Form	99	0	Botur	of Organi	zation Exampt	From Incor	no Tay		OMB No. 1545-0047			
Form	33		Return of Organization Exempt From Income Tax									
					I) of the Internal Rever	• • •		ons)	2018			
Department of the Treasury b Do not enter social security numbers on this form as it may be made public									Open to Public			
		e Service	Go to w	ww.irs.gov/Forms	990 for instructions and	d the latest inform	ation.		Inspection			
<u>A</u> F	or the	2018 calenda	ar year, or tax year begin	ning	07-0	1 , 2018, and en	ding	06-3	0,2019			
Β	heck if a	oplicable:	C Name of organization Har	y Chapin Foo	od Bank of Sout	hwest Florid	a Inc	D	Employer identification no.			
^	ddress cl	nange	Doing business as					5	9-2332120			
Ц	lame cha	nge	Number and street (or P.O. bo	x if mail is not delivered	to street address)		Room/suite		Telephone number			
Ľ	nitial retur	'n	3760 Fowler St	reet					239)334-7007			
F	inal retur	n/terminated	City or town, state or province		ign postal code				Gross receipts			
	mended		Fort Myers, FL						<u>\$ 51,156,009</u>			
L A	pplicatior	n pending	F Name and address of principa	l officer:			H(a) Is this a group					
			501(c)(3) 501(c) (H(b) Are all subc					
	ax-exemp) < (insert no.)	4947(a)(1) or 5	527	_		t. (see instructions)			
	Vebsite:		corporation Trust Ass	<u>п</u> ,		V	H(c) Group exe					
K F Pa		ganization: X		ociation Dther	۲ <u>ا</u>	Year of formation: 1	983 M State	e of legal do	omicile: FL			
· u	_		be the organization's missi	on or most significa	unt activities: The	mission is t	a load our		nitu in the			
		-	-	-	that no one ha							
nce		IIGHL ag	ainst hunger. II	e vision is	that no one na	s to go nung	ry in our o	Sommun				
rna												
Activities & Governance	2	Check this bo	ox 🕨 🗌 if the organization	discontinued its or	perations or disposed of	more than 25% of	its net assets.					
ğ			oting members of the gover					3	16			
s v			dependent voting members		,			4	16			
itie			of individuals employed in					5	66			
ctiv			of volunteers (estimate if r	-	•••••			6	4,108			
Ă			ed business revenue from I	• •), line 12 • • • • •			7a				
			business taxable income					7b	0			
							Prior Year	·	Current Year			
	8	Contributions	and grants (Part VIII, line	1h) • • • • • •		[46,643	, 410	50,567,050			
ne	9	Program serv	vice revenue (Part VIII, line	2g) • • • • • •		[5	,267	0			
Revenue	10	Investment in	ncome (Part VIII, column (A), lines 3, 4, and 70	d)	[20	, 363	42,132			
Be	11	Other revenu	e (Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10	oc, and 11e)	[(116	5,534)	(391,361)			
	12	Total revenue	e - add lines 8 through 11 (r	nust equal Part VII	l, column (A), line 12)		46,552	, 506	50,217,821			
	13	Grants and s	imilar amounts paid (Part I	X, column (A), lines	s 1-3) • • • • • • •		39,163	, 055	42,825,903			
	14	Benefits paid	to or for members (Part IX	, column (A), line 4)	· · · · · · · ·			0			
ŝ	15	Salaries, othe	er compensation, employed	e benefits (Part IX,	column (A), lines 5-10)	•••••	3,669	, 449	3,743,307			
Expenses	16a	Professional	fundraising fees (Part IX, c	olumn (A), line 11e)	· · · · · · · ·	339	,434	312,078			
be			sing expenses (Part IX, col			157,599						
ш		-	ses (Part IX, column (A), lir			· · · · · · · · _	2,567	,197	2,299,891			
		-	es. Add lines 13-17 (must		nn (A), line 25) ••	· · · · · · · · _	45,739	,135	49,181,179			
		Revenue less	s expenses. Subtract line	8 from line 12 •				, 371	1,036,642			
Net Assets or Fund Balances							Beginning of Curren		End of Year			
sset:	20		(Part X, line 16)			· · · · · · · ·	9,477		10,452,618			
et As Ind I	21		s (Part X, line 26)			· · · · · · · ·	2,068		2,006,042			
			fund balances. Subtract I	ne 21 from line 20		•••••	7,409	, 934	8,446,576			
			re Block lare that I have examined this retu		na schedules and statements	and to the best of my kno	wledge and belief it	ie .				
			laration of preparer (other than off				Swiedge and belief, it					
		N										
Sig	n		ard LeBer					Date				
Her		, ,						Duto				
TICI			ard LeBer, Presic	ent and CEO								
		· · ·				Date	Check [if PTI				
Paid	ł	Print/Type pre		Preparer's signature		10-10-2019	Check self-employ	- 1	∾ P00184439			
	a parer		M Tuscan CPA	Company P		H0-10-2019		ou	FUU104437			
				Company, Pi orld Plaza La			Firm's EIN					
200	y	Finns address		ers FL 33907	ane brug 33		Phone no.	30-223	3-2090			
Mavi	the IRS	discuss this r	return with the preparer sho		structions)		•		X Yes No			
-			on Act Notice, see the ser						Form 990 (2018)			
									10111 330 (2010)			

Form	990 (2018) Harry Chapin Food Bank of Southwest Florida Inc	59-2332120) Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	The mission is to lead our community in the fight against hunger. The vision	is that n	o 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?	· · · · 📋 Yes	X No
•	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		
		· · · · 📋 Yes	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by a service accomplishments for each of its three largest program services, as measured by a service accomplishment of a service accomplishments for each of its three largest program services as measured by a service accomplishment of a service accomplishments for each of its three largest program services as measured by a service accomplishment of a serv	-	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.	5,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 47,585,610 including grants of \$ 42,825,903) (Revenue	¢)
та	The three largest programs include retail store reclamation and pick-up, ager)
	distributions, and mobile pantries. The Organization provides 22.2 million me		se in
	need (26.7 million pounds) through more than 150 agencies and direct distribution		
	pantries at 88 sites.		J
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 47,585,610		
		Га	m 000 (0010)

	990 (201		120	F	age 3
Pa	rt IV	Checklist of Required Schedules			
				Yes	No
1	Is the or	ganization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complet	e Schedule A	. 1	X	
2		ganization required to complete Schedule B. Schedule of Contributors (see instructions)?	. 2	Х	
3		brganization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-		es for public office? If "Yes," complete Schedule C, Part I	. 3		X
4		501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		- 23
-		in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		X
5		ganization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		- 23
5		nents, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	. 5		X
6			. – J		
6		prganization maintain any donor advised funds or any similar funds or accounts for which donors			
		right to provide advice on the distribution or investment of amounts in such funds or accounts? If			37
_		omplete Schedule D, Part I	. 6		X
7		organization receive or hold a conservation easement, including easements to preserve open space,			
_		onment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	• 7		X
8		organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
		e Schedule D, Part III •••••••••••••••••••••••••••••••••	. 8		X
9		organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
		n for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt neg	otiation services? If "Yes," complete Schedule D, Part IV	. 9		Х
10	Did the o	organization, directly or through a related organization, hold assets in temporarily restricted			
	endowm	ents, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	• 10	Х	
11	If the org	anization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII,	IX, or X as applicable.			
а		organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complet	e Schedule D, Part VI	• 11a	Х	
b	Did the o	organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its tota	al assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. 11b		Х
с		organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
		al assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. 11c		X
d		organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
-		in Part X, line 16? If "Yes," complete Schedule D, Part IX	. 11d		X
۵	•	organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	· 11e	Х	
f		brganization's separate or consolidated financial statements for the tax year include a footnote that addresses		21	
•		nization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	. 11f	X	
122	-	organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	. –		
12a		e D, Parts XI and XII	. 12a	X	
h		•	· 12a		
b		organization included in consolidated, independent audited financial statements for the tax year? If	104		v
40					X X
13			. 13		
14a		organization maintain an office, employees, or agents outside of the United States?	• 14a	-	Х
b		organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
		ing, business, investment, and program service activities outside the United States, or aggregate			.,
	-	nvestments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	- 14b		X
15		organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
		preign organization? If "Yes," complete Schedule F, Parts II and IV	. 15	-	X
16		organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
		ce to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	· 16		X
17		prganization report a total of more than \$15,000 of expenses for professional fundraising services on			
		column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	· 17	X	<u> </u>
18		organization report more than \$15,000 total of fundraising event gross income and contributions on			
		, lines 1c and 8a? If "Yes," complete Schedule G, Part II	- 18	Х	
19		organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	lf "Yes,"	complete Schedule G, Part III	. 19		Х
20 a	Did the o	organization operate one or more hospital facilities? If "Yes," complete Schedule H	. 20a		Х
b	If "Yes" t	o line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20b		
21		organization report more than \$5,000 of grants or other assistance to any domestic organization or			
		c government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21	X	

	990 (2018) Harry Chapin Food Bank of Southwest Florida Inc 59-23321	20	Р	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes " complete Schedule J	23	Х	
24a		23	Λ	<u> </u>
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</i>			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception:	240		
U	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
23a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	250		
D.	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	Х	
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		L

Form	990 (2018) Harry Chapin Food Bank of Southwest Florida Inc 59-23321	20	F	age 5					
Pai									
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 66								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country:								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
	and services provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans								
с	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year	15		Х					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								

Form 9	90 (2018)
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	990 (2018) Harry Chapin Food Bank of Southwest Florida Inc 59-2332		F	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	Vo"		
	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		• • •	٠X
Sec	tion A. Governing Body and Management		<u> </u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16	_		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
h	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 16			
b 2		_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	. 2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
J	supervision of officers, directors, or trustees, or key employees to a management company or other person?	. 3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X
6	Did the organization have members or stockholders?	. 6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		
	one or more members of the governing body?	. 7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	. 7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	. 8a	Х	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	• 10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	• 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	· 11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	· 12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	· 12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10-	v	
10	describe in Schedule O how this was done	· 12c	X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	· 13 · 14	X X	
15	Did the process for determining compensation of the following persons include a review and approval by	. 14	Λ	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	. 15a	Х	
b	Other officers or key employees of the organization	· 15b	X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	. 16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	. 16b		
Sec	tion 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	🛛 Own website 🕅 Another's website 🖾 Upon request 🗌 Other <i>(explain in Schedule O)</i>			
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			

Form 990 (20		59-2332120	Page 7							
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp Independent Contractors	pensated Employe	es, and							
	Check if Schedule O contains a response or note to any line in this Part VII									
Section A.	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.

				((C)					
(A)	(B)			Pos	sition			(D)	(E)	(F)
Name and Title	Average					han one s both ar		Reportable	Reportable	Estimated
Name and the	hours per					r/trustee)		compensation	compensation from	amount of
	week (list any							from	related	other
	hours for related	or In	Ins	Q	Ke	en Hi	Γ	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	dire	stitut	Officer	er	ghes	Former	(W-2/1099-MISC)		organization
	below dotted line)	Individual trustee or director	Institutional trustee		Key employee	/ee				and related organizations
	inte _j	uste	trus		/ee	nper				organizations
		¢	tee			Highest compensated employee				
						<u> </u>				
(1) Anne Rose	6.00									
Director/Chairperson		Х		Х				0	0	0
(2) Bill M Dillon	5.00									
Director/Vice Chairperson		Х		Х				0	0	0
(3) James Nolte	5.00									
Director/Treasurer		Х		Х				0	0	0
(4) John Clinger	5.00									
Director/Secretary		Х		Х				0	0	0
(5) David_Fry	2.00									
Director		Х						0	0	0
(6) Lois Thome	2.00									
Director		Х						0	0	0
(7) P_Keith_Scoggins_Jr.	2.00									
Director		Х						0	0	0
(8) Pat Nevins	2.00									
Director		Х						0	0	0
(9) Maura Matzko	2.00									
Director		Х						0	0	0
(10)Mark_Levine	2.00									
Director		Х						0	0	0
(11)Kayla_Richmond	2.00									
Director		Х						0	0	0
(12)Marianne_Zuk	2.00									
Director		Х						0	0	0
(13)Jeff_Maddox	2.00									
Director		Х						0	0	0
(14)Kathleen_Johnson	2.00									
Director		Х						0	0	0
				_	_					Form 000 (0010)

