

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

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

Open to Public Inspection

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

A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24

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	C Name of organization HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA INC.		D Employer identification number 59-2332120
	Doing business as 3760 FOWLER ST.		E Telephone number 239-334-7007
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3760 FOWLER ST.		G Gross receipts \$ 120,874,514
	City or town, state or province, country, and ZIP or foreign postal code FORT MYERS FL 33901		

F Name and address of principal officer:
RICHARD LEBER
3760 FOWLER STREET
FORT MYERS FL 33901

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

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

J Website: **WWW.HARRYCHAPINFOODBANK.ORG**

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: **1983**

M State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: 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 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 2023 (Part V, line 2a)	0
	6 Total number of volunteers (estimate if necessary)	5862
	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: 79,366,175 Current Year: 80,789,058
	9 Program service revenue (Part VIII, line 2g)	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,408,051 758,457
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,656 0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	81,828,882 81,547,515
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	61,604,614 67,374,505
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,159,072 1,435,622
	16a Professional fundraising fees (Part IX, column (A), line 11e)	300,430 400,392
	b Total fundraising expenses (Part IX, column (D), line 25) 1,658,050	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,914,087 10,499,269
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	70,978,203 79,709,788
19 Revenue less expenses. Subtract line 18 from line 12	10,850,679 1,837,727	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 31,426,460 End of Year: 32,975,806
	21 Total liabilities (Part X, line 26)	2,219,757 1,768,163
	22 Net assets or fund balances. Subtract line 21 from line 20	29,206,703 31,207,643

Part II Signature Block

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

Sign Here	Signature of officer RICHARD LEBER	Date
	Type or print name and title EXECUTIVE DIRECTOR	

Paid Preparer Use Only	Print/Type preparer's name MARC WHITFIELD, CPA	Preparer's signature MARC WHITFIELD, CPA	Date 10/04/24	Check <input type="checkbox"/> if self-employed	PTIN P00125986
	Firm's name STROEMER & COMPANY			Firm's EIN 32-0394930	
	Firm's address 14030 METROPOLIS AVE STE 200 FORT MYERS, FL 33912			Phone no. 239-433-1002	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

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.

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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 \$ **60,968,667** including grants of \$) (Revenue \$)

PARTNER AGENCY PROGRAM DISTRIBUTED 31,471,703 POUNDS OF FOOD TO THOSE WHO ARE HUNGRY THROUGHOUT OUR FIVE-COUNTY FOOTPRINT. THE PARTNER AGENCY RELIES ON A VETTED NETWORK OF PARTNER AGENCIES. OUR AGENCIES INCLUDE SOCIAL SERVICE AGENCIES, FAITH-BASED CONGREGATIONS, NON-PROFITS, AND COMMUNITY ORGANIZATIONS. AS TRUSTED EXTENSIONS OF OUR MISSION, WE PROVIDE OUR PARTNER AGENCIES ROUGHLY 75% 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 \$ **12,607,908** including grants of \$) (Revenue \$)

FULFILL MOBILE PANTRY PROGRAM DISTRIBUTED 6,508,136 POUNDS OF FOOD TO THOSE WHO ARE HUNGRY THROUGHOUT OUR FIVE-COUNTY FOOTPRINT. THE GOAL OF THE FULFULL MOBILE PANTRY PROGRAM IS 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 \$ **3,297,204** including grants of \$) (Revenue \$)

CARE AND SHARE SENIOR FEEDING PROGRAM DISTRIBUTED 1,701,999 POUNDS OF FOOD TO INDIVIDUALS OVER THE AGE OF 60 YEARS WITH GROSS INCOME AT OR BELOW 2.65% 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 **76,873,779**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
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	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			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			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
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	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			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? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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 on 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
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 14		
b	Enter the number of voting members included on line 1a, above, who are independent 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (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 **3760 FOWLER STREET** **FL 33901** **239-334-7007**
FORT MYERS

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, box 6 of 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 the 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 EXECUTIVE DIRECTOR	40.00 0.00	X		X				253,651	0	19,192
(2) STEVE SOUCY CFO	40.00 0.00			X				130,049	0	14,335
(3) STUART HANIFF DEVELOPMENT/FUNDRAIS	40.00 0.00					X		130,758	0	932
(4) JOHN CLINGER MEMBER AT LARGE	2.00 0.00	X						0	0	0
(5) BILL DILLON MEMBER AT LARGE	2.00 0.00	X						0	0	0
(6) JANE E. ENOS MEMBER AT LARGE	2.00 0.00	X						0	0	0
(7) MARK FIEBRINK MEMBER AT LARGE	2.00 0.00	X						0	0	0
(8) DAN J. FRATE VICE CHAIRMAN	2.00 0.00	X		X				0	0	0
(9) DAVID FRY CHAIRMAN	2.00 0.00	X		X				0	0	0
(10) PRECIOUS GUNTER MEMBER AT LARGE	2.00 0.00	X						0	0	0
(11) MICHELE HYLTON-TERRY MEMBER AT LARGE	2.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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			
(12) MAURA MATZKO										
(12) MEMBER AT LARGE	2.00 0.00		X					0	0	
(13) PAT NEVINS										
(13) MEMBER AT LARGE	2.00 0.00		X					0	0	
(14) RAY SCHMITT										
(14) TREASURER	2.00 0.00		X	X				0	0	
(15) LINDA STUART										
(15) SECRETARY	2.00 0.00		X	X				0	0	
(16) CAROLYN TIEGER										
(16) MEMBER AT LARGE	2.00 0.00		X					0	0	
(17)										
(18)										
(19)										
1b Subtotal								514,458	34,459	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								514,458	34,459	

