

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public  
Inspection

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

<b>A</b> For the 2021 calendar year, or tax year beginning 07-01, 2021, and ending 06-30, 2022																									
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>Harry Chapin Food Bank of Southwest Florida Inc</b></td> <td><b>D</b> Employer identification number 59-2332120</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3"><b>E</b> Telephone number (239) 334-7007</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">3760 Fowler Street</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code Fort Myers, FL 33901</td> <td rowspan="2"><b>G</b> Gross receipts \$ 69,611,824</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer:</td> </tr> <tr> <td colspan="2"> <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527         </td> <td> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No          If "No," attach a list. See instructions  <b>H(c)</b> Group exemption number       </td> </tr> <tr> <td colspan="2"><b>J</b> Website: <a href="http://www.harrychapinfoodbank.org">www.harrychapinfoodbank.org</a></td> <td></td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td><b>L</b> Year of formation: 1983 <b>M</b> State of legal domicile: FL</td> </tr> </table>	<b>C</b> Name of organization <b>Harry Chapin Food Bank of Southwest Florida Inc</b>		<b>D</b> Employer identification number 59-2332120	Doing business as		<b>E</b> Telephone number (239) 334-7007	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	3760 Fowler Street		City or town, state or province, country, and ZIP or foreign postal code Fort Myers, FL 33901		<b>G</b> Gross receipts \$ 69,611,824	<b>F</b> Name and address of principal officer:		<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	<b>J</b> Website: <a href="http://www.harrychapinfoodbank.org">www.harrychapinfoodbank.org</a>			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1983 <b>M</b> State of legal domicile: FL
<b>C</b> Name of organization <b>Harry Chapin Food Bank of Southwest Florida Inc</b>		<b>D</b> Employer identification number 59-2332120																							
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## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The mission is to lead our community in the fight against hunger. The vision is that no one has to go hungry in our community.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	69
	6	Total number of volunteers (estimate if necessary)	4,363
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 93,836,092 Current Year: 69,391,811
	9	Program service revenue (Part VIII, line 2g)	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	215,333 41,502
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	198,109 178,511
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	94,249,534 69,611,824
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	66,166,684 51,862,581
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,486,041 4,543,610
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	343,903 299,520
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,164,304
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19,636,217 14,210,056
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	90,632,845 70,915,767
19	Revenue less expenses. Subtract line 18 from line 12	3,616,689 (1,303,943)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 21,230,268 End of Year: 18,984,234
	21	Total liabilities (Part X, line 26)	1,513,661 708,214
	22	Net assets or fund balances. Subtract line 21 from line 20	19,716,607 18,276,020

## Part II Signature Block

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

Sign Here	<b>Richard LeBer</b> Signature of officer	Date			
	<b>Richard LeBer, President &amp; CEO</b> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <b>Jeffrey M Tuscan CPA</b>	Preparer's signature <i>Jeffrey M Tuscan</i>	Date 10-28-2022	Check <input type="checkbox"/> if self-employed	PTIN P00184439
	Firm's name	Tuscan & Company, PA		Firm's EIN	
	Firm's address	12621 World Plaza Lane Bldg 55 Fort Myers FL 33907		Phone no. 239-333-2090	
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2021)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

The mission is to lead our community in the fight against hunger. The vision is that no one has to go hungry in our community.

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

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 51,532,856 including grants of \$ ) (Revenue \$ )

Partner Agency Program distributed 25,863,057 pounds of food to those who are hungry throughout our five-county footprint. The Partner Agency Program relies on a vetted network of partner agencies. Our agencies include social service agencies, faith-based congregations, nonprofits, and community organizations. As trusted extensions of our mission, we provide our partner agencies roughly 70% of their food inventory. Partner agency membership and compliance, food procurement and food transportation, coupled with food management, are the essential elements that comprise the program, allowing it to operate effectively and efficiently.

**4b** (Code: ) (Expenses \$ 15,796,375 including grants of \$ ) (Revenue \$ )

Fulfill Mobile Pantry Program distributed 7,927,807 pounds of food those who are hungry throughout our five-county footprint. The goal of the Fulfill Mobile Pantry Program to expand the capacity of Harry Chapin Food Bank to make food more accessible in underserved and high need areas where families with limited resources may not be able to access food through traditional grocery stores.

**4c** (Code: ) (Expenses \$ 1,823,734 including grants of \$ ) (Revenue \$ )

Care and Share Senior Feeding Program distributed 915,287 pounds of food to individuals over the age of 60 years with a gross income at or below 130 percent of the federal poverty line in Charlotte, Collier and Lee Counties. For the seniors enrolled in the program, their nutritional needs are being supplemented by our monthly food distributions.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 69,152,965

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b> X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions . . . . .	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	X
<b>20 a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J. . . . .</i>	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .</i>	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I. . . . .</i>	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II. . . . .</i>	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b> X	
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b> X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M. . . . .</i>	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M. . . . .</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I. . . . .</i>	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I. . . . .</i>	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI. . . . .</i>	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b> X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	<b>1a</b> 0	
<b>b</b> Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable. . . . .	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)				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	69		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	2b		X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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			X
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			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-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			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year. . . . .	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>				
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b			
10	<b>Section 501(c)(7) organizations.</b> Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:				
a	Gross income from members or shareholders . . . . .	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	13a			
<b>Note:</b> 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 . . . . .	13b			
c	Enter the amount of reserves on hand . . . . .	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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			X
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			X
If "Yes," complete Form 4720, Schedule O.					
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . .	17			
If "Yes," complete Form 6069.					

