

Form **8879-TE****IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2024, or fiscal year beginning 7/01, 2024, and ending 6/30 2025  
Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**2024**

Name of filer

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

EIN or SSN

**59-2332120**

Name and title of officer or person subject to tax

**RICHARD LEBER  
PRESIDENT & CEO****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<input checked="" type="checkbox"/> 1a Form 990 check here .....	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b <b>98,629,295</b>
<input type="checkbox"/> 2a Form 990-EZ check here .....	b Total revenue, if any (Form 990-EZ, line 9) .....	2b _____
<input type="checkbox"/> 3a Form 1120-POL check here .....	b Total tax (Form 1120-POL, line 22) .....	3b _____
<input type="checkbox"/> 4a Form 990-PF check here .....	b Tax based on investment income (Form 990-PF, Part V, line 5) .....	4b _____
<input type="checkbox"/> 5a Form 8868 check here .....	b Balance due (Form 8868, line 3c) .....	5b _____
<input type="checkbox"/> 6a Form 990-T check here .....	b Total tax (Form 990-T, Part III, line 4) .....	6b _____
<input type="checkbox"/> 7a Form 4720 check here .....	b Total tax (Form 4720, Part III, line 1) .....	7b _____
<input type="checkbox"/> 8a Form 5227 check here .....	b FMV of assets at end of tax year (Form 5227, Item D) .....	8b _____
<input type="checkbox"/> 9a Form 5330 check here .....	b Tax due (Form 5330, Part II, line 19) .....	9b _____
<input type="checkbox"/> 10a Form 8038-CP check here .....	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b	10b _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **STROEMER & COMPANY** to enter my PIN **54321** as my signature  
ERO firm name  
Enter five numbers, but  
do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_

Date

**11/14/25****Part III Certification and Authentication**

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

**60095454231**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **WILLIAM KILGALLON**

Date

**11/14/25**

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

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

**2024**Open to Public  
Inspection**A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25**

B Check if applicable:	C Name of organization <b>HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA INC.</b>			D Employer identification number <b>59-2332120</b>
<input type="checkbox"/> Address change	Doing business as			E Telephone number <b>239-334-7007</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) <b>3760 FOWLER ST.</b>			Room/suite
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>FORT MYERS FL 33901</b>			G Gross receipts \$ <b>104,647,921</b>
<input type="checkbox"/> Final return/ terminated	F Name and address of principal officer: <b>RICHARD LEBER 3760 FOWLER STREET FORT MYERS FL 33901</b>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending				If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number
J Website: <b>WWW.HARRYCHAPINFOBANK.ORG</b>				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				L Year of formation: <b>1983</b> M State of legal domicile: <b>FL</b>

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>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.</b>
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
Revenue	3 Number of voting members of the governing body (Part VI, line 1a) <b>3</b>
Expenses	4 Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b>
Net Assets or Fund Balances	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) <b>5</b>
	6 Total number of volunteers (estimate if necessary) <b>6</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b>
	b Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>7b</b>
	Prior Year Current Year
	8 Contributions and grants (Part VIII, line 1h) <b>80,789,058</b> <b>97,268,142</b>
	9 Program service revenue (Part VIII, line 2g) <b>0</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>758,457</b> <b>1,361,153</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>0</b>
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>81,547,515</b> <b>98,629,295</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) <b>67,374,505</b> <b>73,759,116</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4) <b>0</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <b>1,435,622</b> <b>1,578,021</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e) <b>400,392</b> <b>328,823</b>
	b Total fundraising expenses (Part IX, column (D), line 25) <b>1,686,402</b>
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <b>10,499,269</b> <b>11,697,045</b>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <b>79,709,788</b> <b>87,363,005</b>
	19 Revenue less expenses. Subtract line 18 from line 12 <b>1,837,727</b> <b>11,266,290</b>
	Beginning of Current Year End of Year
	20 Total assets (Part X, line 16) <b>32,975,806</b> <b>51,961,684</b>
	21 Total liabilities (Part X, line 26) <b>1,768,163</b> <b>11,458,169</b>
	22 Net assets or fund balances. Subtract line 21 from line 20 <b>31,207,643</b> <b>40,503,515</b>

**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

Date

**RICHARD LEBER****PRESIDENT & CEO**

Type or print name and title

Paid Preparer Use Only	Preparer's name <b>WILLIAM KILGALLON</b>	Preparer's signature <b>WILLIAM KILGALLON</b>	Date <b>11/14/25</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00362394</b>
	Firm's name <b>STROEMER &amp; COMPANY</b>	Firm's EIN <b>32-0394930</b>			
	Firm's address <b>14030 METROPOLIS AVE STE 200 FORT MYERS, FL 33912</b>				Phone no. <b>239-433-1002</b>

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2024)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission:**THE MISSION IS TO LEAD OUR COMMUNITY IN THE FIGHT AGAINST HUNGER. THE VISION IS THAT NO ONE HAS TO GO HUNGRY IN OUR COMMUNITY.**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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

 Yes  No3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

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

 Yes  No4 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 \$ **71,652,923** including grants of\$

0 ) (Revenue \$ )

**PARTNER AGENCY PROGRAM DISTRIBUTED 32,807,516 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 COMPRIZE THE PROGRAM, ALLOWING IT TO OPERATE EFFECTIVELY AND EFFICIENTLY.**