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 **3**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
VALUE-ADDED FOOD SALES WAYLAND MI 49348	965 RENO DRIVE FOOD DISTRIBUTI	5,959,482
TRANSNATIONAL FOODS, INC. MIAMI FL 33131	1110 BRICKELL AVE., STE. 808 FOOD DISTRIBUTI	1,807,127
SECOND HARVEST NASHVILLE TN 37228	331 GREAT CIRCLE RD FOOD DISTRIBUTI	1,544,443
FM MEAT PRODUCTS LP FORT MCCOY FL 32134	19798 NE HIGHWAY RD FOOD DISTRIBUTI	1,188,562
SEMPER FOODS BOCA RATON FL 33433	7000 WEST PALMETTO PARK FOOD DISTRIBUTI	891,541

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 **7**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 164,845				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 2,217,096				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 78,407,117				
	g Noncash contributions included in lines 1a-1f	1g \$ 52,804,572				
	h Total. Add lines 1a-1f		80,789,058			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		723,143		723,143	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real	(ii) Personal		
		b Less: rental expenses	6b			
		c Rental inc. or (loss)	6c			
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
		b Less: cost or other basis and sales exps.	7b 39,317,869	9,130		
		c Gain or (loss)	7c 12,944	22,370		
	d Net gain or (loss)		35,314	22,370		12,944
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
		b Less: direct expenses	8b			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		81,547,515	22,370	0	736,087	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	48,393,628	48,393,628		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	18,980,877	18,980,877		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	369,826	289,815	31,787	48,224
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	235,507	184,556	20,242	30,709
9 Other employee benefits	830,289	817,889	17,957	-5,557
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	400,392			400,392
f Investment management fees	4,009		4,009	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,400,462	4,182,467	483,870	734,125
12 Advertising and promotion				
13 Office expenses	755,984	429,953	202,984	123,047
14 Information technology	344,682	93,663	251,019	
15 Royalties				
16 Occupancy	777,134	618,596	64,057	94,481
17 Travel	231,808	160,220	18,900	52,688
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,107	6,532	1,420	2,155
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	672,944	672,944		
23 Insurance	209,089	205,967	4,522	-1,400
24 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.)				
a PICK AND PACK OUT	788,973	788,973		
b VEHICLE EXPENSES	634,493	616,486	18,007	
c AGENCY ASSIST EXPENSE	311,738	201,465	43,796	66,477
d PRODUCT TRANSPORTATION	158,954	158,954		
e All other expenses	198,892	70,794	15,389	112,709
25 Total functional expenses. Add lines 1 through 24e	79,709,788	76,873,779	1,177,959	1,658,050
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	944,650	1	1,072,129
	2	Savings and temporary cash investments	12,245,997	2	4,167,129
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	792,393	4	2,781,497
	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	1,750,369	8	1,541,248
	9	Prepaid expenses and deferred charges	144,114	9	261,718
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,897,341		
	b	Less: accumulated depreciation	10b 4,377,711	10c	15,519,630
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	8,198,228	12	6,911,106
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,100,357	15	721,349
16	Total assets. Add lines 1 through 15 (must equal line 33)	31,426,460	16	32,975,806	
Liabilities	17	Accounts payable and accrued expenses	405,310	17	462,520
	18	Grants payable		18	
	19	Deferred revenue	666,667	19	333,334
	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		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	1,147,780	25	972,309
	26	Total liabilities. Add lines 17 through 25	2,219,757	26	1,768,163
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	28,749,851	27	30,849,309
	28	Net assets with donor restrictions	456,852	28	358,334
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	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	Total net assets or fund balances	29,206,703	32	31,207,643
33	Total liabilities and net assets/fund balances	31,426,460	33	32,975,806	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	81,547,515
2	Total expenses (must equal Part IX, column (A), line 25)	2	79,709,788
3	Revenue less expenses. Subtract line 2 from line 1	3	1,837,727
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,206,703
5	Net unrealized gains (losses) on investments	5	163,213
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	31,207,643

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA INC.	Employer identification number 59-2332120
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Part I 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	63,771,937	93,465,587	69,192,233	79,366,175	80,789,058	386,584,990
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	63,771,937	93,465,587	69,192,233	79,366,175	80,789,058	386,584,990
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)						80,635,901
6 Public support. Subtract line 5 from line 4						305,949,089

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	63,771,937	93,465,587	69,192,233	79,366,175	80,789,058	386,584,990
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	31,789	3,844	13,049	419,163	723,143	1,190,988
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.)	293,203	370,505	199,578			863,286
11 Total support. Add lines 7 through 10						388,639,264

12 Gross receipts from related activities, etc. (see instructions) 12 54,656

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) 14 78.72%

15 Public support percentage from 2022 Schedule A, Part II, line 14 15 63.63%

16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests — 2023.** 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 — 2022.** 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 on 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>		
8	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>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined 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>		
c	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>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 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
1	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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described on 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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
2	Activities Test. Answer lines 2a and 2b below.		
a		Yes	No
	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		Yes	No
	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>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a		Yes	No
	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		Yes	No
	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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	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— <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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.)