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Part	VII Section A. Officers, Directors, Trustees, K				(C		mpon			(
	(A)	(B)	(do n	ot che	Posi ck mo		an one		(D)	(E)		(F)	
	Name and title	Average	box, ι	unless	perso	on is l	both an		Reportable	Reportable		stimated	
		hours per week (list any	office	r and	- 1	ector/t	rustee)		compensation from	compensation from related	a	mount of other	
		hours for	or di	Insti	Officer	Key	High	Former	the	organizations		npensatio	n
		related organizations	Individual trustee or director	Institutional trus	ĕř	Key employee	lest o	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the ganizatio	n
		below dotted	or or	nal tr		loye	e		,			nd related	
		line)	stee	ustee		Φ	Highest compensated employee				org	ganizatior	IS
				Ű			ated						
(15)Ma	nie V Lenning	1 00											
	ria_V_Larriva .rector	<u>1.00</u>	Х						0	C			0
		1.00	Λ						0	L L	, <u> </u>		0
	ott_Bass		Х						0	C			0
	chard LeBer	40.00	- 23						0	t	, 		
CE		40.00			Х				166,740	C		18,5	58
(40)					- 23				100,740		, 	10,0	50
⊥. <u>≂</u> /		+											
(19)													
(20)													
<u>(21)</u>													
(22)													
(23)													
(24)					_						_		
											_		
(25)													
1b	Sub-total			•••	•••			►					
C	Total from continuation sheets to Part VII, Section		• • •	•••	•••	•••	•••	▶					
d	Total (add lines 1b and 1c)							r 1	166,740	C)	18,5	58
2	Total number of individuals (including but not limited in reportable compensation from the organization	o those listed	abov	e) wr	10 re	ceiv	rea mo	re tri	an \$100,000 of	1			
												Yes	No
3	Did the organization list any former officer, director, o		•	yee,	or hi	ighe	st com	pens	ated				
	employee on line 1a? If "Yes," complete Schedule J for				•••	• •	•••				3		X
4	For any individual listed on line 1a, is the sum of repo												
	organization and related organizations greater than \$1			ompl	ete S	Sche	edule J	for s	uch				
_				• •	•••	•••	•••	•••			4	Х	
5	Did any person listed on line 1a receive or accrue co	•		-			-						
Faati	for services rendered to the organization? If "Yes," co	mplete Sched	dule J f	or su	ich p	erso	n	•			5		Х
1	on B. Independent Contractors Complete this table for your five highest compensate	dindonondo	at cont	ranto	re th	10t m		dma	re than \$100 000 -	of.			
I	compensation from the organization. Report compensate	-											
	year.	sation for the	ecalen	uar y	ear	ena	ng witi	TORV		ionstax			
	(A) Name and business address								(B) Description of s	envices		(C)	
One d	to One, 5284 Paylor Lane, Sarasota	FT 240	40						Advertisi		COM	pensatior	, 527
	l Quality Logistics, PO Box 634558			~	ы /	152	63		Shipping	. <u>'</u> y			, <u>527</u> , 289
	giance Funding LLC, PO Box 9132, F						55		Advertisi				, 289
<u>4776</u>	grance runaring LLC, FO BOX 7132, F	argo, ND	101	00-	913				Auvertristi	<u>-</u> 9		103	,203

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				

ts ts	1a	Federated campaigns	a <u>196,995</u>	-			
iran Jun	b	Membership dues • • • • • • • • • • • • • • • • • • •	-				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events •••••••	¢ 440,583				
ar J	d	Related organizations •••••••	d				
ini.	е	Government grants (contributions) •• 1	e 19,582,285				
er S	f	All other contributions, gifts, grants,					
đ		and similar amounts not included above 1	f 30,347,187				
onti od	g	Noncash contributions included in lines 1a-1f: \$					
a C	h	Total. Add lines 1a-1f		50,567,050			
			Business Code				
nue	2a						
leve	b						
Зe	с						
Program Service Revenue	d						
S E	e	-	-				
gra	-	All other program service revenue					
Pro		Total. Add lines 2a-2f					
			· · · · ·				
	3	Investment income (including dividends, interest and other similar amounts)	, 	27 102			07 100
		Income from investment of tax-exempt bond pro		27,103			27,103
	4						
	5	Royalties • • • • • • • • • • • • • • • • • • •					
		(i) Real	(ii) Personal	-			
		Gross rents		-			
		Less: rental expenses • • • •		-			
		Rental income or (loss) • • •					
	d	Net rental income or (loss)	···· •				
	7a	Gross amount from sales of (i) Securities	(ii) Other	-			
		assets other than inventory	15,029				
	b	Less: cost or other basis					
		and sales expenses ••••					
		Gain or (loss)					
	d	Net gain or (loss)	. <u> </u>	15,029	15,029		
Other Revenue	8a	Gross income from fundraising					
ver		events (not including \$ 440,583					
Re		of contributions reported on line 1c).					
ler		See Part IV, line 18	a 262,379				
ŧ	b	Less: direct expenses I	47,376				
	с	Net income or (loss) from fundraising events		215,003			215,003
		Gross income from gaming activities.					
		See Part IV, line 19	a				
	b	Less: direct expenses	b				
	с	Net income or (loss) from gaming activities					
		Gross sales of inventory, less					
	10a	returns and allowances	225,846				
	b		890,812				
		Net income or (loss) from sales of inventory		(664,966)	(664,966)		
	⊢ Ť	Miscellaneous Revenue	Business Code	(004, 500)	(004, 300)	, 	
	11a		624210	35,667	25 667		
		Transportation Reimburs	-		35,667		
		Vendor Reimburs	624210	12,935	12,935		
		Ortiz Bldg Refund	900099	10,000	10,000		
		All other revenue	►	F0 605			
		Total. Add lines 11a-11d	· · · · · · · · · · · · · · · · · · ·	58,602	/ = 0.1		
	12	Total revenue. See instructions	· · · · · · · · •	50,217,821	(591,335)) 0	/
EEA							Form 990 (2018)

Harry Chapin Food Bank of Southwest Florida Inc Statement of Revenue Form 990 (2018) Part VIII

1a

196,995

(A)

Total revenue

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

Federated campaigns

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(D)

Revenue excluded from tax under sections 512-514

(B) Related or exempt function revenue (C)

Unrelated business revenue

1a

Form 990 (2018) Harry Chapin Food Bank of Southwest Florida Inc 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).

0000	Check if Schedule O contains a response or note to a		· · · ·		
		(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 7b,	Total expenses	Program service	Management and	Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21	36,344,114	36,344,114		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	6,481,789	6,481,789		
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 ••••••	180,787	125,054	18,208	37,525
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	2,515,927	1,740,313	253,392	522,222
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	188,521	130,403	18,987	39,131
9	Other employee benefits	645,469	492,147	52,565	100,757
10	Payroll taxes	212,603	147,062	21,412	44,129
11	Fees for services (non-employees):				
а	Management • • • • • • • • • • • • • • • • • • •				
b	Legal • • • • • • • • • • • • • • • • • • •				
С	Accounting				
d	Lobbying · · · · · · · · · · · · · · · · · · ·				
е	Professional fundraising services. See Part IV, line 17 •	312,078			312,078
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.)	50,249	34,758	5,061	10,430
12	Advertising and promotion				
13	Office expenses				
14	Information technology	96,766	73,051	7,438	16,277
15	Royalties • • • • • • • • • • • • • • • • • • •				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	119,280	111,589	5,091	2,600
17	Travel	20,011	14,006	3,512	2,493
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest • • • • • • • • • • • • • • • • • • •	85,725	65,443	7,766	12,516
21	Payments to affiliates				
22	Depreciation, depletion, and amortization •••••	480,500	480,500		
23	Insurance	61,415	47,236	4,890	9,289
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.)				
а	Transportation	299,323	299,323		
b	Vehicle	328,375	319,549	2,042	6,784
с	Pick and Pack Out	180,970	180,970		
d	Agency Program	61,484	61,484		
е	All other expenses	515,793	436,819	37,606	41,368
25	Total functional expenses. Add lines 1 through 24e •	49,181,179	47,585,610	437,970	1,157,599
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				
	following SOP 98-2 (ASC 958-720)				
		•	•		Earres 000 (0010)

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		Check if Schedule O contains a response or note to any line in this Part X			[]
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	419,185	1	573,171
	2	Savings and temporary cash investments	2,125,820	2	1,631,526
	3	Pledges and grants receivable, net	5,424	3	
	4	Accounts receivable, net	62,199	4	571,814
	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	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1,194,468	8	2,045,223
As	9	Prepaid expenses and deferred charges	88,471	9	26,901
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 8, 600, 933			
	b	Less: accumulated depreciation 10b 3,043,736	5,536,462	10c	5,557,197
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	30,548	12	31,424
	13	Investments - program-related. See Part IV, line 11		13	

Form 990 (2018) Harry Chapin Food Bank of Southwest Florida Inc **Balance Sheet** Part X

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		organizations (see instructions). Complete Part II of Schedule L		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1,194,468	8	2,045,223
As	9	Prepaid expenses and deferred charges	88,471	9	26,901
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 8, 600, 933			
	b	Less: accumulated depreciation 10b 3,043,736	5,536,462	10c	5,557,197
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	30,548	12	31,424
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	15,362	15	15,362
	16	Total assets. Add lines 1 through 15 (must equal line 34) · · · · · · · · · · · · · · · · · · ·	9,477,939	16	10,452,618
	17	Accounts payable and accrued expenses	231,599	17	123,875
	18	Grants payable • • • • • • • • • • • • • • • • • • •	99,310	18	42,841
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
.iab		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,514,671	23	1,413,107
	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 • • • • • • • • • • • • • • • • • •	222,425	25	426,219
	26	Total liabilities. Add lines 17 through 25	2,068,005	26	2,006,042
<i>(</i> 0		Organizations that follow SFAS 117 (ASC 958), check here 🛛 🕨 🕅 and			
ces		complete lines 27 through 29, and lines 33 and 34.			
ılan	27	Unrestricted net assets	7,289,945	27	8,224,349
Ва	28	Temporarily restricted net assets	89,441	28	190,803
pur	29	Permanently restricted net assets	30,548	29	31,424
гIJ		Organizations that do not follow SFAS 117 (ASC 958), check here			
s ol		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Vet	32	Retained earnings, endowment, accumulated income, or other funds		32	
~	33	Total net assets or fund balances	7,409,934	33	8,446,576
	34	Total liabilities and net assets/fund balances	9,477,939	34	10,452,618
EA					Form 990 (2018)

Form	1990 (2018) Harry Chapin Food Bank of Southwest Florida Inc 5	9–233212	20	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,2	217,8	321
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,1	.81,1	L79
3	Revenue less expenses. Subtract line 2 from line 1	3	1,0)36,6	642
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,4	109,9	934
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	8,4	46,5	576
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>· 🗌 </u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
EEA			Form	990 (2	2018)

(For	m 99	DULE A 90 or 990-EZ)		ation is a section 50 ⁻	ity Status and F 1(c)(3) organization or a se ach to Form 990 or Form	ction 4947(a			OMB No. 1545-0047 2018 Open to Public
		t of the Treasury venue Service	▶	Go to www.irs.go	v/Form990 for instructio	ons and the	e latest inf	ormation.	Inspection
Name	e of th	e organization						Employer identification	ation number
	_		d Bank of South					59-233212	
Pa	irt I	Reason	for Public Charity	y Status (All or	ganizations must co	omplete	this part	.) See instruction	S.
The	orga	nization is not a	private foundation beca	use it is: (For lines	1 through 12, check only	one box.)			
1	Ц	A church, conv	ention of churches, or a	ssociation of church	nes described in section 1	170(b)(1)(A	.)(i).		
2	Ц	A school descr	ibed in section 170(b)(*	1)(A)(ii). (Attach Sc	hedule E (Form 990 or 99	00-EZ).)			
3	Ц	A hospital or a	cooperative hospital ser	vice organization d	escribed in section 170(b)(1)(A)(iii).			
4		A medical rese	arch organization opera	ted in conjunction w	vith a hospital described in	section 1	70(b)(1)(A)	(iii). Enter the	
	_	hospital's name	e, city, and state:						
5		An organizatio	n operated for the benef	fit of a college or ur	niversity owned or operate	ed by a gov	ernmental	unit described in	
	_	section 170(b)	(1)(A)(iv). (Complete Pa	art II.)					
6	Ц	A federal, state	, or local government or	r governmental unit	described in section 170((b)(1)(A)(v)).		
7	Х	An organizatio	n that normally receives	a substantial part of	of its support from a gove	rnmental u	nit or from	the general public	
	_	described in se	ction 170(b)(1)(A)(vi).	(Complete Part II.)					
8	Ц	A community tr	ust described in sectior	n 170(b)(1)(A)(vi). (Complete Part II.)				
9	\Box				170(b)(1)(A)(ix) operated				
		or university or university:	a non-land-grant colleg	ge of agriculture (se	e instructions). Enter the	name, city,	and state	of the college or	
10		An organization	n that normally receives	: (1) more than 33	1/3% of its support from c	ontribution	s, member	ship fees, and gross	
		receipts from a	ctivities related to its ex	empt functions - su	bject to certain exception	s, and (2) ı	no more th	an 33 1/3% of its	
		support from g	ross investment income	and unrelated bus	iness taxable income (les	s section 5	11 tax) fro	m businesses	
		acquired by the	organization after June	30, 1975. See sec	tion 509(a)(2). (Complete	Part III.)			
11		An organization	n organized and operate	d exclusively to test	t for public safety. See sec	tion 509(a)(4).		
12		An organization	n organized and operate	ed exclusively for th	e benefit of, to perform th	e functions	of, or to c	arry out the purposes	
		of one or more	publicly supported orga	nizations described	in section 509(a)(1) or se	ection 509	(a)(2) . See	section 509(a)(3).	
		Check the box	in lines 12a through 12d	d that describes the	e type of supporting organ	ization and	complete	lines 12e, 12f, and 12g	g.
	а	Type I. A s	supporting organization of	operated, supervise	d, or controlled by its supp	orted orga	nization(s)	typically by giving	
		the suppor	ted organization(s) the	power to regularly a	appoint or elect a majority	of the dire	ctors or tru	stees of the	
		supporting	organization. You mus	t complete Part IV	, Sections A and B.				
	b	Type II. A	supporting organization	supervised or contr	olled in connection with its	supported	organizati	on(s), by having	
		control or i	management of the sup	porting organizatio	n vested in the same pers	ons that co	ontrol or ma	anage the supported	
		organizatio	on(s). You must comple	ete Part IV, Section	ns A and C.				
	с	Type III fu	nctionally integrated.	A supporting organi	zation operated in connec	tion with, a	nd function	ally integrated with,	
					nust complete Part IV, Se				
	d	Type III no	on-functionally integra	ted. A supporting of	rganization operated in co	nnection w	ith its supp	orted organization(s)	
		that is not	functionally integrated.	The organization ge	enerally must satisfy a dist	tribution re	quirement	and an attentiveness	
		requireme	nt (see instructions). You	u must complete F	Part IV, Sections A and D	, and Part	v.		
	е	Check this	box if the organization	received a written o	determination from the IRS	S that it is a	a Type I, Ty	pe II, Type III	
		functionally	y integrated, or Type III	non-functionally inte	egrated supporting organi	zation.			
	f	Enter the numb	per of supported organiz	ations					
	g	Provide the foll	owing information abou	t the supported org	anization(s).				
	((i) Name of supported	organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10	listed in you docum		support (see	other support (see
					above (see instructions))	docum	ent?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
				1	1	1		1 1	