4b (Code: ) (Expenses \$ **9,416,115** including grants of\$

) (Revenue \$ )

**FULFILL MOBILE PANTRY PROGRAM DISTRIBUTED 4,311,408 POUNDS OF FOOD TO THOSE WHO ARE HUNGRY THROUGHOUT OUR FIVE-COUNTY FOOTPRINT. THE GOAL OF THE FULFILL 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 \$ **3,390,846** including grants of\$

) (Revenue \$ )

**CARE AND SHARE SENIOR FEEDING PROGRAM DISTRIBUTED 1,552,585 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 \$ **277,922** including grants of\$

0 ) (Revenue \$ )

4e Total program service expenses **84,737,806**

**Part IV Checklist of Required Schedules**

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

**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? If "Yes," complete Schedule I, Parts I and III .....	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J .....	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a .....	24a	X
24b	.....	24b	
24c	.....	24c	
24d	.....	24d	
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I .....	25b	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? If "Yes," complete Schedule L, Part II .....	26	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? If "Yes," complete Schedule L, Part III .....	27	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? If "Yes," complete Schedule L, Part IV .....	28a	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .....	28b	X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV .....	28c	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M .....	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I .....	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 .....	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .....	35b	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI .....	37	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	38	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 .....	1a	0
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	X

Form 990 (2024) **HARRY CHAPIN FOOD BANK OF SOUTHWEST** 59-2332120

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**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
2b			
3a	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	3a	X
3b			
4a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	4a	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		
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)?		
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	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		9a	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		13a	
a	Is the organization licensed to issue qualified health plans in more than one state?		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
<b>14a</b>	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	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
	If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
	If "Yes," complete Form 4720, Schedule O.		
<b>17 Section 501(c)(21) organizations.</b> 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?		17	
	If "Yes," complete Form 6069.		

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**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 .....	1a	<b>14</b>
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent .....	1b	<b>14</b>
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	2	<b>X</b>
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? .....	3	<b>X</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	4	<b>X</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	5	<b>X</b>
6	Did the organization have members or stockholders? .....	6	<b>X</b>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	7a	<b>X</b>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	7b	<b>X</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	<b>X</b>
a	The governing body? .....	8b	<b>X</b>
b	Each committee with authority to act on behalf of the governing body? .....	9	<b>X</b>
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 .....		

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

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b> .....
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.
	<input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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****FORT MYERS****FL 33901****239-334-7007**Form **990** (2024)

**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
		Officer or director	Individual trustee	Institutional trustee	Officer	Key employee			
(1) <b>RICHARD LEBER</b> PRESIDENT & CEO	40.00 0.00	X		X			243,077	0	29,169
(2) <b>STEVE SOUCY</b> CFO	40.00 0.00			X			132,980	0	5,319
(3) <b>MARISSA STRESS-PETERSON</b> COO	40.00 0.00			X			118,229	0	11,823
(4) <b>DAN J. FRATE</b> CHAIRMAN	5.00 0.00	X		X			0	0	0
(5) <b>CAROLYN TIEGER</b> VICE CHAIRMAN	2.00 0.00	X		X			0	0	0
(6) <b>RAY SCHMITT</b> TREASURER	2.00 0.00	X		X			0	0	0
(7) <b>LINDA STUART</b> SECRETARY	2.00 0.00	X		X			0	0	0
(8) <b>SCOTT BASS</b> MEMBER AT LARGE	2.00 0.00	X					0	0	0
(9) <b>BILL DILLON</b> MEMBER AT LARGE	2.00 0.00	X					0	0	0
(10) <b>JANE E. ENOS</b> MEMBER AT LARGE	2.00 0.00	X					0	0	0
(11) <b>PRECIOUS GUNTER</b> 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
		Former or director or individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee			
(12) MICHELE HYLTON-TERRY	2.00								
(12) MEMBER AT LARGE	0.00	X					0	0	0
(13) MAURA MATZKO	2.00								
(13) MEMBER AT LARGE	0.00	X					0	0	0
(14) JANET POGAR	2.00								
(14) MEMBER AT LARGE	0.00	X					0	0	0
(15) KAYLA RICHMOND MILLER	2.00								
(15) MEMBER AT LARGE	0.00	X					0	0	0
(16) ANN PRIFEL									
(16) CHIEF DEV. OFFICER	40.00	X	X				0	0	0
(17) .....									
(18) .....									
(19) .....									
<b>1b Subtotal</b>							<b>494,286</b>		<b>46,311</b>
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>							<b>494,286</b>		<b>46,311</b>

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**

3	Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Yes	No
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	3	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	4	X
		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	965 RENO DRIVE MI 49348 FOOD DISTRIBUTI	2,755,548
SECOND HARVEST	331 GREAT CIRCLE RD	
NASHVILLE	TN 37228 FOOD DISTRIBUTI	606,515
FEEDING AMERICA CHICAGO	1601 PAYSHERE CIRCLE IL 60674 FOOD DISTRIBUTI	590,291
FM MEAT PRODUCTS LP FORT MCCOY	19798 NE HIGHWAY RD FL 32134 FOOD DISTRIBUTI	554,590
TRANSNATIONAL FOODS, INC.	1110 BRICKELL AVE., STE. 808	
MIAMI	FL 33131 FOOD DISTRIBUTI	542,422