PART II, LINE 10 - OTHER INCOME DETAIL

\$ **863,286**

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2023

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 33¹/₃% 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

HARRY CHAPIN FOOD BANK OF SOUTHWEST

Employer identification number

59-2332120

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 4,639,018	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 13,652,018	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 3,258,954	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 3,615,839	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 2,116,953	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 10,927,264	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

HARRY CHAPIN FOOD BANK OF SOUTHWEST

Employer identification number

59-2332120

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 4,000,000</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
8	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$ 2,596,838</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
	<p>.....</p> <p>.....</p> <p>.....</p>	<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>

Name of organization

HARRY CHAPIN FOOD BANK OF SOUTHWEST

Employer identification number

59-2332120

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD COMMODITIES	\$ 4,092,233	06/30/24
2	FOOD COMMODITIES	\$ 13,652,018	06/30/24
3	FOOD COMMODITIES	\$ 3,258,954	06/30/24
4	FOOD COMMODITIES	\$ 3,615,839	06/30/24
5	FOOD COMMODITIES	\$ 2,116,953	06/30/24
6	FOOD COMMODITIES	\$ 10,927,264	06/30/24

Name of organization

HARRY CHAPIN FOOD BANK OF SOUTHWEST

Employer identification number

59-2332120

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	FOOD COMMODITIES	\$ 2,596,838	06/30/24

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA INC.

Employer identification number

59-2332120

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate 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?, 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?

Part II Conservation Easements

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1, Assets included in Form 990, Part X. Rows include: 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., 1b 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., 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.

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 program
 - 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	8,198,157	3,313,178	1,361,360	274,066	31,424
b Contributions		4,657,596	2,116,134	1,004,490	251,256
c Net investment earnings, gains, and losses	427,336	231,297	-160,432	86,126	-7,984
d Grants or scholarships					50
e Other expenditures for facilities and programs	1,710,378				
f Administrative expenses	4,009	3,842	3,884	3,322	580
g End of year balance	6,911,106	8,198,157	3,313,178	1,361,360	274,066

- 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:
- | | Yes | No |
|-------------------------------------|----------|----------|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
- 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		8,441,257		8,441,257
b Buildings		5,098,381	676,464	4,421,917
c Leasehold improvements		1,965,982	964,308	1,001,674
d Equipment		727,346	458,663	268,683
e Other		3,664,375	2,278,276	1,386,099
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				15,519,630

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 CAPITAL FUND	5,351,808	MARKET
(A) ENDOWMENT	1,188,442	MARKET
(B) COMMUNITY FOUNDATION	325,228	MARKET
(C) COMMUNITY FOUNDATION-COLLIER	18,110	MARKET
(D) SWFL COMMUNITY FOUNDATION	17,708	MARKET
(E) COMMUNITY FOUNDATION-CHARLOTTE	9,810	MARKET
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	6,911,106	

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RIGHT OF USE	683,096
(3) COMPENSATED ABSENCES	289,213
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	972,309

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	81,688,358
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	163,213	
	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	163,213
3	Subtract line 2e from line 1		3	81,525,145
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	22,370	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	22,370
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	81,547,515

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	79,687,418
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		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	79,687,418
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	22,370	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	22,370
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	79,709,788

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.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

EARNINGS ON THE ENDOWMENT FUNDS ARE LEFT IN THE ENDOWMENTS TO ACCUMULATE AND BOTH EARNINGS AND PRINCIPAL ON THE ENDOWMENT FUNDS ARE HELD FOR FUTURE PROGRAM NEEDS.

PART X - FIN 48 FOOTNOTE

THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION IS A NOT-FORPROFIT FLORIDA CORPORATION AND THEREFORE IS NOT SUBJECT TO STATE INCOME TAXES. THE INTERNAL REVENUE CODE PROVIDES FOR TAXATION OF UNRELATED BUSINESS INCOME UNDER CERTAIN CIRCUMSTANCES. THE ORGANIZATION REPORTS NO UNRELATED BUSINESS TAXABLE INCOME; HOWEVER, SUCH

Part XIII Supplemental Information *(continued)*

STATUS IS SUBJECT TO FINAL DETERMINATION UPON EXAMINATION OF THE RELATED TAX RETURNS BY THE APPROPRIATE TAXING AUTHORITIES. THE ORGANIZATION'S TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. CERTAIN INCOME TAX RETURNS FILED BY THE ORGANIZATION REMAIN OPEN TO EXAMINATION BY THESE GOVERNMENT AGENCIES. THE FINANCIAL ACCOUNTING STANDARDS BOARD HAS ISSUED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND THE ORGANIZATION 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.