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . .	<b>1a</b>	<b>14</b>
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent. . . . .	<b>1b</b>	<b>14</b>
<b>2</b>	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? . . . . .	<b>2</b>	<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	<b>X</b>
<b>6</b>	Did the organization have members or stockholders? . . . . .	<b>6</b>	<b>X</b>
<b>7a</b>	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? . . . . .	<b>7a</b>	<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<b>8a</b>	<b>X</b>
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<b>X</b>
<b>9</b>	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 on Schedule O . . . . .	<b>9</b>	<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	<b>X</b>
<b>b</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? . . . . .	<b>10b</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	<b>X</b>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .	<b>12a</b>	<b>X</b>
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13. . . . .	<b>12b</b>	<b>X</b>
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12c</b>	<b>X</b>
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. . . . .	<b>13</b>	<b>X</b>
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<b>14</b>	<b>X</b>
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	<b>X</b>
<b>b</b>	Other officers or key employees of the organization . . . . .	<b>15b</b>	<b>X</b>
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	<b>X</b>
<b>b</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? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **► Florida**

**18** Section 6104 requires an organization to make its Forms 1023 (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 (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**  
**The Organization (239) 334-7007, 3760 Fowler Street, Fort Myers, FL 33901**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations W-2/ 1099-MISC/ 1099-NEC	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Richard LeBer President & CEO	40.00			X				179,139	0	8,325
(2) Kayla Richmond Miller Director	2.00	X						0	0	0
(3) Michele Hylton-Terry Director	2.00	X						0	0	0
(4) Dan J Frate Director	2.00	X						0	0	0
(5) Ray A Schmitt Director	2.00	X						0	0	0
(6) Maura Matzko Director	2.00	X						0	0	0
(7) Marianne Lentini Director	2.00	X						0	0	0
(8) Precious Gunter Director	2.00	X						0	0	0
(9) Carolyn Tieger Director	2.00	X						0	0	0
(10) Mark Fiebrink Director	2.00	X						0	0	0
(11) John Clinger Director/Chairman	6.00	X		X				0	0	0
(12) Bill M Dillon Director/Past Chair	2.00	X		X				0	0	0
(13) David Fry Director/Vice Chairman	2.00	X		X				0	0	0
(14) Linda Stuart Director/Secretary	2.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Maria V Larriva Director/Treasurer	2.00	X		X				0	0	0
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								179,139	0	8,325

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

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
2nd Harvest Food Bank, 331 Great Circle Rd Nashville TN 37228	Food Distribution	458,180
Penske Truck Leasing, PO Box 532658 Atlanta GA 30353-2658	Truck Leasing	126,207
Allegiance Funding LLC, PO Box 9132 Fargo ND 58106-9132	Advertising	274,560
Black Mangrove LLC, 3940 Prospect Ave Ste 102 Naples FL 34104	Landlord	185,725
Value Added Food Sales, 965 Reno Drive Wayland MI 49348	Food Distribution	139,454

**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 **5**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	203,066			
	1b	Membership dues . . . . .				
	1c	Fundraising events . . . . .	196,286			
	1d	Related organizations . . . . .				
	1e	Government grants (contributions) . . . . .	13,475,221			
	1f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	55,517,238			
	1g	Noncash contributions included in lines 1a-1f . . . . .	50,850,173			
	h	<b>Total.</b> Add lines 1a-1f . . . . .	69,391,811			
	Program Service Revenue	2a	Business Code			
b						
c						
d						
e						
f		All other program service revenue . . . . .				
g		<b>Total.</b> Add lines 2a-2f . . . . .				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts) . . . . .	13,049		
	4	Income from investment of tax-exempt bond proceeds . . . . .				
	5	Royalties . . . . .				
	6a	Gross rents . . . . .				
	6b	Less: rental expenses . . . . .				
	6c	Rental income or (loss) . . . . .				
	d	Net rental income or (loss) . . . . .				
	7a	Gross amount from sales of assets other than inventory . . . . .	28,453			
	7b	Less: cost or other basis and sales expenses . . . . .				
	7c	Gain or (loss) . . . . .	28,453			
	d	Net gain or (loss) . . . . .	28,453	28,453		
	8a	Gross income from fundraising events (not including \$ 196,286 of contributions reported on line 1c). See Part IV, line 18 . . . . .				
	8b	Less: direct expenses . . . . .				
	c	Net income or (loss) from fundraising events . . . . .				
	9a	Gross income from gaming activities, See Part IV, line 19 . . . . .				
	9b	Less: direct expenses . . . . .				
	c	Net income or (loss) from gaming activities . . . . .				
	10a	Gross sales of inventory, less returns and allowances . . . . .	137,919			
10b	Less: cost of goods sold . . . . .					
c	Net income or (loss) from sales of inventory . . . . .	137,919	137,919			
Miscellaneous Revenue	11a	Transportation Reimburs	10,783	10,783		
	b	Vendor Reimburs	29,809	29,809		
	c					
	d	All other revenue . . . . .				
	e	<b>Total.</b> Add lines 11a-11d . . . . .	40,592			
	12	<b>Total revenue.</b> See instructions . . . . .	69,611,824	206,964	0	13,049

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .	36,664,651	36,664,651		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	15,197,930	15,197,930		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	214,548	158,885	18,797	36,866
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	3,188,561	2,361,321	279,337	547,903
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .	202,950	150,297	17,780	34,873
<b>9</b> Other employee benefits . . . . .	666,309	524,039	49,654	92,616
<b>10</b> Payroll taxes . . . . .	271,242	200,871	23,763	46,608
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 .	299,520			299,520
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . .	45,840	33,947	4,016	7,877
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .				
<b>14</b> Information technology . . . . .	213,296	190,882	7,753	14,661
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	158,263	147,736	7,805	2,722
<b>17</b> Travel . . . . .	44,393	36,826	2,201	5,366
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	86,152	334	85,326	492
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	573,041	573,041		
<b>23</b> Insurance . . . . .	108,356	85,600	7,966	14,790
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>Pick and Pack Out</u> . . . . .	1,641,915	1,641,915		
<b>b</b> <u>Vehicle</u> . . . . .	536,414	536,414		
<b>c</b> <u>Transportation</u> . . . . .	97,268	97,268		
<b>d</b> <u>Cost of Food</u> . . . . .	9,627,869	9,627,869		
<b>e</b> All other expenses . . . . .	1,077,249	923,139	94,100	60,010
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e. .	70,915,767	69,152,965	598,498	1,164,304
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	3,268,382	1	5,331,050
	2 Savings and temporary cash investments	7,527,439	2	2,985,147
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	586,617	4	693,384
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,789,031	8	1,809,880
	9 Prepaid expenses and deferred charges	51,500	9	153,041
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,524,505		
	b Less: accumulated depreciation	10b 3,964,463	10c	4,560,042
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,361,360	12	3,313,178
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	38,512	15	138,512
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	21,230,268	16	18,984,234	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	171,322	17	225,293
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	530,181	23	
	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	812,158	25	482,921
	26 <b>Total liabilities.</b> Add lines 17 through 25	1,513,661	26	708,214
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions	19,295,020	27	17,905,473
	28 Net assets with donor restrictions	421,587	28	370,547
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 <b>Total net assets or fund balances</b>	19,716,607	32	18,276,020
33 <b>Total liabilities and net assets/fund balances</b>	21,230,268	33	18,984,234	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	69,611,824
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	70,915,767
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(1,303,943)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	19,716,607
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	(136,644)
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	18,276,020