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

5

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Grants, and Other Similar Amounts</b>						
1a Federated campaigns .....	1a	165,345				
b Membership dues .....	1b					
c Fundraising events .....	1c					
d Related organizations .....	1d					
e Government grants (contributions) .....	1e	713,835				
f All other contributions, gifts, grants, and similar amounts not included above .....	1f	96,388,962				
g Noncash contributions included in lines 1a-1f .....	1g	\$ 66,304,370				
<b>h Total. Add lines 1a-1f .....</b>		<b>97,268,142</b>				
<b>Program Service Revenue</b>			Business Code			
2a .....						
b .....						
c .....						
d .....						
e .....						
f All other program service revenue .....						
<b>g Total. Add lines 2a-2f .....</b>						
3 Investment income (including dividends, interest, and other similar amounts) .....				599,027		599,027
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	34,260	6,746,492			
c Gain or (loss) .....	7c	34,260	6,018,626			
d Net gain or (loss) .....		727,866				
8a Gross income from fundraising events (not including \$ .....	8a					
of contributions reported on line 1c). See Part IV, line 18 .....	8b					
b Less: direct expenses .....						
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 .....						
<b>Miscellaneous Revenue</b>			Business Code			
11a .....						
b .....						
c .....						
d All other revenue .....						
<b>e Total. Add lines 11a-11d .....</b>						
<b>12 Total revenue. See instructions .....</b>		<b>98,629,295</b>		0	0	1,361,153

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**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .....	<b>57,300,166</b>	<b>57,300,166</b>		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	<b>16,458,950</b>	<b>16,458,950</b>		
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 .....	<b>632,143</b>	<b>494,969</b>	<b>54,996</b>	<b>82,178</b>
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) .....				
9 Other employee benefits .....	<b>945,878</b>	<b>866,212</b>	<b>18,349</b>	<b>61,317</b>
10 Payroll taxes .....				
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....	<b>124,257</b>		<b>124,257</b>	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 7 .....	<b>328,823</b>			<b>328,823</b>
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O) .....	<b>5,725,834</b>	<b>4,511,885</b>	<b>456,409</b>	<b>757,540</b>
12 Advertising and promotion .....	<b>41,411</b>	<b>35,199</b>		<b>6,212</b>
13 Office expenses .....	<b>568,397</b>	<b>484,397</b>	<b>5,942</b>	<b>78,058</b>
14 Information technology .....	<b>309,985</b>	<b>111,077</b>	<b>198,224</b>	<b>684</b>
15 Royalties .....				
16 Occupancy .....	<b>1,112,920</b>	<b>985,416</b>	<b>563</b>	<b>126,941</b>
17 Travel .....	<b>174,298</b>	<b>144,140</b>	<b>7,573</b>	<b>22,585</b>
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	<b>9,351</b>	<b>7,948</b>		<b>1,403</b>
20 Interest .....	<b>141,225</b>	<b>120,041</b>		<b>21,184</b>
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	<b>697,995</b>	<b>697,995</b>		
23 Insurance .....	<b>324,322</b>	<b>251,465</b>	<b>72,484</b>	<b>373</b>
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 <b>PICK AND PACK OUT</b> .....	<b>938,880</b>	<b>938,880</b>		
b <b>VEHICLE EXPENSES</b> .....	<b>610,969</b>	<b>610,969</b>		
c <b>AGENCY ASSIST EXPENSE</b> .....	<b>346,870</b>	<b>294,840</b>		<b>52,030</b>
d <b>PRODUCT TRANSPORTATION</b> .....	<b>266,784</b>	<b>266,784</b>		
e All other expenses .....	<b>303,547</b>	<b>156,473</b>		<b>147,074</b>
25 <b>Total functional expenses.</b> Add lines 1 through 24e .....	<b>87,363,005</b>	<b>84,737,806</b>	<b>938,797</b>	<b>1,686,402</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) .....				

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**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 .....	1,072,129	1	
	2 Savings and temporary cash investments .....	4,167,129	2	7,161,917
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	2,781,497	4	5,306,179
	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 .....	1,541,248	7	32,366,375
	8 Inventories for sale or use .....	261,718	8	1,250,734
	9 Prepaid expenses and deferred charges .....		9	80,584
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a   6,438,522		
	b Less: accumulated depreciation .....	10b   3,336,105	10c	3,102,417
	11 Investments—publicly traded securities .....		11	
	12 Investments—other securities. See Part IV, line 11 .....	6,911,106	12	1,464,031
	13 Investments—program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	721,349	15	1,229,447
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	32,975,806	16	51,961,684
Liabilities	17 Accounts payable and accrued expenses .....	462,520	17	1,158,069
	18 Grants payable .....		18	
	19 Deferred revenue .....	333,334	19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	9,000,000
	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 .....	972,309	25	1,300,100
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,768,163	26	11,458,169
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/></b> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions .....	30,849,309	27	39,995,828
	28 Net assets with donor restrictions .....	358,334	28	507,687
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/></b> 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	
	<b>32 Total net assets or fund balances</b> .....	31,207,643	32	40,503,515
	<b>33 Total liabilities and net assets/fund balances</b> .....	32,975,806	33	51,961,684