Public Inspection Copy

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

**HARRY CHAPIN FOOD BANK OF SOUTHWEST
FLORIDA INC.**

Employer identification number

59-2332120

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ALLEGIANCE FUNDING LLC 1 P.O. BOX 9132 FARGO ND 58106	DIRECT MAIL		X	2,182,388	400,392	1,781,996
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				2,182,388	400,392	1,781,996

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.

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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	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))
		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)**

**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.

OMB No. 1545-0047

2023

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Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization **HARRY CHAPIN FOOD BANK OF SOUTHWEST
FLORIDA INC.** Employer identification number **59-2332120**

Part I General Information on Grants and Assistance

- 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)	ADVENTIST COMMUNITY SERVICES 1655 TAYLOR ROAD PUNTA GORDA FL 33950	41-2279695	501C3		947,903	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	AIDS HEALTHCARE FOUNDATION (AHF) 2231 MCGREGOR BLVD. FORT MYERS FL 33901	20-8744009	501C3		233,700	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	ALL SOULS EPISCOPAL PANTRY 14640 N. CLEVELAND AVE. NORTH FORT MYERS FL 33903	65-0151247	501C3		173,788	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	ALVA UNITED METHODIST CHURCH 21440 PEARL ST. ALVA FL 33920	59-0250411	501C3		62,867	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	AMIGOS CENTER 106 S. 2ND ST. IMMOKALEE FL 34143	59-3646095	501C3		64,706	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	BONITA SPRINGS ASSISTANCE OFFICE, I 25300 BERNWOOD DR UNIT 6 BONITA SPRINGS FL 34135	59-2337909	501C3		198,032	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	BOOTSTRAP MINISTRY, INC 2691 NORTH PINE ISLAND ROAD CAPE CORAL FL 33910	26-3644653	501C3		59,819	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	BRIGHTER BITES 535 PORTWALL STREET HOUSTON TX 77209	47-4070026	501C3		606,121	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	BROADWAY CHURCH OF GOD 3309 SOUTH BROADWAY STREET FORT MYERS FL 33901	59-2398091	501C3		644,582	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2023

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Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization **HARRY CHAPIN FOOD BANK OF SOUTHWEST
FLORIDA INC.** Employer identification number **59-2332120**

Part I General Information on Grants and Assistance

- 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)	BUCKHEAD RIDGE 30082 SR 78 W. STE A OKEECHOBEE FL 34974		501C3		20,577	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	CHAPS INC 18200 PAULSON DRIVE UNIT A-1 PORT CHARLOTTE FL 33954	65-0498294	501C3		54,475	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	CAFE OF LIFE, INC 10540 CHILDERS STREET BONITA SPRINGS FL 34135	65-0832951	501C3		71,738	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	CAPE CORAL CARING CENTER 1420 SE 47TH ST CAPE CORAL FL 33904	65-0262583	501C3		46,283	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	CARL-CON GROUP HOME 106 LEE BLVD. LEHIGH ACRES FL 33936	65-0265397	501C3		132,884	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	CATHOLIC CHARITIES COLLIER 28290 BEAUMONT ROAD BONITA SPRINGS FL 34134	59-2473176	501C3		433,857	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	CATHOLIC CHARITIES OF BONITA SPRING 28290 BEAUMONT ROAD BONITA SPRINGS FL 34134	59-2473176	501C3		175,291	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	CATHOLIC CHARITIES OF FORT MYERS-EK 4235 MICHIGAN AVE FORT MYERS FL 33916	65-0889322	501C3		323,889	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	CATHOLIC CHARITIES OF HENDRY/GLADES 4235 MICHIGAN AVE FORT MYERS FL 33916	59-2473176	501C3		192,786	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2023

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Name of the organization **HARRY CHAPIN FOOD BANK OF SOUTHWEST
FLORIDA INC.** Employer identification number **59-2332120**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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)	CENTERSTONE 4350 FOWLER FORT MYERS FL 33901	20-0072992	501C3		144,571	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	CHARLESTON PARK NEIGHBORHOOD ASSOCI 2541 CHARLESTON PARK DRIVE ALVA FL 33920	59-3080357			329,948	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	CHARLOTTE COUNTY HOMELESS COALITION 1476 KENESAW ST PORT CHARLOTTE FL 33953	65-0139525	501C3		1,219,938	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	CHARLOTTE TOWERS PRESBYTERIAN HOMES 2295 AARON ST PORT CHARLOTTE FL 33952	59-1759909			40,091	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	CHILDRENS ADVOCACY CENTER EAST UNIT 4040 PALM BEACH BLVD FORT MYERS FL 33916	59-2824352	501C3		335,585	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	CHRIST CENTRAL LABELLE 813 HICKPOCHEE AVE LA BELLE FL 33935		501C3		736,484	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	COMMUNITY COOPERATIVE 3429 DR MARTIN LUTHER KING JR BLVD FORT MYERS FL 33916	59-2602772			275,317	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	COMMUNITY LIFE CENTER CHURCH 19048 EDGEWATER DRIVE PORT CHARLOTTE FL 33948	59-2245558	501C3		842,070	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	COMMUNITY RESOURCE CENTER, INC. 222 BROWN ST. PUNTA GORDA FL 33950	65-0496363	501C3		30,548	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2023