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
<b>3b</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 on Schedule O and describe any steps taken to undergo such audits	X	

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

Harry Chapin Food Bank of Southwest Florida Inc

59-2332120

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	46,643,410	50,567,050	63,771,937	93,465,587	69,192,233	323,640,217
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .	46,643,410	50,567,050	63,771,937	93,465,587	69,192,233	323,640,217
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						136,097,607
6 <b>Public support.</b> Subtract line 5 from line 4.						187,542,610

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4 . . . . .	46,643,410	50,567,050	63,771,937	93,465,587	69,192,233	323,640,217
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	15,363	27,103	31,789	3,844	13,049	91,148
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	235,993	262,379	293,203	370,505	199,578	1,361,658
11 <b>Total support.</b> Add lines 7 through 10						325,093,023
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	1,291,726
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	14	57.69 %
15 Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	15	59.53 %
16a <b>33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - provide details in <b>Part VI</b>	5
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016 . . . . .			
b From 2017 . . . . .			
c From 2018 . . . . .			
d From 2019 . . . . .			
e From 2020 . . . . .			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017 . . . .			
b Excess from 2018 . . . .			
c Excess from 2019 . . . .			
d Excess from 2020 . . . .			
e Excess from 2021 . . . .			

**Part 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)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2021**

► Attach to Form 990 or Form 990-PF.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

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

Employer identification number

**59-2332120**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

Name of organization

Employer identification number

Harry Chapin Food Bank of Southwest Florida Inc

59-2332120

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Florida Department of Agriculture 407 South Calhoun Street Tallahassee FL 32399	\$ 12,842,170	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	Publix 3300 Publix Corporate Pkwy Lakeland FL 33811	\$ 7,964,704	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	Feeding America 35 E Wacker Drive Ste 2000 Chicago IL 60601	\$ 2,755,873	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	Sams Club 3921 SW College Rd Ocala FL 34474	\$ 6,401,724	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	Tropicana 1001 13th Ave Bradenton FL 34208	\$ 2,167,283	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Harry Chapin Food Bank of Southwest Florida Inc

59-2332120

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	USDA Food Commodities _____ _____ _____	\$ <u>12,842,170</u>	<u>06-30-2022</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>2</u>	USDA Food Commodities _____ _____ _____	\$ <u>7,964,704</u>	<u>06-30-2022</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>3</u>	USDA Food Commodities _____ _____ _____	\$ <u>2,755,873</u>	<u>06-30-2022</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>4</u>	USDA Food Commodities _____ _____ _____	\$ <u>6,401,724</u>	<u>06-30-2022</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>5</u>	USDA Food Commodities _____ _____ _____	\$ <u>2,167,283</u>	<u>06-30-2022</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public  
Inspection

Name of the organization

Employer identification number

Harry Chapin Food Bank of Southwest Florida Inc

59-2332120

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$

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

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

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

b Assets included in Form 990, Part X . . . . . ▶ \$

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,361,360	274,066	31,424	30,548	28,055
b Contributions	2,116,134	1,004,490	251,256	100	1,125
c Net investment earnings, gains, and losses	(160,432)	86,126	(7,984)	1,148	2,333
d Grants or scholarships			50		582
e Other expenditures for facilities and programs					
f Administrative expenses	3,884	3,322	580	372	383
g End of year balance	3,313,178	1,361,360	274,066	31,424	30,548

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

- a Board designated or quasi-endowment ☒ 74.00 %
- b Permanent endowment ☒ 3.00 %
- c Term endowment ☒ 23.00 %

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

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

- (i) Unrelated organizations
- (ii) Related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		518,304		518,304
b Buildings		4,333,467	919,378	3,414,089
c Leasehold improvements				
d Equipment		800,200	1,105,418	(305,218)
e Other		2,872,534	1,939,667	932,867

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 4,560,042

**Part VII** Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
<del>(A) Endowment Funds</del>	3,313,178	FMV
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.). . . . .	3,313,178	

**Part VIII** Investments - Program Related.

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

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

**Part IX** Other Assets.

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

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

**Part X** Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
<del>(2) Accrued Expenses</del>	243,481	
<del>(3) Compensated Absences</del>	239,440	
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.). . . . .	482,921	

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

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

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

1	Total revenue, gains, and other support per audited financial statements . . . . .		1	69,175,660
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments . . . . .	2a		
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII.) . . . . .	2d		
e	Add lines 2a through 2d . . . . .		2e	
3	Subtract line 2e from line 1 . . . . .		3	69,175,660
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII.) . . . . .	4b	299,520	
c	Add lines 4a and 4b . . . . .		4c	299,520
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .		5	69,475,180

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

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

1	Total expenses and losses per audited financial statements . . . . .		1	70,616,247
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities . . . . .	2a		
b	Prior year adjustments . . . . .	2b		
c	Other losses . . . . .	2c		
d	Other (Describe in Part XIII.) . . . . .	2d	136,644	
e	Add lines 2a through 2d . . . . .		2e	136,644
3	Subtract line 2e from line 1 . . . . .		3	70,479,603
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII.) . . . . .	4b	299,520	
c	Add lines 4a and 4b . . . . .		4c	299,520
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .		5	70,779,123

**Part XIII Supplemental Information.**

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

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

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

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

Professional Fundraising expenses of \$299,520 included net of fundraising gross proceeds on the Audited Statements was recorded in Part IX line 11e on the Form 990.

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

Professional Fundraising expenses of \$299,520 included net of fundraising proceeds on the Audited Statements was recorded in Part IX line 11e on the Form 990.

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

Professional Fundraising expenses of \$299,520 included net of fundraising revenue on the Audited Statement were reported on Part IX line 11e on the Form 990.