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

(E) Total

		y Chapin Foo				59-233212	
Pa	rt II Support Schedule for Org			• • •			
	(Complete only if you chec						y under
	Part III. If the organization	fails to qualify ι	under the tests	listed below, p	lease complete	e Part III.)	
Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
•	membership fees received. (Do not						
	include any "unusual grants.")	32,582,572	34,184,353	40,431,923	46,643,410	50,567,050	204,409,308
2	Tay reveaues levied for the						
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3 • • • • • •	32,582,572	34,184,353	40,431,923	46,643,410	50,567,050	204,409,308
5	The portion of total contributions by					, <u>,</u> ,	
	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)						13,006,372
6	Public support. Subtract line 5 from line 4 •						191,402,936
Sec	tion B. Total Support	1					
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4 • • • • • • • • • •	32, 582, 572	34,184,353	40,431,923	46,643,410	50,567,050	204,409,308
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from						
	similar sources	2,396	644	5,453	15,363	27,103	50,959
•							
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on						
40	C <i>Y</i>						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	24,942	16,186	42,325	235,993	262,379	581,825
11	Total support. Add lines 7 through 10						205,042,092
12	Gross receipts from related activities, etc. (s	ee instructions)				12	533,675
13	First five years. If the Form 990 is for the org	anization's first sec	cond third fourth o	r fifth tax vear as a s	section $501(c)(3)$		· · · · ·
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	pport Percent	tage				
14	Public support percentage for 2018 (line 6, c	olumn (f) divided by	v line 11, column (f)))		14	93.35 %
15	Public support percentage from 2017 Sched	ule A, Part II, line 14	4			15	98.52 %
16a	33 1/3% support test - 2018. If the organization	tion did not check th	e box on line 13, an	d line 14 is 33 1/3%	or more, check this	6	
	box and stop here. The organization qualifies	s as a publicly suppo	orted organization				🕨 🛛
b	33 1/3% support test - 2017. If the organization	tion did not check a	box on line 13 or 16	a, and line 15 is 33	1/3% or more, chee	ck	
	this box and stop here. The organization qua	lifies as a publicly s	upported organizati	on			🕨 🗌
17a	10%-facts-and-circumstances test - 2018.	If the organization d	lid not check a box o	on line 13, 16a, or 1	6b, and line 14 is		
	10% or more, and if the organization meets the	ne "facts-and-circum	nstances" test, chec	k this box and stop	here. Explain in		
	Part VI how the organization meets the "fact	s-and-circumstance	es" test. The organiz	zation qualifies as a	publicly supported		
	organization		-				► 🔲
b	10%-facts-and-circumstances test - 2017.						_
	15 is 10% or more, and if the organization me	0					
	Explain in Part VI how the organization meet				•		
	-						🕨 🔲
18	Private foundation. If the organization did no	ot check a box on lir	ne 13, 16a, 16b, 17a	a, or 17b, check this	box and see		_
	instructions						ト 🔲
EEA						Schedule A (Fo	rm 990 or 990-EZ) 2018

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	dule A (Form 990 or 990-EZ) 2018 Harr		od Bank of S escribed in S			59-233212	0 Page 3
10	(Complete only if you check					to qualify unde	or Part II
	If the organization fails to g						
Se	ction A. Public Support					-)	
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
-	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🛛 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 • • • • • • • • • • • •						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ••••						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the orga organization, check this box and stop here						► 🗌
	ction C. Computation of Public Su					1 1	
15	Public support percentage for 2018 (line 8, col						%
16 So	Public support percentage from 2017 Schedule ction D. Computation of Investmer					16	%
				(f)		17	
17 18	Investment income percentage for 2018 (line 10 Investment income percentage from 2017 Sche						%
	33 1/3% support tests - 2018. If the organizati						/0
	17 is not more than 33 1/3%, check this box an	d stop here. The	organization qualifi	es as a publicly sup	ported organization		••••►□
a	33 1/3% support tests - 2017. If the organizati line 18 is not more than 33 1/3%, check this box						
20	Private foundation. If the organization did not	check a box on lin	e 14, 19a, or 19b, o	check this box and	see instructions		► 🔲

(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 Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported 2 organization was described in section 509(a)(1) or (2). **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a **b** Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) 4c purposes. 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action 5a was accomplished (such as by amendment to the organizing document). **b** Type I or Type II only. Was any added or substituted supported organization part of a class already 5b designated in the organization's organizing document? 5c c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b EEA Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018

Supporting Organizations

Part IV

	rt IV Supporting Organizations (continued)		Г	aye o
Fai			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	110
	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	tion 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		V.	N
			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	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described in (2), did the organization's supported organizations have a			
3				
	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	2		
<u>Soc</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ruotio	nc)	
a	The organization satisfied the Activities Test. <i>Complete line 2</i> below.	uction	115).	
b		:+		
C C	The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (s</i>	ee msu	Yes	
2	Activities Test. Answer (a) and (b) below.		res	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	tructops of each of the supported organizations? <i>Provide details in Part VI</i>	20	I	

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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.*

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Harry Chapin Food Bank of Southwest Flore Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	rida	a Inc 59–23 vations	332120	Page
1 Check here if the organization satisfied the Integral Part Test as a qualifying tr			in in Part VII See	
instructions. All other Type III non-functionally integrated supporting organization		<i>,</i> , , , , , , , , , , , , , , , , , ,	,	
	1110113		(B) Current Y	Voar
Section A - Adjusted Net Income		(A) Prior 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 Y (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 Yea	ιr
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions).	6			
7 Check here if the current year is the organization's first as a non-functionally instructions).	integi	ated Type III supportir	ng organization (se	e

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Schedule A (Form 990 or 990-EZ) 2018

Schedu Pai	ILE A (Form 990 or 990-EZ) 2018 Harry Chapin Food Bank of t V Type III Non-Functionally Integrated 509(a)(3			32120 Page 7
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	s of supported organizati	ions	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	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	e organization is respons	ive	
	(provide details in Part VI). See instructions.			
	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
0	and 4c. Breakdown of line 7:			
8				
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
EEA			Sched	ule A (Form 990 or 990-EZ) 2018

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

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name (of the	organization
i vanie v		organization

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

Employer identification number

59-2332120

Section:
501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
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.

Harry Chapin Food Bank of Southwest Florida Inc

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

\$

Name of organization

Page 2
Employer identification number

Harry Chapin Food Bank of Southwest Florida Inc

59-2332120

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eeded.
(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	\$ <u>17,905,268</u>	PersonImage: Constraint of the second se
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2	Publix 3300 Publix Corporate Pkwy Lakeland, FL 33811	\$ <u>7,331,473</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Feeding America 35 E Wacker Drive Ste 2000 Chicago, IL 60601	\$ <u>1,619,386</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Sams Club 3921 SW College Rd Ocala, FL 34474	\$ <u>5,346,256</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Tropicana 1001 13th Ave Bradenton, FL 34208	\$ <u>1,378,561</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Harry Ch	apin Food Bank of Southwest Florida Inc		59-2332120
Part II	Noncash Property (see instructions). Use duplicate copi	es of Part II if additional spac	e 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	_	
		\$ <u>16,645,890</u>	06-30-2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	Food commodities		
		\$7,331,473	06-30-2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	Food commodities	_	
		\$1,619,386	06-30-2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
4	Food commodities	_	
		\$\$	06-30-2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_5	Food commodities	_	
		\$1,378,561	06-30-2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		\$	

Page 3

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

SCHEDULE D (Form 990)			nental Financial Statements			OMB No. 1545-0047
(8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or			2018
Doport	ment of the Treasury		Attach to Form 990.			Open to Public
•	Revenue Service	► Go to www.irs.gov/F	orm990 for instructions and the latest inform	mation.		Inspection
Name	of the organization	•			Employer ident	ification number
Har	ry Chapin	Food Bank of South	nwest Florida Inc		59-23	32120
Pa		÷	d Funds or Other Similar Funds or A	ccounts.		
	Complete	if the organization answered "Ye	s" on Form 990, Part IV, line 6.			
			(a) Donor advised funds		(b) Funds an	d other accounts
1		d of year				
2		contributions to (during year) -				
3		grants from (during year) • •				
4	Aggregate value at					
5	-		in writing that the assets held in donor advise	d		
~	-	nization's property, subject to the organ	_			· · · · L Yes L No
6	-		or advisors in writing that grant funds can be u			
			donor or donor advisor, or for any other purpos			🗌 Yes 🗌 No
Pa		vation Easements.				
. a		e if the organization answered "Ye	es" on Form 990 Part IV line 7			
1		ervation easements held by the organi				
•	_ · · ·	f land for public use (e.g., recreation or		torically im	portant land a	area
	Protection of na		Preservation of a ce	-	-	
	Preservation of					
2			alified conservation contribution in the form of	a conserv	ation	
		ist day of the tax year.				t the End of the Tax Year
а		nservation easements • • • • •		[2a	
b	Total acreage restri	icted by conservation easements			2b	
с	Number of conserv	vation easements on a certified historic	structure included in (a)	[2c	
d	Number of conserv	vation easements included in (c) acquir	ed after 7/25/06, and not on a			
	historic structure lis	sted in the National Register		· · · · [2d	
3	Number of conserv	vation easements modified, transferred	released, extinguished, or terminated by the	organizatio	on during the	
	tax year					
4	Number of states w	where property subject to conservation	easement is located			
5	Does the organizat	ion have a written policy regarding the	periodic monitoring, inspection, handling of			
	-	prcement of the conservation easemen				· · · · L Yes L No
6	Staff and volunteer	hours devoted to monitoring, inspectin	g, handling of violations, and enforcing conse	rvation eas	sements durin	g the year
	►					
7		es incurred in monitoring, inspecting, ha	Indling of violations, and enforcing conservation	on easeme	ents during the	e year
•	►\$					
8			bove satisfy the requirements of section 170(
0	and section 170(h)	()(=)(.)	vation easements in its revenue and expense			· · · · Yes No
9		• •	ptnote to the organization's financial statemen			
		punting for conservation easements.				
Pa			ons of Art, Historical Treasures,	or Othe	r Similar /	Assets.
		te if the organization answered "				
1a			ASC 958), not to report in its revenue stateme	ent and bal	lance sheet	
			eld for public exhibition, education, or researcl			
			to its financial statements that describes thes			
b	•		ASC 958), to report in its revenue statement a		e sheet	
			eld for public exhibition, education, or researcl			
		vide the following amounts relating to th	-			
					🕨	\$
						\$
2			treasures, or other similar assets for financial	gain, prov	ide the	
	following amounts	required to be reported under SFAS 11	6 (ASC 958) relating to these items:			
а	Revenue included	on Form 990, Part VIII, line 1 ••			🕨	\$
b	Assets included in	Form 990, Part X • • • • • •		<u></u> .	🕨	\$
For F	aperwork Reduction	on Act Notice, see the Instructions for	or Form 990.	-		Schedule D (Form 990) 2018