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Department of the Treasury
Internal Revenue Service

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Name of the organization **HARRY CHAPIN FOOD BANK OF SOUTHWEST
FLORIDA INC.** Employer identification number **59-2332120**

Part I General Information on Grants and Assistance

- 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)	COMPASSION AVENUE, INC. 370 HOLIDAY ISLES CLEWISTON FL 33440	51-0477088	501C3		40,666	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	CYPRESS RUN APARTMENTS 550 HOPE CIRCLE IMMOKALEE FL 34142	58-2169014			11,956	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	DANIELS ROAD BAPTIST CHURCH 5878 DANIELS PKWY FORT MYERS FL 33912	59-2350694	501C3		59,450	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	DAVID LAWRENCE CENTER:COLLIER HOUSI 6075 BATHEY LANE FORT MYERS FL 34116	59-2206025	501C3		164,267	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	DISCIPLESHIP DRIVEN MINISTRIES, INC 4040 TAMIAMI TRAIL PORT CHARLOTTE FL 33952	20-5840548	501C3		133,217	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	EASTSIDE BAPTIST CHURCH 601 E HICKPOCHEE AVE LA BELLE FL 33935		501C3		60,255	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	EBENEZER FORT MYERS 3065 BROADWAY FORT MYERS FL 33901	65-0975889	501C3		84,756	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	EBENEZER PORT CHARLOTTE 28038 CLEVELAND AVE PUNTA GORDA FL 33953	65-0120343	501C3		1,553,802	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	EDGEWATER UNITED METHODIST CHURCH 19190 COCHRAN BLVD PORT CHARLOTTE FL 33948	65-0235009	501C3		130,514	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST

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

SCHEDULE I (Form 990)

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.

OMB No. 1545-0047

2023

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Department of the Treasury Internal Revenue Service

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Name of the organization HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA INC.

Employer identification number 59-2332120

Part I General Information on Grants and Assistance

- 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.

Table with 8 columns: (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. Rows include organizations like ENGLEWOOD CHRISTIAN CHURCH, EVA'S CLOSET AND FOUNDATION, etc.

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

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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Name of the organization HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA INC.

Employer identification number 59-2332120

Part I General Information on Grants and Assistance

- 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.

Table with 8 columns: (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. Rows include various churches and organizations like 'FIRST BAPTIST CHURCH OF FT. MYERS' and 'FRIENDSHIP UNITED METHODIST CHURCH'.

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **HARRY CHAPIN FOOD BANK OF SOUTHWEST
FLORIDA INC.** Employer identification number **59-2332120**

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)	FT. MYERS SPANISH SDA CHURCH 701 CAMELLIA DR. FORT MYERS FL 33903	52-6037545	501C3		170,524	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	GLADIOLUS FOOD PANTRY 10511 GLADIOLUS FORT MYERS FL 33908	65-0323306	501C3		1,286,044	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	GOODLETTE ARMS APARTMENTS 950 GOODLETTE RD NAPLES FL 34102				72,571	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	GRACE CHURCH 14036 MATANZAS DR FORT MYERS FL 33905	36-2167731	501C3		73,927	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	GRACE PLACE FOR CHILDREN & FAMILIES 4300 21ST AVENUE SW NAPLES FL 34116	65-1229558	501C3		901,845	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	GRACE ROMANIAN CHURCH OF NAPLES 3380 GOLDEN GATE BLVD NAPLES FL 34102		501C3		23,191	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	GREATER FRIENDSHIP MISSIONARY BAPTIST 901 DELLA TOBIAS AVENUE CLEWISTON FL 33440		501C3		61,774	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	GROVE CITY MANOR 6433 GASPARILLA PINES BLVD ENGLEWOOD FL 34224		501C3		27,442	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	GUADALUPE SOCIAL SERVICES 211 S. 9TH ST IMMOKALEE FL 34142	59-2473176	501C3		451,374	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2023

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Department of the Treasury
Internal Revenue Service

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Name of the organization **HARRY CHAPIN FOOD BANK OF SOUTHWEST
FLORIDA INC.** Employer identification number **59-2332120**