Form 990 (2024)

**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	98,629,295
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	87,363,005
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	11,266,290
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	31,207,643
5 Net unrealized gains (losses) on investments .....	5	146,390
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	-2,116,808
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10	40,503,515

**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? .....	2a	<input checked="" type="checkbox"/>
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		
2b Were the organization's financial statements audited by an independent accountant? .....	2b	<input checked="" type="checkbox"/>
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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	2c	<input checked="" type="checkbox"/>
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....	3a	<input checked="" type="checkbox"/>
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 .....	3b	<input checked="" type="checkbox"/>

Form **990** (2024)

**SCHEDULE A**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**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.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2024**Open to Public  
Inspection

Name of the organization

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

Employer identification number

**59-2332120****Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_  
 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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)						
<b>Total</b>						

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

Cat. No. 11285F

Schedule A (Form 990) 2024

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	93,465,587	69,192,233	79,366,175	80,789,058	97,268,142	420,081,195
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	93,465,587	69,192,233	79,366,175	80,789,058	97,268,142	420,081,195
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 <b>Public support.</b> Subtract line 5 from line 4 .....						420,081,195

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4 .....	93,465,587	69,192,233	79,366,175	80,789,058	97,268,142	420,081,195
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
	3,844	13,049	419,163	723,143	599,027	1,758,226
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 <b>Total support.</b> Add lines 7 through 10 .....	370,505	199,578				570,083
12 Gross receipts from related activities, etc. (see instructions) .....					12	54,656
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	14	99.45 %
15 Public support percentage from 2023 Schedule A, Part II, line 14 .....	15	78.72 %
16a <b>33 1/3% support test — 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b <b>33 1/3% support test — 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test — 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test — 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17 .....	18	%
<b>19a 33 1/3% support tests — 2024.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 33 1/3% support tests — 2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....	<input type="checkbox"/>	

**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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a	
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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
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? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	
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))? If "Yes," provide detail in <b>Part VI</b> .	9a	
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? If "Yes," provide detail in <b>Part VI</b> .	9b	
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? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	

**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?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c	

**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? If "No," describe in <b>Part VI</b> 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.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**Section C. Type II Supporting Organizations**

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

**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?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3	

**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 <b>Part VI</b> how you supported a governmental entity (see instructions).	
2	Activities Test. <b>Answer lines 2a and 2b below.</b>	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b

**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.

<b>Section A – Adjusted Net Income</b>		(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		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d		
e <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C – Distributable Amount</b>			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

<b>Section D – Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E – Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
a From 2019 .....			
b From 2020 .....			
c From 2021 .....			
d From 2022 .....			
e From 2023 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
a Excess from 2020 .....			
b Excess from 2021 .....			
c Excess from 2022 .....			
d Excess from 2023 .....			
e Excess from 2024 .....			

**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**

\$ 570,083

**Schedule B**  
**(Form 990)**  
(Rev. December 2024))

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

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

Employer identification number

**59-2332120**

Organization type (check one):

**Filers of:** **Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1/3</sup>% 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	FEEDING FLORIDA 1489 MARKET ST.  TALLAHASSEE FL 32312-1726	\$ 4,099,332	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	PUBLIX 3300 PUBLIX CORPORATE PKWY  LAKELAND FL 33811	\$ 13,927,945	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	SAM'S CLUB 3921 SW COLLEGE RD  OCALA FL 34474	\$ 3,773,196	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	TROPICANA 1001 13TH AVENUE  BRADENTON FL 34208	\$ 3,800,487	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	ALL FAITHS FOOD BANK 717 CATTLEMEN RD  SARASOTA FL 34232	\$ 2,672,573	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	USDA 1400 INDEPENDENCE AVE SW  WASHINGTON DC 20250	\$ 12,570,848	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	JGL PRODUCE #1 424 NEW MARKET RD EAST IMMOKALEE FL 34142	\$ 2,952,632	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	FEEDING AMERICA - NATIONAL 35 E WACKER DR STE 2000 CHICAGO IL 60601	\$ 3,805,126	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**HARRY CHAPIN FOOD BANK OF SOUTHWEST**

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
<b>1</b>	<b>FOOD COMMODITIES</b>	\$ 4,099,332	<b>06/30/25</b>
<b>2</b>	<b>FOOD COMMODITIES</b>	\$ 13,927,945	<b>06/30/25</b>
<b>3</b>	<b>FOOD COMMODITIES</b>	\$ 3,773,196	<b>06/30/25</b>
<b>4</b>	<b>FOOD COMMODITIES</b>	\$ 3,800,487	<b>06/30/25</b>
<b>5</b>	<b>FOOD COMMODITIES</b>	\$ 2,672,573	<b>06/30/25</b>
<b>6</b>	<b>FOOD COMMODITIES</b>	\$ 12,570,848	<b>06/30/25</b>

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
7	FOOD COMMODITIES	\$ 2,952,632	06/30/25
8	FOOD COMMODITIES	\$ 3,805,126	06/30/25
	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

**SCHEDULE D****(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

**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.

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

**Part II Conservation Easements**

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

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

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements .....

b Total acreage restricted by conservation easements .....

c Number of conservation easements on a certified historic structure included on line 2a .....

d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

 Yes  No

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

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

\$ .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)

(i) and section 170(h)(4)(B)(ii)? .....