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

The Financial Accounting Standards Board has issued guidance on accounting for uncertainty in income taxes and the Organization has adopted this guidance. The Organization has evaluated its tax positions and any estimates utilized in its tax returns, and concluded that it has taken no uncertain tax positions that require adjustment to the financial statements to comply with the provisions of this guidance. Interest and penalties associated with uncertain tax positions will be recognized in income tax expense, if required.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Harry Chapin Food Bank of Southwest Florida Inc

Employer identification number

59-2332120

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Allegiance Funding LLC PO Box 9132 Fargo ND 58106	Direct Mail		X	803,969	504,449	299,520
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> . . . . . ▶				803,969	504,449	299,520

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

All States

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		General (event type)	0 (event type)	None (total number)	
Revenue	1 Gross receipts . . . . .	196,286			196,286
	2 Less: Contributions . . . . .	196,286			196,286
	3 Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .				
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

▶ Attach to Form 990.

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OMB No. 1545-0047

2021

Open to Public  
Inspection

Employer identification number

Harry Chapin Food Bank of Southwest Florida Inc

59-2332120

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	AIDS Healthcare Foundation 6255 W Sunset Blvd NO 21st Los Angeles CA 90028-7422	20-8744009	3		183,411	Average Cost	Food commodities	Food for public distribution
(2)	All Faiths Food Bank 8171 Blaikie Court Sarasota FL 34240	65-0115814	3		1,310,659	Average Cost	Food commodities	Food for public distribution
(3)	Adventist Comm Cape Coral 829 SE 47th Terrace Cape Coral FL 33990	41-2279695	3		872,354	Average Cost	Food commodities	Food for public distribution
(4)	Allen Chapel AMEC PO BOX 892 Bellville TX 77418	76-0691836	3		45,992	Average Cost	Food commodities	Food for public distribution
(5)	All Souls Episcopal Pantry 14640 N Cleveland Ave Cape Coral FL 33904	65-0151247	3		178,414	Average Cost	Food commodities	Food for public distribution
(6)	Alva United Methodist P.O. Box 96 Alva FL 33920	59-0250411	3		60,576	Average Cost	Food commodities	Food for public distribution
(7)	Amigos Center 106 S. 2nd St. Immokalee FL 34142	59-3646095	3		305,665	Average Cost	Food commodities	Food for public distribution
(8)	Brighter Bites PO BOX 25456 Houston TX 77265	47-4070026	3		836,746	Average Cost	Food commodities	Food for public distribution
(9)	First Presbyterian Church o 2330 Harriet Street NE Port Charlotte FL 33952	59-1835089	3		229,968	Average Cost	Food commodities	Food for public distribution
(10)	Buckhead Ridge 29012 FL-78 Okeechobee FL 34974				44,438	Average Cost	Food commodities	Food for public distribution

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

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

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

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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Inspection

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Bonita Springs Asst Ofc 25300 Bernwood Dr 6 Bonita Springs FL 34135	59-2337909	3		135,942	Average Cost	Food commodities	Food for public distribution
(2)	Bootstrap Ministry, Inc. 4801 Orange Grove Blvd. North Fort Myers FL 33903	26-3644653	3		45,259	Average Cost	Food commodities	Food for public distribution
(3)	Broadway Church of God 3309 South Broadway Street Fort Myers FL 33901	59-2398091	3		494,646	Average Cost	Food commodities	Food for public distribution
(4)	C.H.A.P.S., Inc. 18200 Paulson Dr. Port Charlotte FL 33954	65-0498294	3		87,627	Average Cost	Food commodities	Food for public distribution
(5)	Cafe of Life Inc 10540 Childers Street Bonita Springs FL 34134	65-0832951	3		31,117	Average Cost	Food commodities	Food for public distribution
(6)	Cape Coral Caring Center 4645 SE 15th Ave. Cape Coral FL 33904	65-0262583	3		32,097	Average Cost	Food commodities	Food for public distribution
(7)	Charlotte Towers Presbyteri 2295 Aaron Street Port Charlotte FL 33952	59-1759909			39,805	Average Cost	Food commodities	Food for public distribution
(8)	Mission Peniel-Peace River 5600 Peace River Rd North Port FL 34287	59-2958426	3		117,567	Average Cost	Food commodities	Food for public distribution
(9)	Ft Myers Seventh Day Advent 16101 San Carlos Blvd Fort Myers FL 33908	52-0643036	3		80,766	Average Cost	Food commodities	Food for public distribution
(10)	Catholic Charities Venice D PO BOX Venice FL 34284	59-2473176	3		293,257	Average Cost	Food commodities	Food for public distribution

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Grants and Other Assistance to Organizations,  
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Part I General Information on Grants and Assistance

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- 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.

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(1)	Catholic Charities of Fort 1000 Pinebrook Rd Venice FL 34285	65-0889322	3		335,854	Average Cost	Food commodities	Food for public distribution
(2)	Hope Clubhouse of SWFL Inc 3602 Broadway Fort Myers FL 33901	30-0437443	3		21,858	Average Cost	Food commodities	Food for public distribution
(3)	Point of Light Fellowship, 1052 Sunset Strip NE Okeechobee FL 34974	27-3160770	3		99,044	Average Cost	Food commodities	Food for public distribution
(4)	Charleston Pk Neighborhood 2541 Charleston Park Alva FL 33920	59-3080357	3		34,652	Average Cost	Food commodities	Food for public distribution
(5)	Charlotte Cty Homeless Coal P.O. Box 380157 Murdock FL 33938	65-0139525	3		296,475	Average Cost	Food commodities	Food for public distribution
(6)	Children Advocacy Center 3830 Evans Ave Fort Myers FL 33901	59-2824352	3		309,293	Average Cost	Food commodities	Food for public distribution
(7)	Integrity Church Naples 10421 Pennsylvania Ave Bonita Springs FL 34135	26-1668738	3		5,861	Average Cost	Food commodities	Food for public distribution
(8)	Community Life Center Churc 19048 Edgewater Drive Port Charlotte FL 33948	59-2245558	3		567,148	Average Cost	Food commodities	Food for public distribution
(9)	Cypress Run Apartments 7100 Gateshead Circle Orlando FL 32822	58-2169014			16,164	Average Cost	Food commodities	Food for public distribution
(10)	Community Co-op Ministries P.O. Box 2143 Fort Myers FL 33902	59-2602772	3		510,199	Average Cost	Food commodities	Food for public distribution