Part I General Information on Grants and Assistance

- 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)	HACFM- BONAIR TOWERS 1915 HALGRIM AVE FORT MYERS FL 33901		501C3		32,998	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	HACFM- ROYAL PALM SENIOR HOUSING 2425 BAY ST FORT MYERS FL 33901		501C3		79,136	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	HACFM: RENAISSANCE PRESERVE 4221 OTHELLO LANE FORT MYERS FL 33916		501C3		77,856	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	HACFM: SWANSON LOOP 4701 SWANSON LOOP NORTH FORT MYERS FL 33917		501C3		25,137	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	HARVEST FIELD CHURCH 6431 ARC WAY FORT MYERS FL 33907	27-2904147	501C3		153,558	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	HERON POND APARTMENTS 1232 VILLAGE LAKES BLVD LEHIGH ACRES FL 33973				65,725	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	HOLY TRINITY LUTHERAN CHURCH 2565 TAMiami TRAIL PORT CHARLOTTE FL 33952	59-1439248	501C3		32,464	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	HOPE CLUB HOUSE 3602 BROADWAY FORT MYERS FL 33901	30-0437443	501C3		21,062	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	HOUSE OF PRAYER IV 2112 MITCHELL COURT FORT MYERS FL 33916	43-2043791	501C3		76,303	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

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Name of the organization **HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA INC.** Employer identification number **59-2332120**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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)	INTEGRITY CHURCH 10421 PENNSYLVANIA AVENUE BONITA SPRINGS FL 34135	26-1668783	501C3		40,547	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	INTERFAITH CHARITIES OF SOUTH LEE 17592 ROCKEFELLER CIRCLE FORT MYERS FL 33967	65-0362473	501C3		1,655,466	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	JEFF HENRY FOOD PANTRY 717 SKYLINE BLVD CAPE CORAL FL 33991	59-2262560	501C3		575,040	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	JESUS THE WORKER CATHOLIC CHURCH 881 NUNA AVE FORT MYERS FL 33905	59-1970832	501C3		197,411	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	JEWISH FEDERATION 9701 COMMERCE CTR. CT. FORT MYERS FL 33908	59-2668992	501C3		77,474	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	LEHIGH COMMUNITY SERVICES 201 PLAZA DRIVE SUITE 3 LEHIGH ACRES FL 33936	59-1773738	501C3		328,963	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	MCGREGOR BAPTIST PANTRY 3341 FOWLER STREET FORT MYERS FL 33901	59-2115730	501C3		1,101,809	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	MEALS OF HOPE: MASTER 2221 CORPORATION BLVD. NAPLES FL 34116	27-0268307	501C3		4,689,858	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	MINISTERIO INTERNACIONAL DIOS ES AM 4989 GOLDEN GATE PKWY NAPLES FL 34116	81-2269108	501C3		814,165	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST

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

**SCHEDULE I
(Form 990)**

**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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OMB No. 1545-0047

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Name of the organization **HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA INC.** Employer identification number **59-2332120**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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)	MISION PENIEL-PEACE RIVER PRESBYTER 208 BOSTON AVE IMMOKALEE FL 34142	59-2958426	501C3		141,227	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	MOOREHAVEN CHURCH OF GOD OF PROPHEC 385 AVENUE E MOORE HAVEN FL 33471	82-2267483	501C3		272,595	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	MORNING STAR BAPTIST CHURCH 5160 RICHMOND FORT MYERS FL 33905	65-0245964	501C3		184,509	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	N. NAPLES UMC @PARKSIDE 5322 TEXAS AVENUE NAPLES FL 34113	36-2167731	501C3		26,183	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	NAPLES SENIOR CENTER AT JFCS 5025 CASTELLO DRIVE NAPLES FL 34103	45-3980909	501C3		13,137	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	NATURE'S COVE, INC. 18060 ELMWOOD DRIVE ALVA FL 33920	65-0697850	501C3		65,451	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	NEW BEGINNINGS MINISTRY 505 ALABAMA RD LEHIGH ACRES FL 33973	65-0407417	501C3		86,300	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	NEW HOPE MINISTRIES 7675 DAVIS BLVD NAPLES FL 34104	59-2276660	501C3		440,027	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	NEW LIFE ASSEMBLY OF GOD PANTRY 5146 LEONARD BLVD S LEHIGH ACRES FL 33973	59-2126484	501C3		225,313	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

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Name of the organization **HARRY CHAPIN FOOD BANK OF SOUTHWEST
FLORIDA INC.** Employer identification number **59-2332120**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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)	NOAH'S ARK CHURCH, INC 11853 COLLIER BLVD NAPLES FL 34116	65-0712776	501C3		815,779	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	NOAHS LANDING APARTMENTS 10615 NOAHS CIRCLE NAPLES FL 34116				8,500	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	OCTAGON WILD LIFE 41660 HORSESHOE RD PUNTA GORDA FL 33982	59-2298305	501C3		235,582	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR MARCO ISLAND FL 34145	27-3148396	501C3		1,320,988	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	OUR MOTHER'S HOME 7438 CARRIER RD. FORT MYERS FL 33967	65-0510103	501C3		11,169	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	PALM HARBOR APARTMENTS 1081 PALM AVE NORTH FORT MYERS FL 33903	31-1254891			42,016	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	PALMETTO CHURCH OF GOD 1123 VERONICA SHOEMAKER BLVD FORT MYERS FL 33916	65-0497066	501C3		134,801	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	PINE ISLAND FOOD PANTRY 12175 STRINGFELLOW RD BOKELIA FL 33922	27-1757051	501C3		298,257	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	PINE MANOR IMPROVEMENT ASSOCIATION 5547 10TH AVE FORT MYERS FL 33907	65-0133208	501C3		60,215	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

