	Food for public distribution
(9)	St. Vincent de Paul- Church 13031 Palm Beach Blvd. Fort Myers, FL 33905	59-2824352	3		202,782	Average Cost	Food commodities	Food for public distribution
(10)	St. Vincent de Paul- Grand P.O.Box 2546 Fort Myers, FL 33902	13-5562362	3		1,056,278	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.

**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" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
(1)	St. Vincent de Paul- Naples 4451 Mercantile Ave Naples, FL 34104	59-1711287	3		46,675	Average Cost	Food commodities	Food for public distribution
(2)	St. Vincent de Paul- Port C 21505 Augusta Ave. Port Charlotte, FL 33952	37-1566756	3		130,277	Average Cost	Food commodities	Food for public distribution
(3)	St. Vincent de Paul- Punta 25200 Airport Rd. Punta Gorda, FL 33950	80-0029958	3		267,787	Average Cost	Food commodities	Food for public distribution
(4)	St. Vincent de Paul- St. Ma 2080 Tamiami Tr. Port Charlotte, FL 33948	59-1905861	3		48,498	Average Cost	Food commodities	Food for public distribution
(5)	Suncoast Neighborhood Taskf 2440 Thompson St. Fort Myers, FL 33901	94-3415530	3		410,900	Average Cost	Food commodities	Food for public distribution
(6)	Jesus the Worker 881 Nuna Ave Fort Myers, FL 33905	59-1970832	3		121,582	Average cost	Food commodities	Food for public distribution
(7)								
(8)								
(9)								
(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 ▶

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

Harry Chapin Food Bank of Southwest Flor

Employer identification number

59-2332120

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Richard LeBer 1 CEO	(i)	156,181	0	0	0	17,751	173,932	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

Open To Public Inspection

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, or Form 990-EZ, Part V, line 38a or 40b.**

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

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

Name of the organization

Employer identification number

Harry Chapin Food Bank of Southwest Florida Inc

59-2332120

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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
(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) Jeff Maddox (see below)	Board Member	247,587	Construction contract		X
(2) John Clinger (see below)	Board Member/Secretary	1,460,281	CDs held at Merrill Lynch		X
(3)					
(4)					
(5)					

Part V Supplemental Information

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

01. Supplemental Information for Schedule L

Jeff Maddox, Board Member, is an Owner of Maddox Construction, which is the construction company contracted with the organization to build out the new leased Naples facility. The bid was awarded through a competitive bidding process.

John Clinger, Board Member, is the President of the Clinger Group at Merrill Lynch which is the umbrella organization under which the certificates of deposit are held. They are held with the Phillips Group at the same institution. Mr. Clinger recuses himself from any investment decisions.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization Harry Chapin Food Bank of Southwest Florida Inc	Employer identification number 59-2332120
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Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded.				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X		38,096,207	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 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

Harry Chapin Food Bank of Southwest Florida Inc

59-2332120

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

The 990 is reviewed and approved by the CEO and CFO. It will also be reviewed by the Finance Committee, time permitting. A copy of the Form 990 will be provided to the Board of Directors prior to filing.

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 Board of Directors meets in June each year to benchmark the salary of the CEO and to determine if change is awarded, as well as, any potential bonuses. The Board Chair meets with the CEO to present and discuss the performance. Copy of the instructions are then sent to the CFO for implementation.

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

The CEO discusses with the Executive Committee, along with the budget for the organization. The CEO, in conjunction with benchmarking and market analysis, then determines what increases, if any, are to be paid out. The CEO has a matrix (depending on time on assignment, performance and comparison to benchmark) to indicate salary/wage changes, within an assigned pool.

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

Financial Statements are posted on the organization's website, along with the US Form 990. Upon request, the public can receive copies of specific policies, with the concurrence by

Name of the organization

Employer identification number

Harry Chapin Food Bank of Southwest Florida Inc

59-2332120

either the CEO or the Board.

06. Significant program services not listed on prior year return (Part III, line 2)

The Care & Share Program, which is a packaged food program for senior citizens, began in July 2017 and the total distribution for the first year was 714,109 pounds.