 Yes  No

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

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

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

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

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

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

\$ .....

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

\$ .....

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

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

\$ .....

b Assets included in Form 990, Part X .....

\$ .....

Schedule D (Form 990) (Rev. 12-2024) **HARRY CHAPIN FOOD BANK OF SOUTHWEST** 59-2332120

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**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).

<input type="checkbox"/> a Public exhibition	<input type="checkbox"/> d <input type="checkbox"/> Loan or exchange program
<input type="checkbox"/> b Scholarly research	<input type="checkbox"/> e <input type="checkbox"/> Other .....
<input type="checkbox"/> c Preservation for future generations	

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  Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII **Part V Endowment Funds**

Complete if the organization answered "Yes" 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 .....	6,911,106	8,198,157	3,313,178	1,361,360	274,066
b Contributions .....			4,657,596	2,116,134	1,004,490
c Net investment earnings, gains, and losses .....	185,557	427,336	231,297	-160,432	86,126
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....	5,629,006	1,710,378			
f Administrative expenses .....	3,626	4,009	3,842	3,884	3,322
g End of year balance .....	1,464,031	6,911,106	8,198,157	3,313,178	1,361,360

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

a Board designated or quasi-endowment 74.00 %

b Permanent endowment 3.00 %

c Term endowment 23.00 %

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

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

(i) Unrelated organizations?  Yes  No(ii) Related organizations?  Yes  Nob 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.

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

**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 .....		644,600			644,600
b Buildings .....		841,838	205,285		636,553
c Leasehold improvements .....					
d Equipment .....		946,865	423,188		523,677
e Other .....		3,803,556	2,548,231		1,255,325

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))  Yes  No  3,060,155

Schedule D (Form 990) (Rev. 12-2022) **HARRY CHAPIN FOOD BANK OF SOUTHWEST** **59-2332120**

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**Part VII Investments – Other Securities**

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

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

**Part VIII Investments – Program Related**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) .....</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)	
<b>Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) .....</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) <b>RIGHT OF USE</b>		<b>1,039,194</b>
(3) <b>COMPENSATED ABSENCES</b>		<b>260,906</b>
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) .....</b>		<b>1,300,100</b>

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

**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	
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	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b .....	4a	
b Other (Describe in Part XIII.) .....	4b	
c Add lines 4a and 4b .....	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .....	5	

**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-FOR- PROFIT 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 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

## Part XIII Supplemental Information (continued)

THIS GUIDANCE. INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS WILL BE RECOGNIZED IN INCOME TAX EXPENSE, IF REQUIRED.

**SCHEDULE G**  
**(Form 990)**(Rev. December 2024)  
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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.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 <input checked="" type="checkbox"/> Mail solicitations	e <input checked="" type="checkbox"/> Solicitation of nongovernment grants
b <input checked="" type="checkbox"/> Internet and email solicitations	f <input checked="" type="checkbox"/> Solicitation of government grants
c <input checked="" type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input checked="" type="checkbox"/> In-person solicitations	

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser 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			
<b>ALLEGIANCE FUNDING LLC</b> <b>1 POST OFFICE BOX 790379</b> <b>ST. LOUIS MO 63179</b>	<b>DIRECT MAIL</b>	<b>X</b>		<b>2,675,134</b>	<b>328,823</b>	<b>2,346,311</b>
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				<b>2,675,134</b>	<b>328,823</b>	<b>2,346,311</b>

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.

Schedule G (Form 990) (Rev. 12-2022) **HARRY CHAPIN FOOD BANK OF SOUTHWEST** 59-2332120

Page 2

**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 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (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))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: .....  Yes  No  
 a Is the organization licensed to conduct gaming activities in each of these states? .....  
 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 G (Form 990) (Rev. 12-2022) **HARRY CHAPIN FOOD BANK OF SOUTHWEST** 159-2332120

Page 3

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility .....	13a	%
b An outside facility .....	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name .....

Address .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization \$ ..... and the amount of gaming revenue retained by the third party \$ .....

c If "Yes," enter the name and address of the third party:

Name .....

Address .....

16 Gaming manager information:

Name .....

Gaming manager compensation \$ .....

Description of services provided .....

 Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCH G, PART I, LINE 2B, COL (III) - CUSTODY OR CONTROL ARRANGEMENT**  
**ALLEGIANCE FUNDING LLC**

NO .....

**SCH G, PART I, LINE 2B, COL (V) - FUNDRAISING VS. REIMBURSEMENT EXPLANATION**  
**ALLEGIANCE FUNDING LLC**

NO .....