⊦or	Paperwork	Reduction	Act Notice,	see the	Instructions	tor F	0

Schedu	ule D (Form 990) 2018 Harry Chapin Fo	ood E	ank of So	uthwes	t Flori	da Inc		59-233				ige 2
Pai	t III Organizations Maintaining C	ollec	tions of Ar	t, Histo	rical Tre	easures, o	or Othe	er Similar Ass	ets (C	ontin	ued,)
3	Using the organization's acquisition, accession, a	and oth	er records. che	eck any of	the followin	no that are a s	significar	nt use of its			-	
-	collection items (check all that apply):					.g						
а	Public exhibition		d 🗌 Loar		nge progra	me						
					nge progra	1115						
b	Scholarly research		e 🗌 Othe	er								
С	Preservation for future generations											
4	Provide a description of the organization's collect	tions ar	nd explain how	they furthe	er the organ	nization's exe	empt purp	oose in Part				
	XIII.											
5	During the year, did the organization solicit or rec	eive do	onations of art,	historical	treasures, o	or other simila	ar					
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 🗌 Yes 🗌 No											
Pai	t IV Escrow and Custodial Arrang	geme	nts.									
	Complete if the organization ar	nswer	ed "Yes" or	Form 9	90, Part	IV, line 9,	or rep	orted an amou	unt on	Forn	n	
	990, Part X, line 21.											
1a	Is the organization an agent, trustee, custodian o	r other	intermediary fo	or contribu	tions or oth	ner assets no	t					
iu									Г	Yes	Г	No
b	If "Yes," explain the arrangement in Part XIII and								L	_ 163] 140
b	in res, explain the arrangement in Part XIII and	comple		g lable:								
									nount			
С	Beginning balance											
d	Additions during the year											
е	Distributions during the year							•				
f	Ending balance	• • • •					•• 1f					
2a	Did the organization include an amount on Form	990, P	art X, line 21, fo	or escrow	or custodia	al account liat	oility?		[] Yes] No
b	If "Yes," explain the arrangement in Part XIII. Che	eck her	e if the explana	ation has b	een provid	ed on Part XI	11				•]
Par	t V Endowment Funds.		·									
	Complete if the organization ar	nswer	ed "Yes" or	Form 9	90. Part	IV, line 10).					
	1 5	1	Current year		or year	(c) Two years		(d) Three years back	(e)	Four yea	arshar	
1a	Beginning of year balance	(u)	30,548		8,055		, 641	27,447			B, 23	
	Contributions			2	-	20		27,44	, 		5,23	50
b			100		1,125		150					
С	Net investment earnings, gains, and										_	
	losses · · · · · · · · · · · · · · · · · ·		1,148		2,333		,864	(443	3)		68	82
d	Grants or scholarships				582	1	,186					
е	Other expenditures for facilities and											
	programs										1,07	74
f	Administrative expenses ••••••		372		383		414	363	3		39	91
g	End of year balance		31,424	3	80,548	28	,055	26,641		2	7,44	47
2	Provide the estimated percentage of the current	year en	d balance (line	1g, colum	nn (a)) held	as:						
а	Board designated or quasi-endowment			•								
b	Permanent endowment 45.00 %											
c	Temporarily restricted endowment	55.0	n %									
Ũ	The percentages on lines 2a, 2b, and 2c should		_									
20				hat ara ha	ld and adm	iniatorod for i	ho					
3a	Are there endowment funds not in the possessio	n or the	organization ti	nal are ne	u anu aum		line			V.		
	organization by:									Y		No
	(i) unrelated organizations	••••								a(i) 🛛		
	(ii) related organizations	•••							· 3a	l(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	s listed	as required or	n Schedule	₽R? ••				•	ßb		
4	Describe in Part XIII the intended uses of the org	anizatio	on's endowmer	nt funds.								
Pai	't VI Land, Buildings, and Equipm	ent.										
	Complete if the organization ar	nswer	ed "Yes" or	Form 9	90, Part	IV, line 11	la. See	e Form 990, P	art X, I	ine 1	0.	
	Description of property		(a) Cost or othe	er basis	(b) Cost or	r other basis	(c)	Accumulated	(d)	Book va	lue	
			(investme			other)	. ,	epreciation	(-)			
1a	Land		,	2,422		,				1 17	יד ר	26
			95	2,422		518,304		1 011 004		1, 470		
b	Buildings	•••			4,1	159,398		1,011,004		3,14	5,3	74
C	Leasehold improvements	•••										
d	Equipment	•••				650,200		416,808			3,39	
e	Other ••••••••••••••••••••••••••••••••••••					320,609		1,615,924		70	4,68	35
Total	. Add lines 1a through 1e. (Column (d) must equal	Form	990, Part X, col	lumn (B), li	ine 10c.)			· · · · · · •		5,55	7,19	97
EEA									Schedule	D (Form	990)	2018

Schedule D (Form	990) 2018 Harry Chapin Fo	od Bank of Southwest	Florida Inc	59-2332120	Page 3
Part VII	Investments - Other Securities.				
	Complete if the organization answere	d "Yes" on Form 990, Pai	rt IV, line 11b. See I	-orm 990, Part X, II	ne 12.
	(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation: -of-year market value	
(1) Financial of					
· · ·	eld equity interests				
(3) Other					
	ment Funds	31,424	FMV		
(B) (C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	must equal Form 990, Part X, col. (B) line 12.)	31,424			
Part VIII	Investments - Program Related.		wt IV/ line 11e Cee F	Carron 000 Davit V liv	no 10
	Complete if the organization answere	d Yes on Form 990, Par	n IV, line TTC. See F	-onn 990, Part X, III	ne 13.
	(a) Description of investment	(b) Book value		ethod of valuation: -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 answere	d "Yes" on Form 990, Par	rt IV, line 11d. See F	Form 990, Part X, li	ne 15.
	(a) D	escription		(b) Boo	k value
(1)					
(2) (3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 15.)			🕨 📔	
Part X	Other Liabilities.		ut 11/ 11:00 dd o ou ddf		V
_	Complete if the organization answered line 25.	d "Yes" on Form 990, Pai	rt IV, line Tie or Tif.	See Form 990, Pa	In X,
1.	(a) Description of liability	(b) Book value			
(1) Federal i	ncome taxes				
(2) Accru	ed Expenses	327,410	_		
	nsated Absences	98,809	_		
(4)					
(5)			-		
(6)					
(7) (8)					
(8)					
	must equal Form 990, Part X, col. (B) line 25.)	426,219			
	uncertain tax positions. In Part XIII, provide the text	*	n's financial statements th	nat 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 ••••••

		-2332120	Page 4					
Pa	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 5	50,781,526					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments							
b	Donated services and use of facilities ••••••••••••••••••••••••••••••••••••							
С	Recoveries of prior year grants							
d	Other (Describe in Part XIII.) 2d							
е	Add lines 2a through 2d	2e						
3	Subtract line 2e from line 1	3 5	50,781,526					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a							
b	Other (Describe in Part XIII.)							
с	Add lines 4a and 4b	4c	(563,705)					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		50,217,821					
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total expenses and losses per audited financial statements	1 4	9,744,884					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities 2a							
b	Prior year adjustments ••••••••••••••••••••••••••••••••••••							
С	Other losses							
d	Other (Describe in Part XIII.)							
е	Add lines 2a through 2d	2e	875,783					
3	Subtract line 2e from line 1	3 4	8,869,101					
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a							
b	Other (Describe in Part XIII.) 4b 312,078							
C	Add lines 4a and 4b	4c	312,078					
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5 4	9,181,179					
Pa	rt 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; 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.

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

Cost of food of \$890,812 included in functional expenses on the Audited Statements was

included on Part VIII line 10b on the Form 990. Professional Fundraising expenses of

\$312,078 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 \$15,029 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 \$890,812 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 \$15,029

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 \$312,078 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 D (Form	
Part XIII	

prior three fiscal years are open and subject to possible examination.

SCHEDULE G	Supplemer	ntal Informatio	n Regar	ding Fun	draising or Gam	ing Act	ivities 📙	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Complete		e organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the anization entered more than \$15,000 on Form 990-EZ, line 6a.						
Department of the Treasury	.	Att		2018 Open to Public Inspection					
Internal Revenue Service Name of the organization									
Harry Chapin Food	Pank of Sc	withwort Flor	rida Tac				59-233		
Part I Fundraisi	na Activities	Complete if th	ne organi	zation and	swered "Yes" on I	Form 99	0. Part IV. I	ine 17.	
	-	required to com	-				-,,	-	
 Indicate whether the a X Mail solicitations b Internet and email c Phone solicitations d In-person solicitat 2a Did the organization b 	solicitation raise solicitations s ions nave a written or ed in Form 990, I ghest paid individ	ed funds through ar oral agreement with Part VII) or entity in uals or entities (fund	hy of the follo e f g h any indivic connection	bowing activit Solicitation of Solicitation of Special func lual (includin with profess	ional fundraising service	nts ustees, ces?	X Yes	s 🗌 No	
(i) Name and address or entity (fundra		(ii) Activity		draiser have control of utions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to tained by) ser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
1 NLTG Inc dba Or	ne to One G								
7324 Delainey Ct,	FL 34240	Direct Mail		Х	415,869		312,078	103,791	
2									
3									
4									
-									
5									
6									
7									
8									
9									
10									
Total	-	is registered or lice	nsed to solie	contribution	415,869 ons or has been notifie	d it is exer	312,078 npt from	103,791	
<u>All States</u>									

Harry Cha Fo d Bank of Southwest Florida Inc i n

59-2332120

Page 2

	Inal	ту спарти гооц ве	INK OF SOUCHWESE F	TOLIUA INC JJ									
rt 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 wi												
	gross receipts greater than	\$5,000.											
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events								
		Hunger Walk	Boca Grande	3	(add col. (a) through								
		(event type)	(event type)	(total number)	col. (c))								
1	Gross receipts	322,674	62,250	318,038	702,962								

Revenue	1	Gross receipts	322,674	62,250	318,038	702,962
_	2	Less: Contributions	322,674		117,909	440,583
	3	Gross income (line 1 minus				
		line 2)		62,250	200,129	262,379
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages • • • • • •				
	8	Entertainment				
	9	Other direct expenses	19,514	2,349	25,513	47,376
	10	Direct expense summary. Add lines	4 through 9 in column (d)			47,376
	11	Net income summary. Subtract line	10 from line 3, column (d)			215,003

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.

anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
rect Ex	4	Rent/facility costs				
Ō	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	│	│	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	8	Net gaming income summary. Subtr				
9	En	ter the state(s) in which the organizati	on conducts gaming activitie	es:		
a b		he organization licensed to conduct g No," explain:	aming activities in each of the			Yes 🗌 No
		· · · · · · · · · · · · · · · · · · ·				
10a b		ere any of the organization's gaming liv Yes," explain:	censes revoked, suspended	0	x year?	Yes 🗌 No
		· · ·				

SCHEDULE I					o Organization		L	OMB No. 1545-0047		
(Form 990)	Governments, and Individuals in the United States							2018		
Department of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.									
Internal Revenue Service	Go to <i>www.irs.gov/Form990</i> for the latest information.									
Name of the organization							Employer identificatio	n number		
Harry Chapin Food Bank of Sou	uthwest Flor						59-2332120)		
Part I General Information o	art I General Information on Grants and Assistance									
1 Does the organization maintain records	to substantiate the amou	unt of th	he grants or assista	nce, the grantees' elig	ibility for the grants or as	sistance, and				
the selection criteria used to award the grants or assistance? \overline{X}										
2 Describe in Part IV the organization's p	ocedures for monitoring	the use	e of grant funds in th	e United States.						
Part II Grants and Other Assista	ince to Domestic Or	ganiza	ations and Dom	estic Government	s. Complete if the org	anization answered "	Yes" on Form 990			
Part IV, line 21, for any rec										
1 (a) Name and address of organization	(b) EIN		(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant		
or government			(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance		
(1)Baker Center School								Food for		
311 E Charlotte Ave							Food	public		
Punta Gorda, FL 33950	65-0139525	3			24,403	Average Cost	commodities	distribution		
(2)All Faiths Food Bank								Food for		
8171 Blaikie Court							Food	public		
Sarasota, FL 34240	65-0115814	3			3,759,955	Average Cost	commodities	distribution		
(3) Adventist Comm Cape Coral								Food for		
829 SE 47th Terrace							Food	public		
Cape Coral, FL 33990	41-2279695	3			571,664	Average Cost	commodities	distribution		
(4) Allen Chapel AMEC								Food for		
PO BOX 892							Food	public		
Bellville, TX 77418	76-0691836	3			81,986	Average Cost	commodities	distribution		
(5) Bethel Assembly of God								Food for		
1225 W Main St							Food	public		
Immokalee, FL 34142	44-0577787	3			8,127	Average Cost	commodities	distribution		
(6) Alva United Methodist								Food for		
P.O. Box 96							Food	public		
Alva, FL 33920	59-0250411	3			73,275	Average Cost	commodities	distribution		
(7)Amigos Center								Food for		
106 S. 2nd St.							Food	public		
Immokalee, FL 34142	59-3646095	3			253,660	Average Cost	commodities	distribution		
(8) Americas Second Harvest of	:	+			,			Food for		
4446 Entrepot Blvd							Food	public		
Tallahassee, FL 32310	59-2116576	3			35,102	Average Cost	commodities	distribution		
(9) First Presbyterian Church		-						Food for		
2330 Harriet Street NE							Food	public		
Port Charlotte, FL 33952	59-1835089	3			98,105	Average Cost	commodities	distribution		
(10\$econd Harvest of South Ge		+						Food for		
1411 Harbin Circle							Food	public		
Valdosta, GA 31601	58-2208545	з			36,096	Average Cost	commodities	distribution		
2 Enter total number of section 501(c)(3)		l atione l	listed in the line 1 to	l ble				1		
3 Enter total number of other organization								2		