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Name of the organization **HARRY CHAPIN FOOD BANK OF SOUTHWEST
FLORIDA INC.** Employer identification number **59-2332120**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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)	POINT OF LIGHT FELLOWSHIP, INC. 1239 REDBARN RD MOORE HAVEN FL 33471	27-3160770	501C3		30,691	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	PRESBYTERIAN HOMES LEHIGH ACRES 1301 WOODWARD CT LEHIGH ACRES FL 33973	59-1311208	501C3		74,123	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	PUNTA GORDA CHURCH OF THE NAZARENE 512 ALLEN STREET PUNTA GORDA FL 33950		501C3		909,690	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	RABBI LOVE INTERNATIONAL MINISTRY 3171 DR. MARTIN LUTHER KING JR BLVD FORT MYERS FL 33916	30-0554921	501C3		108,937	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	REDEEMER HAITIAN BAPTIST CHURCH OF 3856 EVANS AVENUE UNIT3 FORT MYERS FL 33901	57-1178818	501C3		102,771	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	RENOVATION CHURCH 1102 LELAND HEIGHTS BLVD LEHIGH ACRES FL 33936	46-2295143	501C3		184,416	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	SALVATION ARMY BONITA SPRINGS 26820 OLD 41 ROAD BONITA SPRINGS FL 34135	58-0660607	501C3		321,759	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	SALVATION ARMY FORT MYERS 2476 EDISON AVE FORT MYERS FL 33901	58-0660607	501C3		46,920	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	SALVATION ARMY LABELLE 133 NORTH BRIDGE STREET LABELLE FL 33935	58-0660607	501C3		66,177	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST

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

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

**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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Name of the organization **HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA INC.** Employer identification number **59-2332120**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SALVATION ARMY NAPLES 3180 ESTEY AVENUE NAPLES FL 34104	58-0660607	501C3		10,507	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	SENIOR FRIENDSHIP CENTERS, INC 12734 KENWOOD LN FORT MYERS FL 33916	59-1522614	501C3		6,425	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	SERVING WITH LOVE MINISTRIES 330 S. ESTRIBO ST. CLEWISTON FL 33440	55-0888254	501C3		370,531	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	SOURCE OF LIGHT AND HOPE DEVELOPMEN 253 ROSE ST NORTH FORT MYERS FL 33903	65-0013240	501C3		37,357	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	SOUTH FORT MYERS FOOD PANTRY COALIT 8260 CYPRESS LAKE DRIVE S.W. FORT MYERS FL 33919	59-1649348	501C3		1,075,683	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	SOUTHWARD VILLAGE 2990 EDISON AVE FORT MYERS FL 33901	43-1141027	501C3		14,884	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	ST VINCENT D PAUL ST-CHARLES BARROM 2499 GATES ROAD PORT CHARLOTTE FL 33952	37-1566756	501C3		62,136	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	ST. JOHN FIRST MISSIONARY BAPTIST C 2044 BROWN STREET FORT MYERS FL 33916	65-0054633	501C3		31,771	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	ST. JOHN XXIII 13251 APALOOSA LN FORT MYERS FL 33912		501C3		133,811	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST

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

**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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Name of the organization **HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA INC.** Employer identification number **59-2332120**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of 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 24065 US HIGHWAY 27 MOORE HAVEN FL 33471	59-2548812	501C3		514,959	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	ST. MARTIN DE PORRES OUTREACH COMMU 4711 PALM BEACH BLVD FORT MYERS FL 33905	46-4001708	501C3		464,177	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	ST. MATTHEW'S HOUSE- NAPLES 1224 INDUSTRIAL BLVD. NAPLES FL 34112	65-0097432	501C3		6,945,731	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	ST. VINCENT DE PAUL CHURCH 13031 PALM BEACH BLVD SE FORT MYERS FL 33905	59-2824352	501C3		184,446	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	ST. VINCENT DE PAUL- OUR LADY OF LI 19680 CYPRESS VIEW DRIVE FORT MYERS FL 33967		501C3		18,272	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	ST. VINCENT DE PAUL-GRAND AVE 2073 LAFAYETTE AVE FORT MYERS FL 33901	13-5562362	501C3		580,405	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	ST. VINCENT DE PAUL-PUNTA GORDA 25200 AIRPORT RD PUNTA GORDA FL 33950	80-0029958	501C3		178,498	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	ST. VINCENT DE PAUL-ST MAXIMILIAN 17783 TOLEDO BLADE PORT CHARLOTTE FL 34288	59-1905861	501C3		170,154	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	SUNCOAST NEIGHBORHOOD TASKFORCE, IN 2241 CASE LANE NORTH FORT MYERS FL 33917	94-3415530	501C3		169,267	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA INC.	Employer identification number 59-2332120
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Part I 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)	TEEN CHALLENGE SWFL MENS HOUSE 5646 SEVENTH AVENUE FORT MYERS FL 33907	59-2479228	501C3		29,119	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	THE ALVA SCHOOL 21219 N RIVER RD ALVA FL 33920		501C3		7,871	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	THE HEIGHTS FOUNDATION 15570 HAGIE DR. FORT MYERS FL 33908		501C3		12,393	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	THE POWER OF GOD GLOBAL MINISTRY 1303 HOMESTEAD ROAD UNIT 100 LEHIGH ACRES FL 33973	81-4431446	501C3		122,608	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	THE ROBERTS CENTER 905 ROBERTS WEST AVENUE IMMOKALEE FL 34142		501C3		17,835	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	TICE UNITED METHODIST PANTRY 4545 TICE STREET FORT MYERS FL 33905	59-1155134	501C3		320,892	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	TREE OF LIFE CHURCH 2132 SHADOWLAWN DR. NAPLES FL 34112	59-1315066	501C3		260,190	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	TRINITY UNITED METHODIST CHURCH 23084 SENECA AVE PORT CHARLOTTE FL 33980	59-6515026	501C3		228,483	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	UNIFIED HANDS OF HOPE SERENITY RECO 3910 NE 10TH AVE CAPE CORAL FL 33909	83-0603006	501C3		158,275	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA INC.** Employer identification number **59-2332120**