**SCHEDULE I**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service
**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047	<b>Open to Public Inspection</b>
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**HARRY CHAPIN FOOD BANK OF SOUTHWEST  
FLORIDA INC.**
Name of the organization  
**59-2332120**  
Employer identification number**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	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)	(1)	ADVENTIST COMMUNITY SERVICES							FOOD FOR PUBLIC DIST
		1655 TAYLOR ROAD PUNTA GORDA	FL 33950	41-2279695	501C3	992,538	AVERAGECOS	FOOD COMMODITIE	
(2)	(2)	AIDS HEALTHCARE FOUNDATION (AHF)							FOOD FOR PUBLIC DIST
		2231 MCGREGOR BLVD. FORT MYERS	FL 33901	20-8744009	501C3	231,022	AVERAGECOS	FOOD COMMODITIE	
(3)	(3)	ALL SOULS EPISCOPAL PANTRY							FOOD FOR PUBLIC DIST
		14640 N. CLEVELAND AVE. NORTH FORT MYERS	FL 33903	65-0151247	501C3	180,470	AVERAGECOS	FOOD COMMODITIE	
(4)	(4)	ALVA UNITED METHODIST CHURCH							FOOD FOR PUBLIC DIST
		21440 PEARL ST. ALVA	FL 33920	59-0250411	501C3	56,481	AVERAGECOS	FOOD COMMODITIE	
(5)	(5)	BONITA SPRINGS ASSISTANCE OFFICE, INC							FOOD FOR PUBLIC DIST
		25300 BERNWOOD DR UNIT 6 BONITA SPRINGS	FL 34135	59-2337909	501C3	103,744	AVERAGECOS	FOOD COMMODITIE	
(6)	(6)	BOOTSTRAP MINISTRY, INC							FOOD FOR PUBLIC DIST
		2691 NORTH PINE ISLAND ROAD CAPE CORAL	FL 33910	26-3644653	501C3	75,688	AVERAGECOS	FOOD COMMODITIE	
(7)	(7)	BRIGHTER BITES							FOOD FOR PUBLIC DIST
		535 PORTWALL STREET HOUSTON	TX 77209	47-4070026	501C3	550,692	AVERAGECOS	FOOD COMMODITIE	
(8)	(8)	BROADWAY CHURCH OF GOD							FOOD FOR PUBLIC DIST
		3309 SOUTH BROADWAY STREET FORT MYERS	FL 33901	59-2398091	501C3	633,921	AVERAGECOS	FOOD COMMODITIE	
(9)	(9)	BUCKHEAD RIDGE							FOOD FOR PUBLIC DIST
		30082 SR 78 W. STE A OKEECHOBEE	FL 34974	501C3		30,149	AVERAGECOS	FOOD COMMODITIE	

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)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service
**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

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

Name of the organization

**HARRY CHAPIN FOOD BANK OF SOUTHWEST  
FLORIDA INC.**Employer identification number  
**59-2332120****Part I General Information on Grants and Assistance**

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

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

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

1	1 (a) Name and address of organization or government	1 (b) EIN	1 (c)IRC Section (if applicable)	1 (d) Amount of cash grant	1 (e) Amount of noncash assistance	1 (f) Method of valuation (book, FMV, appraisal, other)	1 (g) Description of noncash assistance	1 (h) Purpose of grant or assistance
(1)	<b>CHAPS INC</b> 18200 PAULSON DRIVE UNIT A-1 PORT CHARLOTTE FL 33954	65-0498294	501C3		53,611	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	<b>CAFE OF LIFE, INC</b> 10540 CHILDERS STREET BONITA SPRINGS FL 34135	65-0832951	501C3		103,818	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	<b>CAPE CORAL CARING CENTER</b> 1420 SE 47TH ST CAPE CORAL FL 33904	65-0262583	501C3		57,446	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	<b>CARL-CON GROUP HOME</b> 106 LEE BLVD. LEHIGH ACRES FL 33936	65-0265397	501C3		99,284	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	<b>CATHOLIC CHARITIES COLLIER</b> 28290 BEAUMONT ROAD BONITA SPRINGS FL 34134	59-2473176	501C3		441,627	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	<b>CATHOLIC CHARITIES OF BONITA SPRING</b> 28290 BEAUMONT ROAD BONITA SPRINGS FL 34134	59-2473176	501C3		149,999	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	<b>CATHOLIC CHARITIES OF FORT MYERS-EK</b> 4235 MICHIGAN AVE FORT MYERS FL 33916	65-0889322	501C3		187,645	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	<b>CATHOLIC CHARITIES OF HENDRY/GLADES</b> 4235 MICHIGAN AVE FORT MYERS FL 33916	59-2473176	501C3		109,510	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	<b>CENTERSTONE</b> 4350 FOWLER FORT MYERS FL 33901	20-0072992	501C3		106,379	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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**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**  
 DAA

**SCHEDULE I**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service
**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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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.

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1	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)	(1)	CHARLESTON PARK NEIGHBORHOOD ASSOCI 2541 CHARLESTON PARK DRIVE ALVA FL 33920	59-3080357			417,515	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	(2)	CHARLOTTE COUNTY HOMELESS COALITION 1476 KENESAW ST FORT CHARLOTTE FL 33953	65-0139525	501C3		1,400,262	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	(3)	CHARLOTTE TOWERS PRESBYTERIAN HOMES 2295 AARON ST FORT CHARLOTTE FL 33952	59-1759909			37,635	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	(4)	CHILDRENS ADVOCACY CENTER EAST UNIT 4040 PALM BEACH BLVD FORT MYERS FL 33916	59-2824352	501C3		292,451	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	(5)	CHRIST CENTRAL LABELLE 813 HICKPOCHEE AVE LA BELLE FL 33935		501C3		617,592	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	(6)	COMMUNITY COOPERATIVE 3429 DR MARTIN LUTHER KING JR BLVD FORT MYERS FL 33916	59-2602772			940,209	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	(7)	COMMUNITY LIFE CENTER CHURCH 19048 EDGEWATER DRIVE PORT CHARLOTTE FL 33948	59-2245558	501C3		641,912	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	(8)	COMMUNITY RESOURCE CENTER, INC. 222 BROWN ST. PUNTA GORDA	65-0496363	501C3		26,897	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	(9)	COMPASSION AVENUE, INC. 370 HOLIDAY ISLES CLEWISTON FL 33440	51-0477088	501C3		58,729	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST