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

SCHEDULE I						o Organizations the United Stat			F	OMB No. 1545-0047	
(Form 990)		Complet		2018							
Department of the Treasury					Attach to Form 990.					Open to Public	
Internal Revenue Service				Go to www.irs.go	v/Form990 for the lat	est information.				Inspection	
Name of the organization									Employer identification		
								59-2332120			
Part I General Inf	formation on (Grants and Assi	sta	nce							
1 Does the organization n	n maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and										
the selection criteria use	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 Assistanc	ce to Domestic Org	gan	izations and Dome	estic Government	 Complete if the org 	anization a	nswered "`	Yes" on Form 990,		
Part IV, line 2	21, for any recipi	ent that received m	ore	than \$5,000. Part	Il can be duplicated	l if additional space is	s needed.				
1 (a) Name and address of	organization	(b) EIN		(c) IRC section	(d) Amount of cash	(e) Amount of non-		of valuation	(g) Description of	(h) Purpose of grant	
or governmen	nt			(if applicable)	grant	cash assistance		', appraisal, ner)	noncash assistance	or assistance	
(1)Bonita Springs A	sst Ofc									Food for	
25300 Bernwood Dr 6	6								Food	public	
Bonita Springs, FL	34135	59-2337909	3			60,822	Average	Cost	commodities	distribution	
(2)Bootstrap Minist	ry, Inc.									Food for	
4801 Orange Grove H	Blvd.								Food	public	
North Fort Myers, H	FL 33903	26-3644653	3			64,659	Average	Cost	commodities	distribution	
(3) Broadway Church	of God									Food for	
3309 South Broadway	y Street								Food	public	
Fort Myers, FL 3390	01	59-2398091	3			564,938	Average	Cost	commodities	distribution	
(4)C.H.A.P.S., Inc.										Food for	
18200 Paulson Dr.									Food	public	
Port Charlotte, FL	33954	65-0498294	3			110,670	Average	Cost	commodities	distribution	
(5) AIDS Healthcare	Foundation									Food for	
110 Se 10th Street	Ste 1960								Food	public	
Fort Lauderdale, FI	L 33316	20-8744009	3			164,426	Average	Cost	commodities	distribution	
(6) Cape Coral Carin	g Center									Food for	
4645 SE 15th Ave.									Food	public	
Cape Coral, FL 3390	04	65-0262583	3			70,769	Average	Cost	commodities	distribution	
(7) Fort Myers Presb	yterian Com									Food for	
1925 Virginia Ave	-								Food	public	
Fort Myers, FL 3390	01	59-1668256	3			8,701	Average	Cost	commodities	distribution	
(8) Mission Peniel-P										Food for	
5600 Peace River Ro	1								Food	public	
North Port, FL 3428	37	59-2958426	3			63,118	Average	Cost	commodities	distribution	
(9) Ft Myers Seventh	Day Advent									Food for	
16101 San Carlos Bl	Lvd								Food	public	
Fort Myers, FL 3390	08	52-0643036	3			74,317	Average	Cost	commodities	distribution	
(10¢atholic Charity	Bonita Spg									Food for	
4235 Michigan Link									Food	public	
Fort Myers, FL 3391		59-2473176	3			262,774	Average	Cost	commodities	distribution	
2 Enter total number of se	ection 501(c)(3) and	d government organiza	tion	s listed in the line 1 tal							
3 Enter total number of ot	.,.,	• •							🕨 🗖		

SCHEDULE I						Organization			L	OMB No. 1545-0047
(Form 990)		Gove		2018						
	Complet	(Open to Public							
Department of the Treasury Internal Revenue Service										Inspection
Name of the organization									Employer identification	number
Harry Chapin Food H	Harry Chapin Food Bank of Southwest Florida Inc							59-2332120		
Part I General Inf	formation on (Grants and Assis	sta	nce						
1 Does the organization n	naintain records to	substantiate the amou	nt c	of the grants or assista	nce, the grantees' eligi	bility for the grants or as	sistance, and			
	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?									
2 Describe in Part IV the	•		he i							
						s. Complete if the org	anization a	nswered "	Yes" on Form 990,	
						d if additional space i				
1 (a) Name and address of		(b) EIN		(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method	of valuation	(g) Description of	(h) Purpose of grant
or governmen	•			(if applicable)	grant	cash assistance		/, appraisal, ner)	noncash assistance	or assistance
(1) Catholic Charity	' Ft Myers		+					101)		Food for
4235 Michigan Link									Food	public
Fort Myers, FL 3391	16	65-0889322	3			542,702	Average	Cost	commodities	distribution
(2) Hope Clubhouse o	f SWFL Inc									Food for
3602 Broadway									Food	public
Fort Myers, FL 3390	01	30-0437443	3			15,836	Average	Cost	commodities	distribution
(3)Iglesia De Dios	John 3:16						_			Food for
16521 Slater Road									Food	public
North Fort Myers, H	TL 33917	06-1830541	3			144,583	Average	Cost	commodities	distribution
(4) Charleston Pk Ne	ighborhood						_			Food for
2541 Charleston Par	rk								Food	public
Alva, FL 33920		59-3080357	3			50,568	Average	Cost	commodities	distribution
(5) Charlotte Cty Ho	meless Coal									Food for
P.O. Box 380157									Food	public
Murdock, FL 33938		65-0139525	3			112,926	Average	Cost	commodities	distribution
(6) Children Advocac	y Center									Food for
3830 Evans Ave									Food	public
Fort Myers, FL 3390	01	59-2824352	3			300,314	Average	Cost	commodities	distribution
(7) Integrity Church	Naples									Food for
10421 Pennsylvania									Food	public
Bonita Springs, FL	34135	26-1668738	3			19,588	Average	Cost	commodities	distribution
(8)Community Life C										Food for
19048 Edgewater Dri	ive								Food	public
Port Charlotte, FL	33948	59-2245558	3			5,092	Average	Cost	commodities	distribution
(9)Cypress Run Apar	tments									Food for
7100 Gateshead Circ	cle								Food	public
Orlando, FL 32822		58-2169014				9,437	Average	Cost	commodities	distribution
(10Community Co-op	Ministries		\uparrow							Food for
P.O. Box 2143									Food	public
Fort Myers, FL 3390	02	59-2602772	3			551,033	Average	Cost	commodities	distribution
2 Enter total number of se	ection 501(c)(3) and	d government organiza	atior	is listed in the line 1 tal	ble •••••				•••••	1
3 Enter total number of ot		• •								

(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. 2018 Department of the Treasury Internal Revenue Service Attach to Form 990. Open to Put Inspection	olic										
Department of the Treasury Attach to Form 990.	olic										
Department of the Treasury											
	n										
Name of the organization											
Harry Chapin Food Bank of Southwest Florida Inc 59-2332120											
Part I General Information on Grants and Assistance											
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 											
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.											
or querment (if applicable) (cash assistance (book, FMV, appraisal, noncash assistance or assistance	-										
(i) Community Resource Ctr Inc Food for											
5400 Riverside Dr. Food public											
Punta Gorda, FL 33982 65-0496363 3 67,377 Average Cost commodities distribut											
	1011										
P.O. Box 418 Food public											
Clewiston, FL 33440 51-0477088 3 66,168 Average Cost commodities distribut	101										
(3)Coronado High School											
3057 Cleveland Ave Food public											
Fort Myers, FL 33901 75-3255798 Government 13,416 Average Cost commodities distribut	ion										
(4) Daniels Road Baptist Church Food for											
5878 Daniels Road Food public											
Fort Myers, FL 33912 59-2350694 3 118,404 Average Cost commodities distribut	ion										
(5) SVDP Church Elem Pantries Food for											
13031 Palm Beach Blvd Food public											
Fort Myers, FL 33905 59-2824352 3 54,302 Average Cost commodities distribut	ion										
(6)Discipleship Driven Ministr Food for											
3480 Depew Ave Food public											
Port Charlotte, FL 33952 20-5840548 3 357,176 Average Cost commodities distribut	ion										
(7)David Lawrence Center Food for											
6075 Bathey Lane Food public											
Naples, FL 34116 59-2206025 3 172,791 Average Cost commodities distribut	ion										
(8) Eben-Ezer Baptist Church Food for											
P.O. Box 6580 Food public											
Fort Myers, FL 33911 65-0975889 3 86,565 Average Cost commodities distribut	ion										
(9) Ebenezer Food Pantry Food for											
P.O Box 6580 Food public											
Fort Myers, FL 33911 65-0120343 3 1,798,902 Average Cost commodities distribut	ion										
(10Fdgewater United Methodist Food for											
19190 Cochran Blvd. Food public											
Port Charlotte, FL 33948 65-0235009 3 381,533 Average Cost commodities distribut	ion										
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. $_{\mbox{\scriptsize EEA}}$

(Form 990) Governments, and Individuals in the United States	2018
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	en to Public
Department of the Treasury Allacit to Form 550.	nspection
Name of the organization Employer identification num	
Harry Chapin Food Bank of Southwest Florida Inc 59-2332120	
Part I General Information on Grants and Assistance	
 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.	
	(h) Duma a s of succest
or government (if applicable) (and a sistance (book, FMV, appraisal, noncash assistance)	(h) Purpose of grant or assistance
	ood for
	ublic
	istribution
	ood for
	ublic
	istribution
	ood for
	ublic
	istribution
(7)	ood for
	ublic
	istribution
(5) Noahs Ark Church Inc	ood for
	ublic
	istribution
(6)Faith Presbyterian Church/W Fo	ood for
4544 Coronado Pkwy Food pu	ublic
Cape Coral, FL 33904 59-1021543 3 104,416 Average Cost commodities di	istribution
(7)Family Resource Center Fo	ood for
4209 Tamiami Trail East Food pu	ublic
Naples, FL 34112 59-2473176 3 321,848 Average Cost commodities di	istribution
(8)First Assembly of God Fo	ood for
	ublic
Fort Myers, FL 33916 59-0782460 3 52,408 Average Cost commodities di	istribution
	ood for
	ublic
	istribution
	ood for
	ublic
	istribution
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. $_{\mbox{\scriptsize EEA}}$

SCHEDULE I	Grants and Other Assistance to Organizations, OMB No. 1545-0047										
(Form 990)		Gove	ern	ments, and li	ndividuals in	the United Stat	tes			2018	
, ,		Complet	e if		wered "Yes" on Forr Attach to Form 990.	n 990, Part IV, line 21 o	r 22.		C	Open to Public	
Department of the Treasury Internal Revenue Service					v/Form990 for the lat	test information.				Inspection	
Name of the organization									Employer identification		
Harry Chapin Foo	d Bank of Sout	hwest Florida	Ind	2					59-2332120		
Part I General	Part I General Information on Grants and Assistance										
1 Does the organization											
-	ection criteria used to award the grants or assistance?										
	in Part IV the organization's procedures for monitoring the use of grant funds in the United States.										
			-			d if additional space is			,		
1 (a) Name and addres		(b) EIN	Τ	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method	of valuation	(g) Description of	(h) Purpose of grant	
or govern	•	(-)		(if applicable)	grant	cash assistance	(book, FMV	', appraisal, ner)	noncash assistance	or assistance	
(1) First Baptist	Church/Horn o		+				01			Food for	
459 Gill St.									Food	public	
Punta Gorda, FL	33950	59-6167083	3			97,441	Average	Cost	commodities	distribution	
(2) First Communit	y Congregatio		+							Food for	
200 E Leland Hei									Food	public	
Lehigh Acres, FL	33936	59-1969598	3			492,389	Average	Cost	commodities	distribution	
(3) First Macedoni	a		+							Food for	
411 E. Charlotte									Food	public	
Punta Gorda, FL	33950	65-0360165	3			32,003	Average	Cost	commodities	distribution	
(4) Palmetto Churc	ch of God		+							Food for	
1123 Veronica Sh									Food	public	
Fort Myers, FL 3	3916	65-0497066	3			177,863	Average	Cost	commodities	distribution	
(5) Friendship Uni			+							Food for	
107 N DRIVER ST									Food	public	
Durham, NC 27703		36-2167731	3			10,907	Average	Cost	commodities	distribution	
(6)Pine Island Fo	ood Pantry		+							Food for	
12175 Stringfell									Food	public	
Bokeelia, FL 339		27-1757051	3			52,820	Average	Cost	commodities	distribution	
(7) Vineyard Commu	nity Church		+							Food for	
923 SE 47th Terra									Food	public	
Cape Coral, FL 3	3904	59-2706764	3			140,491	Average	Cost	commodities	distribution	
(8) Fort Myers Chr	ristian Center		+							Food for	
3500 Fowler St.									Food	public	
Fort Myers, FL 3	3901	65-0937140	3			374,970	Average	Cost	commodities	distribution	
(9) First United M	Methodist Immo									Food for	
303 N 9th Street									Food	public	
Immokalee, FL 34	142	59-1963954	3			12,539	Average	Cost	commodities	distribution	
(10Ft. Myers Reso	cue Mission									Food for	
6900 Mission Lan	e								Food	public	
Fort Myers, FL 3	3916	59-2469860	3			244,155	Average	Cost	commodities	distribution	
2 Enter total number of	of section 501(c)(3) and	d government organiza	tion	s listed in the line 1 tal							
									🕨 🗖		