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SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Grants and Other Assistance to Organizations,  
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Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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(1)	Community Resource Ctr Inc 5400 Riverside Dr. Punta Gorda FL 33982	65-0496363	3		26,197	Average Cost	Food commodities	Food for public distribution
(2)	Compassion Avenue Inc P.O. Box 418 Clewiston FL 33440	51-0477088	3		20,977	Average Cost	Food commodities	Food for public distribution
(3)	Christ Central LaBelle 540 First Avenue LaBelle FL 33975	20-5489384	3		478,705	Average Cost	Food commodities	Food for public distribution
(4)	Daniels Road Baptist Church 5878 Daniels Road Fort Myers FL 33912	59-2350694	3		66,303	Average Cost	Food commodities	Food for public distribution
(5)	Catholic Charities Collier 100 Pinebrook Road Venice FL 34285	59-2473176	3		230,348	Average Cost	Food commodities	Food for public distribution
(6)	Discipleship Driven Ministr 3480 Depew Ave Port Charlotte FL 33952	20-5840548	3		285,221	Average Cost	Food commodities	Food for public distribution
(7)	David Lawrence Center 6075 Bathey Lane Naples FL 34116	59-2206025	3		202,964	Average Cost	Food commodities	Food for public distribution
(8)	Ebenezer Baptist Church P.O. Box 6580 Fort Myers FL 33911	65-0975889	3		72,200	Average Cost	Food commodities	Food for public distribution
(9)	Ebenezer Food Pantry P.O. Box 6580 Fort Myers FL 33911	65-0120343	3		1,153,679	Average Cost	Food commodities	Food for public distribution
(10)	Edgewater United Methodist 19190 Cochran Blvd. Port Charlotte FL 33948	65-0235009	3		223,590	Average Cost	Food commodities	Food for public distribution

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SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Grants and Other Assistance to Organizations,  
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Harry Chapin Food Bank of Southwest Florida Inc

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1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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(1)	Englewood E Church of Chris 9600 Gulfstream Blvd. Englewood FL 34224	26-3786816	3		34,427	Average Cost	Food commodities	Food for public distribution
(2)	Everglades City Comm Church 101 Copeland Ave S Everglades City FL 34139	22-3934843	3		262,351	Average Cost	Food commodities	Food for public distribution
(3)	We Care Outreach Center 4231 Desoto Ave Fort Myers FL 33905	61-1485045	3		43,918	Average Cost	Food commodities	Food for public distribution
(4)	Catholic Charities of Bonit 27050 Old 41 Road Bonita Springs FL 34135	59-2473176	3		224,020	Average Cost	Food commodities	Food for public distribution
(5)	Noahs Ark Church Inc 11853 Collier Blvd Naples FL 34116	65-0712776	3		1,422,872	Average Cost	Food commodities	Food for public distribution
(6)	Faith Presbyterian Church/W 4544 Coronado Pkwy Cape Coral FL 33904	59-1021543	3		101,544	Average Cost	Food commodities	Food for public distribution
(7)	Eva's Closet and Foundation 16331 Old US 41 STE 101 Fort Myers FL 33912	81-4202200	3		170,120	Average Cost	Food commodities	Food for public distribution
(8)	St Vincent de Paul Our Lady 19680 Cypress View Dr Fort Myers FL 33967	65-0196037			9,287	Average Cost	Food commodities	Food for public distribution
(9)	Feeding America Tampa Bay 4702 Transport Drive Bldg 6 Tampa FL 33605	59-2116576	3		1,397,757	Average Cost	Food commodities	Food for public distribution
(10)	First Baptist Church of FM 130 Connecticut St. Fort Myers Beach FL 33931	59-2495484	3		180,807	Average Cost	Food commodities	Food for public distribution

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SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
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(1)	First Baptist Church/Horn o 459 Gill St. Punta Gorda FL 33950	59-6167083	3		76,793	Average Cost	Food commodities	Food for public distribution
(2)	First Macedonia 411 E. Charlotte Ave. Punta Gorda FL 33950	65-0360165	3		2,177,091	Average Cost	Food commodities	Food for public distribution
(3)	Palmetto Church of God 1123 Veronica Shoemaker Blv Fort Myers FL 33916	65-0497066	3		121,367	Average Cost	Food commodities	Food for public distribution
(4)	Friendship United Methodist 107 N DRIVER ST Durham NC 27703	36-2167731	3		36,857	Average Cost	Food commodities	Food for public distribution
(5)	Pine Island Food Pantry 12175 Stringfellow Rd Bokeelia FL 33922	27-1757051	3		134,688	Average Cost	Food commodities	Food for public distribution
(6)	Vineyard Community Church 923 SE 47th Terrace Cape Coral FL 33904	59-2706764	3		43,266	Average Cost	Food commodities	Food for public distribution
(7)	Fort Myers Christian Center 3500 Fowler St. Fort Myers FL 33901	65-0937140	3		150,342	Average Cost	Food commodities	Food for public distribution
(8)	First United Methodist Chur 303 N 9th Street Immokalee FL 34142	59-1963954	3		21,070	Average Cost	Food commodities	Food for public distribution
(9)	Ft. Myers Rescue Mission 6900 Mission Lane Fort Myers FL 33916	59-2469860	3		603,660	Average Cost	Food commodities	Food for public distribution
(10)	Fort Myers Spanish SDA Chur 9838 Bernwood Place Fort Myers FL 33966	52-6037545	3		114,746	Average Cost	Food commodities	Food for public distribution

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

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SCHEDULE I  
(Form 990)

Department of the Treasury  
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Yes No

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(1)	Freedom House of Fort Myers 6225 Presidential Ct Ste 11 Fort Myers FL 33919	26-4144992	3		60,600	Average Cost	Food commodities	Food for public distribution
(2)	Grace Place for Children & P.O. Box 990531 Naples FL 34116	65-1229558	3		1,706,067	Average Cost	Food commodities	Food for public distribution
(3)	Grace United Methodist Church 14036 Matanzas Drive Fort Myers FL 33905	36-2167731	3		81,464	Average Cost	Food commodities	Food for public distribution
(4)	Guadalupe Social Services 211 9th St. South Immokalee FL 34142	59-2473176	3		265,172	Average Cost	Food commodities	Food for public distribution
(5)	Teen Challenge of Florida 5646 Seventh Ave Fort Myers FL 33907	59-2479228	3		36,381	Average Cost	Food commodities	Food for public distribution
(6)	Gladiolus Food Pantry 10511 Gladiolus Drive Fort Myers FL 33908	65-0323306	3		588,900	Average Cost	Food commodities	Food for public distribution
(7)	Holy Trinity Lutheran Church 2565 Tamiami Trail Port Charlotte FL 33952	59-1439248	3		25,855	Average Cost	Food commodities	Food for public distribution
(8)	Word of Life Church 2150 Collier Ave Fort Myers FL 33901	13-5648615	3		256,653	Average Cost	Food commodities	Food for public distribution
(9)	House of Prayer IV 2112 Mitchel Court Fort Myers FL 33916	43-2043791	3		17,417	Average Cost	Food commodities	Food for public distribution
(10)	Iglesia Bautista Nuevo Test 300 South James St Labelle FL 33935	65-0397182	3		25,969	Average Cost	Food commodities	Food for public distribution