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**SCHEDULE I**  
**(Form 990)**

(Rev. December 2024)

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Internal Revenue Service
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**HARRY CHAPIN FOOD BANK OF SOUTHWEST  
FLORIDA INC.**  
 Name of the organization

 Employer identification number  
**59-2332120**
**Part I General Information on Grants and Assistance**

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(1)	(1)	CYPRESS RUN APARTMENTS 550 HOPE CIRCLE IMMOKALEE	58-2169014			12,363	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	(2)	DANIELS ROAD BAPTIST CHURCH 5878 DANIELS PKWY	FL 34142	59-2350694	501C3	60,722	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	(3)	DAVID LAWRENCE CENTER: COLLIER HOUSET 6075 BATHEY LANE	FL 33912	59-2206025	501C3	153,999	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	(4)	DISCIPLESHIP DRIVEN MINISTRIES, INC 4040 TAMAMI TRAIL	FL 33952	20-5840548	501C3	198,891	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	(5)	EASTSIDE BAPTIST CHURCH 601 E HICKPOCHEE AVE	IA BELIE	501C3		62,373	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	(6)	EBENEZER FORT MYERS 3065 BROADWAY	FL 33901	65-0975889	501C3	92,895	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	(7)	EBENEZER PORT CHARLOTTE 28038 CLEVELAND AVE	FL 33953	65-0120343	501C3	1,541,736	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	(8)	EDGEWATER UNITED METHODIST CHURCH 19190 COCHRAN BLVD	FL 33948	65-0235009	501C3	132,777	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	(9)	ENGLEWOOD CHRISTIAN CHURCH 9600 GULFSTREAM BLVD	FL 34224	26-3786816	501C3	23,381	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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DAA

**SCHEDULE I**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service
**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

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OMB No. 1545-0047	<b>Open to Public Inspection</b>
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**HARRY CHAPIN FOOD BANK OF SOUTHWEST  
FLORIDA INC.**  
 Name of the organization

 Employer identification number  
**59-2332120**
**Part I General Information on Grants and Assistance**

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

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

1	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)	(1)	EVA'S CLOSET AND FOUNDATION 16331 OLD US 41 STE 101 FORT MYERS FL 33912	81-4202200	501C3		395,126	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	(2)	EVERGLADES COMMUNITY FOOD PANTRY 101 S. COPELAND AVE EVERGLADES CITY FL 34139	22-3934843	501C3		334,949	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	(3)	F. I. S. H. OF SANIBEL 2430-B PERIWINKLE WAY SANIBEL FL 33957	20-8892375	501C3		83,495	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	(4)	FAITH PRESBYTERIAN CHURCH/WE CARE 4544 CORONADO PARKWAY CAPE CORAL FL 33904	59-1021543	501C3		164,500	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	(5)	FEED THY NEIGHBOR 7070 IMMOKALEE RD NAPLES FL 34119	85-2523136	501C3		30,437	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	(6)	FEEDING WITH HOPE 217 EAST AZTEC AVENUE CLEWISTON FL 33440	65-0397182	501C3		167,675	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	(7)	FIRST ASSEMBLY CORNERSTONE LAKELAND P.O. BOX 24687	59-0782460	501C3		270,176	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	(8)	FIRST BAPTIST CHURCH OF FT. MYERS B 130 CONNECTICUT ST FORT MYERS BEACH FL 33931	59-2495484	501C3		536,842	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	(9)	FIRST MACEDONIA MISSIONARY BAPTIST 411 E. CHARLOTTE AVE. PUNTA GORDA FL 33950	65-0360165	501C3		202,294	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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DAA

**SCHEDULE I**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service
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**HARRY CHAPIN FOOD BANK OF SOUTHWEST  
FLORIDA INC.**
Name of the organization  
**59-2332120**  
Employer identification number**Part I General Information on Grants and Assistance**

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1	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)	(1)	FIRST PRESBYTERIAN CHURCH OF PORT C 2230 HARRIET STREET, NE PORT CHARLOTTE, FL 33952	59-1835089	501C3		194,700	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	(2)	FIRST UNITED METHODIST CHURCH MOORE 300 AVENUE L MOORE HAVEN		501C3		172,822	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	(3)	FLORIDA GULF COAST UNIV CAMPUS FOOD 10501 FGCU BLVD S. FORT MYERS	65-0403969	501C3		5,772	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	(4)	FORT MYERS PRESBYTERIAN COMMUNITY, 1925 VIRGINIA AVE FORT MYERS		501C3		5,877	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	(5)	FORT MYERS SEVENTH DAY ADVENTIST CH 3451 ORTIZ AVE FORT MYERS	52-0643036	501C3		93,251	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	(6)	FREE DOM HOUSE OF FORT MYERS, INC. 6313 CORPORATE COURT #130 FORT MYERS	26-4144992	501C3		87,237	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	(7)	FRIENDSHIP UNITED METHODIST CHURCH PMB 108 PUNTA GORDA	36-2167731	501C3		37,322	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	(8)	FT MYERS CHRISTIAN CENTER 3500 FOWLER STREET FORT MYERS	65-0937140	501C3		185,246	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	(9)	FT. MYERS RESCUE MISSION 6900 MISSION LANE FORT MYERS	59-2469860	501C3		146,625	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)**