SCHEDULE I	Grants and Other Assistance to Organizations, OMB No. 1545-0047										
(Form 990)	Gove	erni	ments, and Ir	ndividuals in	the United Stat	tes			2018		
	Complet	te if t		wered "Yes" on Forr Attach to Form 990.	n 990, Part IV, line 21 o	r 22.		C	Open to Public		
Department of the Treasury Internal Revenue Service		•		<i>v/Form990</i> for the lat	test information.				Inspection		
Name of the organization								Employer identification			
Harry Chapin Food Bank of Sout	hwest Florida	Inc						59-2332120			
	art I General Information on Grants and Assistance										
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and											
-	ection criteria used to award the grants or assistance? ••••••••••••••••••••••••••••••••••••										
Ŭ	· · · · · · · · · · · · · · · · · · ·										
	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Int 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 recip							1.5000100				
1 (a) Name and address of organization			(c) IRC section	(d) Amount of cash	· · · ·	i	of valuation	(g) Description of	(b) Durpage of grant		
or government	(b) EIN		(if applicable)	grant	(e) Amount of non- cash assistance	(book, FMV	, appraisal,	noncash assistance	(h) Purpose of grant or assistance		
(1) Fort Myers Spanish SDA Chur		+	(ii applicable)	giun		oth	ner)		Food for		
9838 Bernwood Place								Food	public		
Fort Myers, FL 33966	52-6037545	3			111 290	Average	Cost	commodities	distribution		
(2) Freedom House of Fort Myers	52-0057545	P-			441,290	Average	COSL	continoartres	Food for		
6225 Presidential Ct Ste 110								Food	public		
	26-4144992	3			04 401	3	Cast		distribution		
Fort Myers, FL 33919	20-4144992	<u> </u>			84,481	Average	LOST	commodities			
(3) Source of Light and Hope De									Food for		
PO Box 1892							- .	Food	public		
Fort Myers, FL 33902	65-0013240	3			5,583	Average	Cost	commodities	distribution		
(4) Grace Place for Children &									Food for		
P.O. Box 990531								Food	public		
Naples, FL 34116	65-1229558	3			519,093	Average	Cost	commodities	distribution		
(5) Grace United Methodist Chur									Food for		
14036 Matanzas Drive								Food	public		
Fort Myers, FL 33905	36-2167731	3			45,184	Average	Cost	commodities	distribution		
(6)Guadalupe Social Services									Food for		
211 9th St. South								Food	public		
Immokalee, FL 34142	59-2473176	3			470,392	Average	Cost	commodities	distribution		
(7)Teen Challenge of Florida									Food for		
5646 Seventh Ave								Food	public		
Fort Myers, FL 33907	59-2479228	3			64,144	Average	Cost	commodities	distribution		
(8)Gladiolus Food Pantry									Food for		
10511 Gladiolus Drive								Food	public		
Fort Myers, FL 33908	65-0323306	3			547,434	Average	Cost	commodities	distribution		
(9) Holy Trinity Lutheran Churc		1							Food for		
2565 Tamiami Trail								Food	public		
Port Charlotte, FL 33952	59-1439248	3			24,721	Average	Cost	commodities	distribution		
(10Word of Life Church									Food for		
2150 Collier Ave								Food	public		
Fort Myers, FL 33901	13-5648615	3			141,934	Average	Cost	commodities	distribution		
2 Enter total number of section 501(c)(3) and		tione	listed in the line 1 tel	hle	· · · · · · · · · · · · · · · ·				L		
3 Enter total number of other organizations								_			

SCHEDULE I	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States									OMB No. 1545-0047	
(Form 990)		Complet	; []] e if :	the organization ans	Nered "Yes" on Form	n 990, Part IV, line 21 o	1 85 r 22			2018	
Department of the Treasury		Complet	C II		Attach to Form 990.	11 550, 1 art 10, inte 21 0				Open to Public	
Internal Revenue Service)	Go to www.irs.go	<i>v/Form990</i> for the lat	est information.				Inspection	
Name of the organization									Employer identification		
Harry Chapin Food									59-2332120		
Part I General I	nformation on 0	Grants and Assis	sta	nce							
1 Does the organization	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 u	tion criteria used to award the grants or assistance?										
2 Describe in Part IV the	sribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.										
Part II Grants and											
Part IV, line	21, for any recipie	ent that received me	ore	than \$5,000. Part I	l can be duplicated	l if additional space is	s needed.				
1 (a) Name and address	of organization	(b) EIN		(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method		(g) Description of	(h) Purpose of grant	
or governme	°	()		(if applicable)	grant	cash assistance	(book, FMV	', appraisal, ner)	noncash assistance	or assistance	
(1) House of Prayer	: IV						01			Food for	
2112 Mitchel Court	t								Food	public	
Fort Myers, FL 33	916	43-2043791	3			21,301	Average	Cost	commodities	distribution	
(2) Iglesia Bautist			+			· ·				Food for	
300 South James St									Food	public	
Labelle, FL 33935	-	65-0397182	3			73,825	Average	Cost	commodities	distribution	
(3) Carl-Con Group	Home		-				3-			Food for	
104 Ortona St									Food	public	
Lehigh Acres, FL 3	33936	65-0265397	3			111 854	Average	Cost	commodities	distribution	
(4) Interfaith Char											
17592 Rockefeller									Food	Food for public	
Fort Myers, FL 33	-	65-0362473	3			815 540	Average	Cost	commodities	distribution	
(5) Justin's Place	507	05-0502475	۴			815,540	Average	COSC	commodicies	Food for	
· · /	+ h								Food	public	
2691 Airport Rd Sc	Such	65-1110501	3			6 0 9 0	Average	Cost	commodities	distribution	
Naples, FL 34112		65-1110501	<u> </u>			0,009	Average	COSL	commodities	Food for	
(6) Lehigh Communit										public	
9 Beth Stacy Blvd		50 1770700				202 502	_	<u> </u>	Food	Г	
Lehigh Acres, FL		59-1773738	3			320,700	Average	Cost	commodities	distribution	
(7) Lehigh SDA Chur									L .	Food for	
190 Homestead Rd S							_		Food	public	
Lehigh Acres, FL		65-0550589	3			249,146	Average	Cost	commodities	distribution	
(8) Harvest Field C	hurch									Food for	
6431 Arc Way									Food	public	
Fort Myers, FL 33		27-2904147	3			23,014	Average	cost	commodities	distribution	
(9)Lifeline Family	Center									Food for	
907 SE 5th Ave.									Food	public	
Cape Coral, FL 33		65-0529641	3			15,683	Average	Cost	commodities	distribution	
(10McGregor Baptis	=									Food for	
3750 Colonial Blvo									Food	public	
Fort Myers, FL 33	966	59-2115730	3			432,316	Average	Cost	commodities	distribution	
2 Enter total number of	section 501(c)(3) and	d government organiza	tion	s listed in the line 1 tab	le				· · · · · · •		
3 Enter total number of	other organizations li	sted in the line 1 table							🕨 🦷		

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SCHEDULE I	Grants and Other Assistance to Organizations, OMB No. 1545-0047										
(Form 990)						the United Stat				2018	
. ,		Complete	e if i		wered "Yes" on Forr Attach to Form 990.	n 990, Part IV, line 21 o	r 22.		C	Open to Public	
Department of the Treasury Internal Revenue Service			I	Go to www.irs.go		est information.				Inspection	
Name of the organization				0.0 (0 1111					Employer identification		
Harry Chapin Food Bank	of South	west Florida :	Inc	:					59-2332120		
Part I General Informa											
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? ••••••••••••••••••••••••••••••••••••										
	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,											
		-				if additional space is					
1 (a) Name and address of organiza		(b) EIN		(c) IRC section	(d) Amount of cash	(e) Amount of non-		of valuation	(g) Description of	(h) Purpose of grant	
or government				(if applicable)	grant	cash assistance	(book, FM)	/, appraisal, ner)	noncash assistance	or assistance	
(1)Meals of Hope			+	/			Uli	ier)		Food for	
2221 Corporation Blvd									Food	public	
Naples, FL 34109		27-0268307	3			1,387,050	Average	Cost	commodities	distribution	
(2) Morningstar Baptist (Church		+			, ,				Food for	
5160 Richmond Ave.									Food	public	
Fort Myers, FL 33905		65-0245964	3			135,788	Average	Cost	commodities	distribution	
(3) N. Naples United Metho	odist C		+			,				Food for	
6000 Goodlette-Frank Rd									Food	public	
Naples, FL 34109		36-2167731	3			89,405	Average	Cost	commodities	distribution	
(4) Manatee Food Bank						,	5-			Food for	
811 23rd Avenue East									Food	public	
Bradenton, FL 34208		59-1420986	3			3,759,203	Average	Cost	commodities	distribution	
(5) Nature's Cove, Inc.			+			, ,				Food for	
18060 Elmwood Drive									Food	public	
Alva, FL 33920		65-0697850	3			40,751	Average	Cost	commodities	distribution	
(6) Naples Senior Center	at JFC					,				Food for	
5025 Castello Drive							Average	Cost	Food	public	
Naples, FL 34103		45-3980909	3			65,230			commodities	distribution	
(7)New Hope Ministries						,				Food for	
7675 Davis Blvd									Food	public	
Naples, FL 34104		59-2276660	3			482,234	Average	Cost	commodities	distribution	
(8) New Life Assembly of	God									Food for	
5146 Leonard Blvd.									Food	public	
Lehigh Acres, FL 33973		59-2126484	3			92,018	Average	Cost	commodities	distribution	
(9) First Christian Churc	ch Napl									Food for	
PO Box 1986	-								Food	public	
Indianapolis, IN 46206		35-0868116	3			284,161	Average	Cost	commodities	distribution	
(10\$t Martin de Porres C	Outreac		\vdash							Food for	
4711 Palm Beach Blvd									Food	public	
Fort Myers, FL 33905		46-4001708	3			213,708	Average	cost	commodities	distribution	
	01(c)(3) and	government organiza	tion	s listed in the line 1 tab			-			1	
 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	Grants and Other Assistance to Organizations, OMB No. 1545-0047										
(Form 990)		Gove	ernments, and	Individuals in	the United Stat	tes		2018			
		Comple		nswered "Yes" on Forn Attach to Form 990.	n 990, Part IV, line 21 o	r 22.	(Open to Public			
Department of the Treasury Internal Revenue Service				gov/Form990 for the la	test information.			Inspection			
Name of the organization			•				Employer identification	number			
Harry Chapin Food	d Bank of Sout	hwest Florida	Inc				59-2332120				
Part I General	Information on (Grants and Assi	stance				1				
1 Does the organization	loes the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and										
-	on criteria used to award the grants or assistance?										
2 Describe in Part IV t	cribe 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 addres	s of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant			
or governi	ment		(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance			
(1)North Nicholas	High School					,		Food for			
3200 North Tamiar	ni Trail						Food	public			
Naples, FL 34103		75-3255798	Government		11,710	Average cost	commodities	distribution			
(2)Octagon Wild I	ife							Food for			
41660 Horseshoe H	Rd.						Food	public			
Punta Gorda, FL 3	33982	59-2298305	3		54,734	Average cost	commodities	distribution			
(3) Page Park Impr	ovement Assoc							Food for			
507 Center Rd							Food	public			
Fort Myers, FL 33	3907	59-6155104	3		151,304	Average cost	commodities	distribution			
(4) Pine Manor Imp	rovement Asso							Food for			
P.O.Box 61464							Food	public			
Fort Myers, FL 33	3906	65-0133208	3		73,992	Average Cost	commodities	distribution			
(5) Unified Hands	of Hope							Food for			
2710 Del Prado B	lvd S Ste 2						Food	public			
Cape Coral, FL 33	3904	83-0603006	3		18,659	Average cost	commodities	distribution			
(6) Trinity United	l Methodist Ch							Food for			
P.O. Box 495895							Food	public			
Port Charlotte, H	FL 33949	59-6515026	3		169,238	Average cost	commodities	distribution			
(7)Redeemer Haiti	an Baptist Ch							Food for			
3856 Evans Ave.							Food	public			
Fort Myers, FL 33	3901	57-1178818	3		104,480	Average Cost	commodities	distribution			
(8) Tree of Life C	hurch							Food for			
2132 Shadowlawn H	Drive						Food	public			
Naples, FL 34112		59-1315066	3		182,484	Average cost	commodities	distribution			
(9)S. Ft. Myers F	ood Pantry Co							Food for			
8260 Cypress Lake	e Dr.						Food	public			
Fort Myers, FL 33	3919	59-1649348	3		868,700	Average Cost	commodities	distribution			
(10\$alvation Army	,							Food for			
25221 Bernwood Da	r. S. 2						Food	public			
Bonita Springs, H	FL 34135	58-0660607	3		645,071	Average Cost	commodities	distribution			
2 Enter total number of	of section 501(c)(3) and	d government organiza	ations listed in the line 1	table			· · · · · · •	·			
	 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										OMB No. 1545-0047	
(Form 990)		Gove	ern	ments, and li	ndividuals in	the United Stat	tes			2018	
		Complet	te if		wered "Yes" on Forr Attach to Form 990.	n 990, Part IV, line 21 o	r 22.		(Open to Public	
Department of the Treasury Internal Revenue Service				Go to www.irs.go		test information.				Inspection	
Name of the organization				3					Employer identification	-	
Harry Chapin Food Bank	of Sout	hwest Florida	Ind	5					59-2332120		
Part I General Inform	nation on (Grants and Assi	sta	nce							
1 Does the organization mainta	the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and										
-	criteria used to award the grants or assistance?										
	art IV the organization's procedures for monitoring the use of grant funds in the United States.										
			-			d if additional space is			,		
1 (a) Name and address of organ		(b) EIN	T	(c) IRC section	(d) Amount of cash	(e) Amount of non-		of valuation	(g) Description of	(h) Purpose of grant	
or government		(-) =		(if applicable)	grant	cash assistance	(book, FM)	/, appraisal, ner)	noncash assistance	or assistance	
(1) Salvation Army Serv	ice Clew		+		-		01			Food for	
335 Central Ave									Food	public	
Clewiston, FL 33440		59-0631403	3			31,986	Average	Cost	commodities	distribution	
(2) Senior Friendship C	enters,		+							Food for	
5272 Summerlin Commons									Food	public	
Fort Myers, FL 33907	-	59-1522614	3			119,161	Average	Cost	commodities	distribution	
(3) Seventh Day Adventi	st Comm.		+							Food for	
2036 Loveland Blvd.									Food	public	
Punta Gorda, FL 33980		52-6037545	3			10,258	Average	Cost	commodities	distribution	
(4) St. Francis of Assi	si		+							Food for	
5265 Placida Rd.									Food	public	
Englewood, FL 34224		59-1933467	3			39,664	Average	Cost	commodities	distribution	
(5) Tice United Methodi	st Pantr		+							Food for	
4545 Tice Street									Food	public	
Fort Myers, FL 33905		59-1155134	3			396,514	Average	cost	commodities	distribution	
(6) St. Joseph the Work	er		+							Food for	
P.O.Box 1109									Food	public	
Moore Haven, FL 33471		59-2545812	3			401,024	Average	Cost	commodities	distribution	
(7) St. Mark Coptic Ort	hodox Ch		+							Food for	
11926 Fairway Lakes Dr									Food	public	
Fort Myers, FL 33913		65-0311824	3			18,799	Average	Cost	commodities	distribution	
(8) St. Matthew's House			+							Food for	
2001 Airport Rd. South									Food	public	
Naples, FL 34112		65-0097432	3			858,394	Average	Cost	commodities	distribution	
(9) St. Vincent de Paul	- Church		+							Food for	
13031 Palm Beach Blvd.									Food	public	
Fort Myers, FL 33905		59-2824352	3			127,266	Average	Cost	commodities	distribution	
(10\$t. Vincent de Paul	- Grand		+							Food for	
P.O.Box 2546									Food	public	
Fort Myers, FL 33902		13-5562362	3			859,792	Average	Cost	commodities	distribution	
2 Enter total number of section	1 501(c)(3) and	d government organiza	ation	is listed in the line 1 tal	ble •••••		-			1	
3 Enter total number of other o									–		