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

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Department of the Treasury  
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(1)	Carl-Con Group Home 104 Ortona St Lehigh Acres FL 33936	65-0265397	3		78,856	Average Cost	Food commodities	Food for public distribution
(2)	Interfaith Charities of Sou 17592 Rockefeller Cir Fort Myers FL 33967	65-0362473	3		1,100,079	Average Cost	Food commodities	Food for public distribution
(3)	First Assembly Cornerstone PO BOX 24687 Lakeland FL 33801	59-0782460	3		188,183	Average Cost	Food commodities	Food for public distribution
(4)	Lehigh Community Services 9 Beth Stacy Blvd. Lehigh Acres FL 33971	59-1773738	3		405,279	Average Cost	Food commodities	Food for public distribution
(5)	Eastside Baptist Church 630 N Eastside Drive Lakeland FL 33801	59-2344577	3		72,462	Average Cost	Food commodities	Food for public distribution
(6)	First United Methodist Chur 300 Avenue L Moore Haven FL 33471		3		261,142	Average Cost	Food commodities	Food for public distribution
(7)	McGregor Baptist Pantry 3750 Colonial Blvd. Fort Myers FL 33966	59-2115730	3		538,705	Average Cost	Food commodities	Food for public distribution
(8)	Meals of Hope 2221 Corporation Blvd Naples FL 34109	27-0268307	3		4,320,688	Average Cost	Food commodities	Food for public distribution
(9)	Morningstar Baptist Church 5160 Richmond Ave. Fort Myers FL 33905	65-0245964	3		137,558	Average Cost	Food commodities	Food for public distribution
(10)	Naples United Methodist C 6000 Goodlette-Frank Rd Naples FL 34109	36-2167731	3		28,781	Average Cost	Food commodities	Food for public distribution

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

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SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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(1)	Nature's Cove, Inc. 18060 Elmwood Drive Alva FL 33920	65-0697850	3		45,157	Average Cost	Food commodities	Food for public distribution
(2)	Naples Senior Center at JFC 5025 Castello Drive Naples FL 34103	45-3980909	3		14,413	Average Cost	Food commodities	Food for public distribution
(3)	New Hope Ministries 7675 Davis Blvd Naples FL 34104	59-2276660	3		476,939	Average Cost	Food commodities	Food for public distribution
(4)	New Life Assembly of God 5146 Leonard Blvd. Lehigh Acres FL 33973	59-2126484	3		202,228	Average Cost	Food commodities	Food for public distribution
(5)	Greater Friendship Missiona 901 Della Tobias Street Clewiston FL 33440	90-0456002	3		163,179	Average Cost	Food commodities	Food for public distribution
(6)	St Martin de Porres Outreac 4711 Palm Beach Blvd Fort Myers FL 33905	46-4001708	3		410,314	Average cost	Food commodities	Food for public distribution
(7)	Moorehaven Church of God 385 Avenue E Moore Haven FL 33471	82-2267483	3		184,708	Average cost	Food commodities	Food for public distribution
(8)	Octagon Wild Life 41660 Horseshoe Rd. Punta Gorda FL 33982	59-2298305	3		338,691	Average cost	Food commodities	Food for public distribution
(9)	Page Park Improvement Assoc 507 Center Rd Fort Myers FL 33907	59-6155104	3		127,133	Average cost	Food commodities	Food for public distribution
(10)	Pine Manor Improvement Asso P.O.Box 61464 Fort Myers FL 33906	65-0133208	3		42,773	Average Cost	Food commodities	Food for public distribution

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

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

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2021**  
**Open to Public  
Inspection**

Employer identification number  
59-2332120

Harry Chapin Food Bank of Southwest Florida Inc

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Unified Hands of Hope 2710 Del Prado Blvd S Ste 2 Cape Coral FL 33904	83-0603006	3		139,565	Average cost	Food commodities	Food for public distribution
(2)	Trinity United Methodist Ch P.O. Box 495895 Port Charlotte FL 33949	59-6515026	3		176,716	Average cost	Food commodities	Food for public distribution
(3)	Redeemer Haitian Baptist Ch 3856 Evans Ave. Fort Myers FL 33901	57-1178818	3		40,514	Average Cost	Food commodities	Food for public distribution
(4)	Tree of Life Church 2132 Shadowlawn Drive Naples FL 34112	59-1315066	3		114,292	Average cost	Food commodities	Food for public distribution
(5)	S. Ft. Myers Food Pantry Co 8260 Cypress Lake Dr. Fort Myers FL 33919	59-1649348	3		740,614	Average Cost	Food commodities	Food for public distribution
(6)	Salvation Army 25221 Bernwood Dr. S. 2 Bonita Springs FL 34135	58-0660607	3		522,555	Average Cost	Food commodities	Food for public distribution
(7)	Senior Friendship Centers, 5272 Summerlin Commons Way Fort Myers FL 33907	59-1522614	3		45,172	Average Cost	Food commodities	Food for public distribution
(8)	Harlem Garden Apartments 700 Harlem Tenants Circle Clewiston FL 33440		3		125,353	Average Cost	Food commodities	Food for public distribution
(9)	Jewish Federation 9701 Commerce Center Court Fort Myers FL 33908	59-2668992	3		5,753	Average Cost	Food commodities	Food for public distribution
(10)	Fice United Methodist Pantr 4545 Tice Street Fort Myers FL 33905	59-1155134	3		311,931	Average cost	Food commodities	Food for public distribution