07. Cessation of, or significant change to, any program service (Part III, line 3)

The CSFP program was reduced from 5 counties to 2.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2017, or fiscal year beginning 07-01-2017, and ending 06-30-2018

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2017

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Harry Chapin Food Bank of Southwest Florida Inc

Employer identification number

59-2332120

Name and title of officer

Richard W LeBer, President and CEO

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>46,552,506</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Tuscan & Company, PA to enter my PIN 33901 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 10-03-2018

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

657347 33907
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ 10-03-2018

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

FOR YOUR RECORDS ONLY
Federal Supporting Statements

2017 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 Statement #D1e
 Investments - Other

Description of Investment	Cost/basis (Investment)	Cost/basis (Other)	Depr	Book Value
Vehicles	<u>0</u>	<u>2,209,673</u>	<u>1,533,644</u>	<u>676,029</u>
Total	<u><u>0</u></u>	<u><u>2,209,673</u></u>	<u><u>1,533,644</u></u>	<u><u>676,029</u></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	\$ 435,550
Total:	\$ 435,550

Government Grants Part VIII Line 1e Noncash

Description	Amount
USDA	\$ 6,250,616
USDA CSFP	647,440
Total:	\$ 6,898,056

Other Grants and Donations Part VIII line 1f

Description	Amount
Grants and Donations	\$ 6,217,536
Direct Mail	631,283
Total:	\$ 6,848,819

Form 990; Part VIII; Line 8a

Description	Amount
Capital Campaign Fowler St	\$ 16,822
Fundraising Other	218,396
Fundraising Restricted Purc	775
Total:	\$ 235,993

Form 990; Part VIII; Line 8b

Description	Amount
Events	\$ 55,385
Other	3,102
Total:	\$ 58,487

Description	Amount
Shared Maintenance-Agencies	\$ 47,332
Purchased Food Resale	160,204
Total:	\$ 207,536

Name(s) as shown on return

FEIN

Harry Chapin Food Bank of Southwest Florida Inc

59-2332120

Other Expense part IX Line 24e Program Services

Description	Amount
Maintenance	\$ 133,819
Other	403,035
Total:	\$ 536,854

Other Expenses part IX Line 24 Management and General

Description	Amount
Maintenance	\$ 1,614
Other	34,278
Total:	\$ 35,892

Other Expenses Part IX Line 24e Fundraising

Description	Amount
Maintenance	\$ 40
Other	37,001
Total:	\$ 37,041

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

Description	Amount
SWFCF	\$ 13,973
Community Foundation of Collier	11,693
Charlotte Community Foundation	2,389
Total:	\$ 28,055

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

Description	Amount
SWFCF	\$ 928
Community Foundation of Collier	1,098
Community Foundation of Charlotte	307
Total:	\$ 2,333

Name(s) as shown on return

FEIN

Harry Chapin Food Bank of Southwest Florida Inc

59-2332120

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

Description	Amount
SWFCF	\$ 288
Community Foundation of Collier	92
Charlotte Community Foundation	3
Total:	\$ 383

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

Description	Amount
Cost of Food	\$ (538,000)
Professional Fundraising Expenses	339,434
Gain on sale of asset	5,000
Total:	\$ -193,566

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

Description	Amount
Cost of Food	\$ 538,000
Gain on sale of asset	(5,000)
Total:	\$ 533,000

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

Description	Amount
Professional Fundraising Expenses	\$ 339,434
Total:	\$ 339,434

**Form 990
Worksheet**

Schedule A, Line 5 - Excess 2% Limitation Contributors

(Keep for your records)

2017

Name(s) as shown on return

Harry Chapin Food Bank of Southwest Florida Inc

Tax ID Number

59-2332120

2% of the amount on Schedule A, Part II, line 11, column (f) 3,699,861

Name	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
Publix					6,087,626	6,087,626	2,387,765
Sams Club					2,442,701	2,442,701	
Tropicana					1,652,633	1,652,633	

Total 2,387,765