SCHEDULE I	Grants and Other Assistance to Organizations,									
(Form 990)	Gove	ernments, and I	ndividuals in	the United Stat	tes		2018			
	Complet	e if the organization an	swered "Yes" on Forr Attach to Form 990.	m 990, Part IV, line 21 o	r 22.	(Open to Public			
Department of the Treasury Internal Revenue Service			ov/Form990 for the lat	test information.			Inspection			
Name of the organization						Employer identification				
Harry Chapin Food Bank of Sout	hwest Florida	Inc				59-2332120				
Part I General Information on Grants and Assistance										
 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?										
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	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant			
or government		(if applicable)	grant	cash assistance	(book, FMV, appraisal,	noncash assistance	or assistance			
(1) United Way Lee County					other)		Food for			
7273 Concourse Drive						Food	public			
Fort Myers, FL 33908	59-1005169	3		126,603	Average Cost	commodities	distribution			
(2) American Legion Post 38		-			_		Food for			
1857 Jackson Street						Food	public			
Fort Myers, FL 33901	35-0144250	3		484.413	Average Cost	commodities	distribution			
(3) St. Vincent de Paul- Punta							Food for			
25200 Airport Rd.						Food	public			
Punta Gorda, FL 33950	80-0029958	3		269.995	Average Cost	commodities	distribution			
(4) St. Vincent de Paul- St. Ma				2037330		0000000000000	Food for			
2080 Tamiami Tr.						Food	public			
Port Charlotte, FL 33948	59-1905861	3		38,856	Average Cost	commodities	distribution			
(5) Suncoast Neighborhood Taskf		-					Food for			
2440 Thompson St.						Food	public			
Fort Myers, FL 33901	94-3415530	3		278,428	Average Cost	commodities	distribution			
(6) Jesus the Worker		-		,			Food for			
881 Nuna Ave						Food	public			
Fort Myers, FL 33905	59-1970832	3		119,498	Average cost	commodities	distribution			
(7) All Souls Episcopal Pantry		-					Food for			
14640 N Cleveland Ave						Food	public			
North Fort Myers, FL 33903	65-0151247	3		250,137	Average cost	commodities	distribution			
(8)Bonair Towers		-					Food for			
1915 Halgrim Ave						Food	public			
Fort Myers, FL 33901	65-0327903			30,724	Average cost	commodities	distribution			
(9) Buckingham Exceptional Stud							Food for			
3291 Buckingham Rd						Food	public			
Fort Myers, FL 33905		Government		20,854	Average cost	commodities	distribution			
(10Cafe of Life Inc							Food for			
10540 Childers Street						Food	public			
Bonita Springs, FL 34134	65-0832961	3		24,360	Average cost	commodities	distribution			
2 Enter total number of section 501(c)(3) an		T								

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

SCHEDULE I	Grants and Other Assistance to Organizations, OMB No. 1545-0047										
(Form 990)						the United Stat				2018	
. ,		Complete	e if t		wered "Yes" on Forn Attach to Form 990.	n 990, Part IV, line 21 o	r 22.		(Open to Public	
Department of the Treasury Internal Revenue Service)	Go to www.irs.go		est information.				Inspection	
Name of the organization				ele te internetge					Employer identification		
Harry Chapin Food Bank	of South	west Florida :	Inc						59-2332120		
Part I General Informa	ation on G	arants and Assis	star	nce							
	ection criteria used to award the grants or assistance?										
	be 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 organiza		(b) EIN		(c) IRC section	(d) Amount of cash	(e) Amount of non-		of valuation	(g) Description of	(h) Purpose of grant	
or government	allon			(if applicable)	grant	cash assistance	(book, FM)	, appraisal,	noncash assistance	or assistance	
(1) Presbyterian Homes of	f Charl		+	/			Uli	ner)		Food for	
2295 Aaron Street									Food	public	
Port Charlotte, FL 3395	2	59-1759909				43,132	Average	cost	commodities	distribution	
(2)Eglise De Dieu De L'A	Adorati									Food for	
2691 Tamiami Trail									Food	public	
Port Charlotte, FL 3395	2	47-5408012	3			33,567	Average	cost	commodities	distribution	
(3) Feeding with Hope Inc						,				Food for	
1029 Bayberry Loop									Food	public	
Clewiston, FL 33440		46-5725494	3			232,277	Average	cost	commodities	distribution	
(4) Church of the Nazarer	ne					,				Food for	
512 W Interlake Blvd									Food	public	
Lake Placid, FL 33852		59-2900857	3			151,882	Average	cost	commodities	distribution	
(5) Goodlette Arms Apartm	ments					,				Food for	
948 Goodlette-Frank Roa									Food	public	
Naples, FL 34102						47,626	Average	cost	commodities	distribution	
(6) Grove City Manor						,				Food for	
6433 Gasparilla Pines B	lvd								Food	public	
Englewood, FL 34224						46,348	Average	cost	commodities	distribution	
(7) Hearts and Homes for	Vetera					,				Food for	
2230 Alicia Street									Food	public	
Fort Myers, FL 33901		46-2570640	3			25,565	Average	cost	commodities	distribution	
(8) Heron Pond Apartments	s									Food for	
1232 Village Lakes Blvd									Food	public	
Lehigh Acres, FL 33972						55,202	Average	cost	commodities	distribution	
(9) Hope Connections										Food for	
475 E Cowboy Way									Food	public	
Labelle, FL 33935						79,594	Average	cost	commodities	distribution	
(10]glesia De Dios Pente	ecostal		\uparrow							Food for	
2146 N Hwy 17									Food	public	
Seville, FL 32190		59-3034113	3			10,040	Average	cost	commodities	distribution	
	501(c)(3) and	government organiza	tions	s listed in the line 1 tab			-			<u>I</u>	
 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 											

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SCHEDULE I	Grants and Other Assistance to Organizations, OMB No. 1545-0047										
(Form 990)						the United Stat				2018	
		Complet	e if t		wered "Yes" on Forn Attach to Form 990.	n 990, Part IV, line 21 o	r 22.		(Open to Public	
Department of the Treasury Internal Revenue Service			•		v/Form990 for the lat	est information.				Inspection	
Name of the organization				0					Employer identification	number	
Harry Chapin Food	Bank of South	nwest Florida	Inc						59-2332120		
Part I General I	nformation on C	Grants and Assis	star	ice							
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?										
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Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,											
						if additional space is			,		
1 (a) Name and address		(b) EIN		(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method	of valuation	(g) Description of	(h) Purpose of grant	
or governm	•	(-)		(if applicable)	grant	cash assistance	(book, FMV	', appraisal, ier)	noncash assistance	or assistance	
(1) Jeff Henry Food	l Pantry						01			Food for	
717 Skyline Blvd	-								Food	public	
Cape Coral, FL 33	991		3			150,259	Average	cost	commodities	distribution	
(2) Lehigh Word of	Faith Christ									Food for	
27 Arkansas Road									Food	public	
Lehigh Acres, FL	33936	26-4564791	3			9,054	Average	cost	commodities	distribution	
(3) Ministerio Inte						,	,			Food for	
3555 White Blvd									Food	public	
Naples, FL 34117		81-2269108	3			149,113	Average	cost	commodities	distribution	
(4) Ministerio Inte	rnacional La					,				Food for	
1650 Oak Drive									Food	public	
Fort Myers, FL 33	907	20-3416835	3			146,869	Average	cost	commodities	distribution	
(5) Noah's Landing						,				Food for	
10555 Noah's Circ									Food	public	
Naples, FL 34116						9,509	Average	cost	commodities	distribution	
(6) Our Daily Bread	l Food Pantry					-,				Food for	
1170 Ludlam Court									Food	public	
Marco Island, FL	34145	27-3148396	3			290.187	Average	cost	commodities	distribution	
(7)Palm Harbor Apa			F							Food for	
50 Kendra Way									Food	public	
Palm Harbor, FL 34	4684					70.114	Average	cost	commodities	distribution	
(8) Presbyterian Ho						,				Food for	
1291 Broad Street									Food	public	
Lehigh Acres, FL		59-1311208	3			34,067	Average	cost	commodities	distribution	
(9) Rabbi Love Inte			-			- ,				Food for	
318 NE 17th Place									Food	public	
Cape Coral, FL 33		30-0554921	3			217,403	Average	cost	commodities	distribution	
(10Renaissance Pre			-			,				Food for	
4224 Renaissance									Food	public	
Fort Myers, FL 33	=	59-6072584				29,122	Average	cost	commodities	distribution	
			1 tions	listed in the line 1 tak			_		1		
	 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	Grants and Other Assistance to Organizations, OMB No. 1545-004										
(Form 990)	Gove	erni	ments, and In	dividuals in	the United Stat	tes			2018		
	Complet	e if t		wered "Yes" on Forr Attach to Form 990.	n 990, Part IV, line 21 o	r 22.		(Open to Public		
Department of the Treasury Internal Revenue Service		•	Go to www.irs.go		est information.				Inspection		
Name of the organization			Je le					Employer identification			
Harry Chapin Food Bank of	Southwest Florida	Inc						59-2332120			
Part I General Information on Grants and Assistance											
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-	the selection criteria used to award the grants or assistance?										
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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	(b) EIN	T	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method	of valuation	(g) Description of	(h) Purpose of grant		
or government	(0) = 11		(if applicable)	grant	cash assistance	(book, FMV	, appraisal, ner)	noncash assistance	or assistance		
(1) SalusCare Inc			,			00			Food for		
3763 Evans Avenue								Food	public		
Fort Myers, FL 33901	59-1287693	3			14,861	Average	cost	commodities	distribution		
(2) Serving with Love Minist	trv	-			,				Food for		
330 S Estribo Street								Food	public		
Clewiston, FL 33440	81-1668973	3			598,327	Average	cost	commodities	distribution		
(3) St John First Missionar		-			,-				Food for		
2044 Brown Street	2 -							Food	public		
Fort Myers, FL 33916	65-0054633	3			37,088	Average	cost	commodities	distribution		
(4) Society of St Vincent Do		-			- ,				Food for		
130 E Marion Avenue								Food	public		
Punta Gorda, FL 33951	37-1566756	3			127.217	Average	cost	commodities	distribution		
(5) Guardian Angels for Spe		-			,				Food for		
410 Santa Barbara Blvd								Food	public		
Cape Coral, FL 33991	65-0769068	3			7,384	Average	cost	commodities	distribution		
(6) The Power of God Interna		-			,				Food for		
1303 Homestead Road N								Food	public		
Lehigh Acres, FL 33936	81-4431446	3			212,642	Average	cost	commodities	distribution		
(7) Wintergarden Presbyteria		-			, -				Food for		
18305 Wintergarden Ave								Food	public		
Port Charlotte, FL 33948	65-0236163	3			9,781	Average	cost	commodities	distribution		
(8) The Roberts Center		-			-, -				Food for		
905 Roberts Avenue								Food	public		
Immokalee, FL 34142					13,335	Average	cost	commodities	distribution		
(9)Royal Palm Towers					,				Food for		
2425 Bay Street								Food	public		
Fort Myers, FL 33901					51,729	Average	cost	commodities	distribution		
(10Frinity Community Church	h	+			-,		-		Food for		
3845 Beck Blvd								Food	public		
Naples, FL 34116	47-4674347	3			16,764	Average	cost	commodities	distribution		
2 Enter total number of section 501(c)(3) and government organiza	tions	listed in the line 1 tab	le				•••••			
 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 											

Harry Chapin Food Bank of Southwest Florida Inc Schedule I (Form 990) (2018) Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance					
1 Food for animal distribution	1		525,739	Average Cost	Food commodities					
2 Food for human distribution	10		5,956,050	Average Cost	Food commodities					
3										
4										
5										
6										
7										
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.										