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

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

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

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2021

Open to Public  
Inspection

Employer identification number

59-2332120

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	St. Joseph the Worker P.O.Box 1109 Moore Haven FL 33471	59-2545812	3		435,684	Average Cost	Food commodities	Food for public distribution
(2)	St. Matthew's House 2001 Airport Rd. South Naples FL 34112	65-0097432	3		6,887,241	Average Cost	Food commodities	Food for public distribution
(3)	St. Vincent de Paul- Church 13031 Palm Beach Blvd. Fort Myers FL 33905	59-2824352	3		77,864	Average Cost	Food commodities	Food for public distribution
(4)	St. Vincent de Paul- Grand P.O.Box 2546 Fort Myers FL 33902	13-5562362	3		615,819	Average Cost	Food commodities	Food for public distribution
(5)	Point of Light Fellowship 15399 E State Rd 78 Okeechobee FL 34974	27-3160770	3		99,044	Average Cost	Food commodities	Food for public distribution
(6)	American Legion Post 38 1857 Jackson Street Fort Myers FL 33901	35-0144250	3		554,289	Average Cost	Food commodities	Food for public distribution
(7)	St. Vincent de Paul- Punta 25200 Airport Rd. Punta Gorda FL 33950	80-0029958	3		233,158	Average Cost	Food commodities	Food for public distribution
(8)	St. Vincent de Paul- St. Ma 2080 Tamiami Tr. Port Charlotte FL 33948	59-1905861	3		114,056	Average Cost	Food commodities	Food for public distribution
(9)	Suncoast Neighborhood Taskf 2440 Thompson St. Fort Myers FL 33901	94-3415530	3		175,371	Average Cost	Food commodities	Food for public distribution
(10)	Jesus the Worker 881 Nuna Ave Fort Myers FL 33905	59-1970832	3		152,886	Average Cost	Food commodities	Food for public distribution

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

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

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

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
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OMB No. 1545-0047

2021

Open to Public  
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Employer identification number  
59-2332120

Harry Chapin Food Bank of Southwest Florida Inc

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Renovation Church 1102 Leeland Heights Blvd E Lehigh Acres FL 33936	46-2295143	3		114,495	Average Cost	Food commodities	Food for public distribution
(2)	Heron Pond Apartments 1232 Village Lakes Blvd Lehigh Acres FL 33972		3		78,477	Average cost	Food commodities	Food for public distribution
(3)	Feeding with Hope Inc 1029 Bayberry Loop Clewiston FL 33440	46-5725494	3		168,161	Average cost	Food commodities	Food for public distribution
(4)	Goodlette Arms Apartments 948 Goodlette-Frank Road Naples FL 34102				39,227	Average cost	Food commodities	Food for public distribution
(5)	Grove City Manor 6433 Gasparilla Pines Blvd Englewood FL 34224				50,732	Average cost	Food commodities	Food for public distribution
(6)	The Roberts Center 905 Roberts Avenue Immokalee FL 34142				18,038	Average cost	Food commodities	Food for public distribution
(7)	Jeff Henry Food Pantry 717 Skyline Blvd Cape Coral FL 33991	59-2262560	3		349,066	Average cost	Food commodities	Food for public distribution
(8)	Ministerio Internacional Di 3555 White Blvd Naples FL 34117	81-2269108	3		315,564	Average cost	Food commodities	Food for public distribution
(9)	Ministerio Internacional La 1650 Oak Drive Fort Myers FL 33907	20-3416835	3		116,596	Average cost	Food commodities	Food for public distribution
(10)	Noah's Landing Apartments 10555 Noah's Circle Naples FL 34116				7,492	Average cost	Food commodities	Food for public distribution

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

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

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

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
2021  
Open to Public  
Inspection

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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Our Daily Bread Food Pantry 1170 Ludlam Court Marco Island FL 34145	27-3148396	3		816,960	Average cost	Food commodities	Food for public distribution
(2)	Palm Harbor Apartments 50 Kendra Way Palm Harbor FL 34684				36,674	Average cost	Food commodities	Food for public distribution
(3)	Presbyterian Homes of Lehigh 1291 Broad Street W Lehigh Acres FL 33970	59-1311208	3		36,951	Average cost	Food commodities	Food for public distribution
(4)	Serving with Love Ministry 330 S Estribo Street Clewiston FL 33440	81-1668973	3		408,528	Average cost	Food commodities	Food for public distribution
(5)	St John First Missionary Ba 2044 Brown Street Fort Myers FL 33916	65-0054633	3		17,206	Average cost	Food commodities	Food for public distribution
(6)	Rabbi Love International Mi 318 NE 17th Place Cape Coral FL 33909	30-0554921	3		94,735	Average Cost	Food commodities	Food for public distribution
(7)	The Power of God Internatio 1303 Homestead Road N Lehigh Acres FL 33936	81-4431446	3		63,110	Average cost	Food commodities	Food for public distribution
(8)	Wintergarden Presbyterian C 18305 Wintergarden Ave Port Charlotte FL 33948	65-0236163	3		952,523	Average cost	Food commodities	Food for public distribution
(9)	Housing Authority of the Ci 4224 Renaissance Preserve W Fort Myers FL 33916	20-4985818	3		114,032	Average Cost	Food Commodities	Food for public distribution
(10)	Independent Butterflies PO BOX 100113 Cape Coral FL 33910	83-3110467	3		228,283	Average Cost	Food Commodities	Food for public distribution

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

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

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

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2021

Open to Public  
Inspection

Name of the organization

Harry Chapin Food Bank of Southwest Florida Inc

Employer identification number

59-2332120

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	New Beginnings Ministry 505 Alabama Rd Lehigh Acres FL 33974				82,414	Average Cost	Food Commodities	Food for public distribution
(2)	Pine Island Methodist Church 12175 Stringfellow Road Bokeelia FL 33922	27-1757051	3		13,859	Average Cost	Food Commodities	Food for public distribution
(3)	Punta Gorda Church of the N 512 Allen St Punta Gorda FL 33950				441,429	Average Cost	Food Commodities	Food for public distribution
(4)	The Jesus Church 911 Evercane Rd Clewiston FL 33440	65-0158870	3		5,987	Average cost	Food commodities	Food for public distribution
(5)	St Vincent D Paul St Charle P.O. BOX 511554 Punta Gorda FL 33951	31-1566756	3		63,087	Average Cost	Food Commodities	Food for public distribution
(6)								
(7)								
(8)								
(9)								
(10)								

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

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

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



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

- Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Harry Chapin Food Bank of Southwest Flor