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)	HANDS ACROSS FL @ AMERICAN LEGION 1857 JACKSON ST FORT MYERS FL 33901	35-0144250	501C3		444,942	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	VINEYARD COMMUNITY CHURCH-CAPE 923 SE 47TH TERRACE CAPE CORAL FL 33904	59-2706764	501C3		89,593	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	WE CARE OUTREACH CENTER, INC. 4231 DESOTO AVENUE FORT MYERS FL 33905	61-1485045	501C3		7,408	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	WINTERGARDEN PRESBYTERIAN CHURCH 18305 WINTERGARDEN AVENUE PORT CHARLOTTE FL 33948	65-0236163	501C3		1,724,579	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	WORD OF LIFE MINISTRIES 6111 SOUTH POINTE BLVD. FORT MYERS FL 33919	13-5648615	501C3		1,329,715	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)								
(7)								
(8)								
(9)								

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 FOOD DISTRIBUTIONS	1		18,745,295	AVG COST	FOOD DISTRIBUTI
2 ANIMALS	1		235,582	AVG COST	FOOD DISTRIBUTI
3					
4					
5					
6					
7					

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

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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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA INC.

Employer identification number

59-2332120

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> 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 If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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 EXECUTIVE DIRECTOR	(i)	253,651	0	0	18,557	635	272,843	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)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Public Inspection Copy

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open To Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

FLORIDA INC.

Employer identification number

59-2332120

Part I Types of Property

Table with 4 columns: (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. Row 19 is highlighted with 'X' in (a), '27752839' in (b), '52,804,572' in (c), and 'FEEDING AMERICA FOOD RATE' in (d).

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

Summary questions 30a, 31, 32a, 33 with Yes/No columns. 30a: No. 31: Yes. 32a: No. 33: No.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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**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 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization	HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA INC.	Employer identification number 59-2332120
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FORM 990 - ADDITIONAL INFORMATION

THE ORGANIZATION USES A PEO FOR THEIR PAYROLL. OFFICER WAGES ARE RECORDED FOR TRANSPARENCY PURPOSES. IN THE PRIOR YEAR ALL PAYROLL WAS RECORDED AS WAGES.

FORM 990, PART I, LINE 6

VOLUNTEERS SORT AND PACK FOOD, RECEIVE DONATED FOOD, AND MOVE FOOD WITHIN THE WAREHOUSE.

VOLUNTEERS ARE A VITAL PART OF THE SUCCESS OF THE PROGRAMS AT HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA, INC. FOR THE YEARS ENDED JUNE 30, 2024 AND 2023, MORE THAN 5,862 AND 5,139 VOLUNTEERS COLLECTIVELY PROVIDED 81,625 AND 64,961 HOURS, WHICH EQUATES TO MORE THAN \$2,580,166 AND \$1,943,620 IN IN-KIND SERVICES, RESPECTIVELY. THE IN-KIND SERVICES HAVE NOT BEEN RECORDED IN THESE FINANCIAL STATEMENTS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

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 990 WAS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

EACH MEMBER OF THE BOARD AND MANAGEMENT COMPLETES AN ANNUAL CERTIFICATION. ANY VERIFIED INFRACTION CAN LEAD TO DISMISSAL.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

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

Schedule O (Form 990) 2023

Name of the organization

Employer identification number

HARRY CHAPIN FOOD BANK OF SOUTHWEST

59-2332120

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.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

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.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE, ALONG WITH THE US FORM 990. UPON REQUEST, THE PUBLIC CAN RECEIVE A COPY OF SPECIFIC POLICIES, WITH THE CONCURRENCE BY EITHER THE CEO OR THE BOARD.