Schedule I (Form 990) (2018)

59-2332120

Page **2**

SCHEDI	JLE J
(Form 9	90)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees OMB No. 1545-0047

2018

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

Employer identification number 59–2332120

	ry Chapin Food Bank of Southwest Flor	59-2332120			
Pa	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form				
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for per	rsonal use			
	Travel for companions Payments for business use of personal				
	Tax indemnification and gross-up payments				
	Discretionary spending account				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment				
U	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to				
	explain · · · · · · · · · · · · · · · · · · ·		16		
			1b		
•					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all				
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line				
	1a? ••••••••••••••••••••••••••••••••••••		2		
3	Indicate which, if any, of the following the 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.				
	Compensation committee Written employment contract				
	Independent compensation consultant				
	Form 990 of other organizations	n 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:				
~	Receive a severance payment or change-of-control payment?		4a		Х
a L					X
b			4b		X
с			4c		Ă
	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:				
а	The organization?		5a		Х
b	Any related organization?		5b		Х
	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:				
а	The organization?		6a		Х
b	Any related organization?		6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed				
•	payments not described on lines 5 and 6? If "Yes," describe in Part III		7		Х
8			-		
0	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract expection dependent in Deputitions coation 52 4059, 4(a)(2)2 If "Vee" dependent of the section of the				
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe				
	in Part III		8		X
-					
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?		9		

EEA

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.

		(B) Breakdown of	W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Richard LeBer	(i)	166,740	0	0		0 18,558	185,298	
1 CEO	(ii)	c	0 0	0		0 0	0	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

EEA

Page 2

SCHEE	DULE L
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(Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

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

OMB No. 1545-0047

2018

Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

Internal Revenue Service	Go to I	vww.irs.gov/Forr	<i>n990</i> fo	r instruc	tions and	the lates	t informatior	າ.		In	spect	ion	
Name of the organization							E	Employer iden	tificatio	n numbe	ər		
Harry Chapin Food Bar	nk of South	west Florida	a Inc					59-23321					
Part I Excess Benefi	it Transactions	(section 501(c))(3), se	ction 50)1(c)(4), a	and 501(c)(29) orga	nizations	only).				
Complete if the	organization a	nswered "Yes" o	on Forr	m 990, l	Part IV, lir	ne 25a c	or 25b, or Fo	orm 990-E	EZ, Pa	urt V, li	ine 40)b.	
		(b) Relationship betw	een disqu	alified pers	on and							(d) Cor	rected?
1 (a) Name of disqualified pers	son	orç	ganization	1			(c) Descr	ription of transa	action			Yes	No
(1)													
(2)													
													<u> </u>
(3)													
2 Enter the amount of tax in	curred by the orga	nization manager	s or disc	nualified r	nersons du	ring the v	ear						L
under section 4958									► 5	4			
3 Enter the amount of tax, if									1				
		we, reinburseu b	y îne orț	ganizatio					P (<u>ہ</u>			
Part II Loans to and/	or From Interes	stad Parsons											
	organization a		on For	m 990_F	7 Part V	/ line 38	a or Form	000 Part	IV line	<u>م 26</u> و	or if th	he	
	ported an amou							550, i ait	iv, iii k	, 20, v			
			-									1	
(a) Name of interested person	(b) Relationship	(c) Purpose of		an to or n the	(e) Ori	-	(f) Balance d	ue (g) In	default?		proved	(i) W	
	with organization	loan		ization?	principal a	amount					ard or hittee?	agree	ment?
			-	1	-				1		1		·
	-		То	From				Yes	No	Yes	No	Yes	No
(1)										_			<u> </u>
(2)										──			<u> </u>
(3)													<u> </u>
(4)										\vdash			
(5)													
Total						. 🕨 \$							
	sistance Benef	•											
Complete if the	e organization a	answered "Yes"	on Fo	rm 990,	Part IV, I	ine 27.							
(a) Name of interested person	(b) Relationsh	nip between interested	(c)	Amount of	assistance	(d)	Type of assista	nce	(e	e) Purpos	se of ass	sistance	
	person a	nd the organization											
(1)													
(2)													
(3)													
													_
(4)													
-													
(5)													
For Paperwork Beduction Act	Notice, see the In	structions for F	orm 990) or 990-	F7.				Schedul	al (For	m 990 o	r 000_E7	2) 2019

EEA

Schedule L (Form 990 or 990-EZ) 2018 Harry Chapin Part IV Business Transactions Invo	n Food Bank of South	west Florida In	nc 59-2332120	F	Page 2
Complete if the organization a	-		28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
(1) John Clinger (see below)	Board Member/Secretary	1,519,039	CDs held at Merrill Lynch		Х
(2)					
(3)					
(4)					
(5)					
Part V Supplemental Information. Provide additional information	for responses to questions	on Schedule L (see	instructions).		
01. Supplemental Informa	tion for Schedu	le L			
John Clinger, Board Member, is	the President of the	Clinger Group	at Merrill Lynch which		
is the umbrella organization un	der which the certif	icates of depo	sit are held. They are		
held with the Phillips Group at				ny	
investment decisions.		<u> </u>			
Investment decisions.					

	HEDULE M		I	Noncash Contri	butions		DMB No. 1545-0047
(Fo	r m 990)	b Osmalata if					2018
		 Complete if Attach to Formation 	-	tions answered "Yes" on For	m 990, Part IV, lines 29 or 30.		Open to Public
	tment of the Treasury al Revenue Service			990 for instructions and the la	itest information.		Inspection
	of the organization		<u> </u>			Employer identi	
	ry Chapin Foc		Southwest	Florida Inc		59-23321	.20
Pa	rt I Types o	of Property	1	1	(-)	1	
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determining ntribution amounts
1	Art - Works of art						
2	Art - Historical trea						
3	Art - Fractional inte						
4 5	Books and publicat						
5	goods						
6	Cars and other veh						
7	Boats and planes						
8	Intellectual propert						
9	Securities - Publicl	·					-
10	Securities - Closely	held stock					
11	Securities - Partne	rship, LLC,					
	or trust interests						
12	Securities - Miscell	aneous •••					
13	Qualified conserva						
	contribution - Histo						
	structures • • •						
14	Qualified conserva						
45	contribution - Othe						
15 16	Real estate - Resid Real estate - Com						
16 17	Real estate - Other						
18	Collectibles • • •						
19	Food inventory		x		42,979,666	Avg Cost	Purchase
20	Drugs and medical				42, 575, 000		<u>rurenube</u>
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimer	ns • • • • • •					
24	Archeological artifa	acts • • • • •					
25	Other ►()					
26	Other ►()					
27	Other ►()					
28	Other ►()					
29		-	-	on during the tax year for contri	butions for		
	which the organiza	tion completed Fo	orm 8283, Par	t IV, Donee Acknowledgement		29	Yes No
30a	During the year did	d the organization	receive by co	ntribution any property reported	hin Part Llines 1 through		Yes No
000		-	-	ne date of the initial contribution	-		
	to be used for exer		-				. 30a X
b	If "Yes," describe th			Ur			
31		-		cy that requires the review of ar	ny nonstandard		
				•••••			. 31 X
32a	Does the organizat	tion hire or use thi	rd parties or re	elated organizations to solicit, p	process, or sell noncash		
	contributions? .						. 32a X
b	If "Yes," describe ir	n Part II.					
33	-	didn't report an ar	mount in colun	nn (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
2018
Open to Public
Inspection

Employer identification number

59-2332120

Harry Chapin Food Bank of Southwest Florida Inc

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 Commmittee, 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 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 k-ospitzers Engineer Hearry Chapin Food Bank of Southwest Florida Inc 59-2332120 either the USO or the Board.	Schedule O (Form 990 or 990-EZ) (2018)	Page 2
		Employer identification number
eicher the CEO or the Board.	Harry Chapin Food Bank of Southwest Florida Inc	59-2332120
	aither the CEO or the Board	
	erther the tho of the board.	

	FOR YOUR RECON		2018 PG01
Name(s) as shown on return			Tax ID Number
Harry Chapin Food Ba	ank of Southwest Fl	lorida Inc	59-2332120
	990 - Schedule D - Investments -	Other	
Description	Cost/basis	Cost/basis	Book
of Investment	(Investment)	(Other)	Depr Value
Vehicles	0	2,320,609 1	<u>,615,924</u> 704,685
Total	0	2,320,609 1,6	15,924 704,685

990	Overflow Statement	2018 Page 1
Name(s) as shown on return Harry Chapin	n Food Bank of Southwest Florida Inc	FEIN 59-2332120
Description	Form 990; Part VIII; Line 1c	Amount
Events	Total:	\$ 440,583 \$ 440,583
	Government Grants Part VIII Line le Noncas	<u>n</u>
		Amount \$ 16,831,635 653,370 \$ 17,485,005
	Other Grants and Donations Part VIII line	<u>1f</u>
Description Grants and D Direct Mail	Donations	
	<u>Form 990; Part VIII; Line 8a</u> Other Total:	Amount \$ 262,379 \$ 262,379
	Form 990; Part VIII; Line 8b	
Description Events	Total:	Amount \$ 47,376 \$ 47,376
Description Shared Maint Purchased Fo Meals of Hop		Amount \$ 255 221,803 3,788 \$ 225,846

Name(s) as shown on return Harry Chapin Food Bank of Southwest Florida Other Expense part IX Line 24e P		2018 Page 2
Other Expense part IX Line 24e P	Inc	FEIN 59-2332120
	rogram Servic	es
Description Maintenance		Amount \$ 76,598
Other		<u> </u>
	Total:	\$ 436,819
Other Expenses part IX Line 24 Mana	gement and Ge	eneral
Description		Amount
Maintenance		\$793
Other		<u>36,813</u> \$ 37,606
	m atal.	41,353
Form 990; Sch D; Part V;		<u>\$ 41,368</u>
<u>Form 990; Sch D; Part V;</u> Description	Line 1a	
Description SWFCF	Line 1a	Amount\$ 14,031
Description SWFCF Community Foundation of Collier	Line 1a	Amount \$ 14,031 12,699
Description SWFCF Community Foundation of Collier	Line 1a	Amount \$ 14,031 12,699 3,818
Description SWFCF Community Foundation of Collier	Line 1a Total:	Amount \$ 14,031 12,699 3,818
Description SWFCF Community Foundation of Collier Charlotte Community Foundation <u>Form 990; Sch D; Part V;</u> Description	Line 1a Total:	Amount \$ 14,031 12,699 3,818 \$ 30,548 Amount
Description SWFCF Community Foundation of Collier Charlotte Community Foundation Form 990; Sch D; Part V; Description SWFCF	Line 1a Total:	Amount \$ 14,031 12,699 3,818 \$ 30,548 Amount \$ 501
Description SWFCF Community Foundation of Collier Charlotte Community Foundation Form 990; Sch D; Part V;	Line 1a Total:	Amount \$ 14,031 12,699 3,818 \$ 30,548 Amount

990	Overflow Statement	2018 Page 3
Name(s) as shown on return Harry Chapin	Food Bank of Southwest Florida Inc	FEIN 59-2332120
* *	Form 990; Sch D; Part V; Line 1c	
Description SWFCF		Amount \$ 278
	undation of Collier Total :	94_
	Form 990; Schedule D; Part XI; Line 4b Othe	er
Cost of Food Professional	Fundraising Expenses	\$ (890,812) 312,078
<u>Gain on sale</u>	of asset Total:	<u> </u>
	Form 990; Schedule D; Part XII; Line 2d Other	er
		Amount
Cost of Food	of asset	<u>\$ 890,812</u> (15,029)
	Total: Form 990; Schedule D; Part XII; Line 4b Othe	
Description_		Amount
	Fundraising Expenses Total:	\$ 312,078