Employer identification number

59-2332120

**Part I Questions Regarding Compensation**

	Yes	No									
<b>1a</b> 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. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)										
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>										
<b>2</b> 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?	<b>2</b>										
<b>3</b> Indicate which, if any, of the following the 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. <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<b>4</b> 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: <table border="0"> <tr> <td><b>a</b> Receive a severance payment or change-of-control payment?</td> <td><b>4a</b></td> <td>x</td> </tr> <tr> <td><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?</td> <td><b>4b</b></td> <td>x</td> </tr> <tr> <td><b>c</b> Participate in or receive payment from an equity-based compensation arrangement?</td> <td><b>4c</b></td> <td>x</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	x	<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?	<b>4b</b>	x	<b>c</b> Participate in or receive payment from an equity-based compensation arrangement?	<b>4c</b>	x		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	x									
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?	<b>4b</b>	x									
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement?	<b>4c</b>	x									
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>											
<b>5</b> 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: <table border="0"> <tr> <td><b>a</b> The organization?</td> <td><b>5a</b></td> <td>x</td> </tr> <tr> <td><b>b</b> Any related organization?</td> <td><b>5b</b></td> <td>x</td> </tr> </table> If "Yes" on line 5a or 5b, describe in Part III.	<b>a</b> The organization?	<b>5a</b>	x	<b>b</b> Any related organization?	<b>5b</b>	x					
<b>a</b> The organization?	<b>5a</b>	x									
<b>b</b> Any related organization?	<b>5b</b>	x									
<b>6</b> 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: <table border="0"> <tr> <td><b>a</b> The organization?</td> <td><b>6a</b></td> <td>x</td> </tr> <tr> <td><b>b</b> Any related organization?</td> <td><b>6b</b></td> <td>x</td> </tr> </table> If "Yes" on line 6a or 6b, describe in Part III.	<b>a</b> The organization?	<b>6a</b>	x	<b>b</b> Any related organization?	<b>6b</b>	x					
<b>a</b> The organization?	<b>6a</b>	x									
<b>b</b> Any related organization?	<b>6b</b>	x									
<b>7</b> 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	<b>7</b>	x									
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	x									
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>										

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	Richard LeBer President & CEO	(i)	179,139	0	0	0	8,325	187,464	0
		(ii)	0	0	0	0	0	0	0
2		(i)							
		(ii)							
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

**SCHEDULE L**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Transactions With Interested Persons**

- Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
► Attach to Form 990 or Form 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open To Public  
Inspection**

Harry Chapin Food Bank of Southwest Florida Inc

Employer identification number

59-2332120

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

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

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

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

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

Schedule L (Form 990) 2021

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) John Clinger (see below)	Board Member/Secretary	10,155,135	CDs held at Merrill Lynch		X
(2)					
(3)					
(4)					
(5)					

**Part V Supplemental Information.**

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

**01. Supplemental Information for Schedule L**

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

**SCHEDULE M**  
**(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Employer identification number

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

**59-2332120**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X		50,750,173	Avg Cost Purchase
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

- Attach to Form 990 or Form 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization

Harry Chapin Food Bank of Southwest Florida Inc

Employer identification number

59-2332120

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

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

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

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

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

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

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

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

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

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

Name of the organization

Harry Chapin Food Bank of Southwest Florida Inc

Employer identification number

59-2332120

either the CEO or the Board.

**06. Part VII, response or note to any other line in Part VII**

There are 15 individuals listed on Part VII. The CEO, Richard Leber, is an officer but not a voting director. For this reason, there are 15 individuals listed on Part VII, but Parts I and VI reflect 14 voting members.

FOR YOUR RECORDS ONLY  
**Federal Supporting Statements**

**2021** PG01

Name(s) as shown on return

Tax ID Number

Harry Chapin Food Bank of Southwest Florida Inc

59-2332120

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

Statement #D1e

Description of Investment	Cost/basis (Investment)	Cost/basis (Other)	Depr	Book Value
Vehicles	0	2,872,534	1,939,667	932,867
Total	0	2,872,534	1,939,667	932,867

990

## Overflow Statement

(This page is not filed with the return. It is for your records only.)

2021

Page 1

Name(s) as shown on return

FEIN

Harry Chapin Food Bank of Southwest Florida Inc

59-2332120

Description	Amount
Federal Government programs	\$ 1,917,221
Total:	\$ 1,917,221

## Government Grants Part VIII Line 1e Noncash

Description	Amount
USDA	\$ 10,787,700
USDA CSFP	770,300
Total:	\$ 11,558,000

## Other Grants and Donations Part VIII line 1f

Description	Amount
Grants and Donations	\$ 15,421,096
Direct Mail	803,969
Total:	\$ 16,225,065

## Form 990; Part VIII; Line 10a

Description	Amount
Meals of Hope	\$ 56,806
Purchased Food Resale	81,113
Total:	\$ 137,919

## Other Expense part IX Line 24e Program Services

Description	Amount
Maintenance	\$ 95,390
Other	827,749
Total:	\$ 923,139

## Other Expenses part IX Line 24 Management and General

Description	Amount
Other	\$ 94,100
Total:	\$ 94,100

990

## Overflow Statement

(This page is not filed with the return. It is for your records only.)

2021

Page 2

Name(s) as shown on return

FEIN

Harry Chapin Food Bank of Southwest Florida Inc

59-2332120

## Other Expenses Part IX Line 24e Fundraising

Description	Amount
Other	\$ 57,999
Maintenance	2,011
Total:	\$ 60,010

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

Description	Amount
SWFCF	\$ (2,626)
Community Foundation of Collier	(31,925)
Community Foundation of Charlotte	(1,200)
Merrill Lynch	(124,681)
Total:	\$ -160,432

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

Description	Amount
SWFCF	\$ 352
Community Foundation of Collier	3,511
Charlotte Community Foundation	21
Total:	\$ 3,884

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

Description	Amount
Professional Fundraising Expenses	\$ 299,520
Total:	\$ 299,520

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

Description	Amount
Professional Fundraising Expenses	\$ 299,520
Total:	\$ 299,520

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

- **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ► The Organization, 3760 Fowler Street Fort Myers FL 33901

Telephone No.► 239-334-7007

FAX No.► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box . . . . . ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . . . . . ► ☐. If it is for part of the group, check this box. . . . . ► ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 05-15, 20 23, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 \_\_\_\_ or
- ☒ tax year beginning 07-01, 20 21, and ending 06-30, 20 22.

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

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

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

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev. 1-2022)