(Rev. December 2024)

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 Name of the organization

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**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	1 (a) Name and address of organization or government	1 (b) EIN	1 (c)IRC Section (if applicable)	1 (d) Amount of cash grant	1 (e) Amount of noncash assistance	1 (f) Method of valuation (book, FMV, appraisal, other)	1 (g) Description of noncash assistance	1 (h) Purpose of grant or assistance
(1)	FT. MYERS SPANISH SDA CHURCH 701 CAMELLIA DR. FORT MYERS FL 33903	52-6037545	501C3		155,925	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	GLADIOLUS FOOD PANTRY 10511 GLADIOLUS FORT MYERS FL 33908	65-0323306	501C3		1,389,877	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	GOODLETTE ARMS APARTMENTS 950 GOODLETTE RD NAPLES FL 34102				60,918	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	GRACE CHURCH 14036 MATANZAS DR FORT MYERS FL 33905	36-2167731	501C3		98,211	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	GRACE PLACE FOR CHILDREN & FAMILIES 4300 21ST AVENUE SW NAPLES FL 34116	65-1229558	501C3		629,456	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	GRACE ROMANIAN CHURCH OF NAPLES 3380 GOLDEN GATE BLVD NAPLES FL 34102		501C3		21,731	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	GREATER FRIENDSHIP MISSIONARY BAPTI 901 DELLA TOBIAS AVENUE CLEWISTON FL 33440		501C3		168,653	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	GROVE CITY MANOR 6433 GASPARILLA PINES BLVD ENGLEWOOD FL 34224		501C3		26,151	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	GUADALUPE SOCIAL SERVICES 211 S. 9TH ST IMMOKALEE FL 34142	59-2473176	501C3		559,866	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.

DAA

**SCHEDULE I**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service
**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

Attach to Form 990.

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OMB No. 1545-0047	<b>Open to Public Inspection</b>
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**HARRY CHAPIN FOOD BANK OF SOUTHWEST  
FLORIDA INC.**
Name of the organization  
**59-2332120**  
Employer identification number**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	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)	(1)	HACFM- ROYAL PALM SENIOR HOUSING 2425 BAY ST FORT MYERS FL 33901		501C3		48,176	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	(2)	HACFM: RENAISSANCE PRESERVE 4221 OHELLO LANE FORT MYERS FL 33916		501C3		65,324	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	(3)	HACFM: SWANSON LOOP 4701 SWANSON LOOP NORTH FORT MYERS FL 33917		501C3		29,154	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	(4)	HERON POND APARTMENTS 1232 VILLAGE LAKES BLVD LEHIGH ACRES FL 33973				75,098	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	(5)	HOLY TRINITY LUTHERAN CHURCH 2565 TAMiami TRAIL FORT CHARLOTTE FL 33952				81,893	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	(6)	HOPE CLUB HOUSE 3602 BROADWAY FORT MYERS FL 33901	30-0437443	501C3		14,390	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	(7)	HOUSE OF PRAYER IV 2112 MITCHELL COURT FORT MYERS FL 33916	43-2043791	501C3		125,132	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	(8)	INTEGRITY CHURCH 10421 PENNSYLVANIA AVENUE BONITA SPRINGS FL 34135	26-1668783	501C3		81,741	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	(9)	INTERFAITH CHARITIES OF SOUTH LEE 17592 ROCKEFELLER CIRCLE FORT MYERS FL 33967	65-0362473	501C3		1,597,374	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST

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**SCHEDULE I**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service
**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

Name of the organization

**HARRY CHAPIN FOOD BANK OF SOUTHWEST  
FLORIDA INC.**Employer identification number  
**59-2332120****Part I General Information on Grants and Assistance**

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

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

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(1)	JEFF HENRY FOOD PANTRY 717 SKYLINE BLVD CAPE CORAL FL 33991	59-2262560	501C3		184,097	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	JESUS THE WORKER CATHOLIC CHURCH 881 NUNA AVE FORT MYERS FL 33905	59-1970832	501C3		205,659	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	JEWISH FEDERATION 9701 COMMERCE CTR. CT. FORT MYERS FL 33908	59-2668992	501C3		63,433	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	LEHIGH COMMUNITY SERVICES 201 PLAZA DRIVE SUITE 3 LEHIGH ACRES FL 33936	59-1773738	501C3		254,880	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	MCGREGOR BAPTIST PANTRY 3341 FOWLER STREET FORT MYERS FL 33901	59-2115730	501C3		1,232,000	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	MEALS OF HOPE: MASTER 2221 CORPORATION BLVD. NAPLES FL 34116	27-0268307	501C3 AM		3,882,208	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	MINISTERIO INTERNACIONAL DIOS ES AM 4989 GOLDEN GATE PKWY NAPLES FL 34116	81-2269108	501C3		1,123,508	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	MISSION PENNELL-PEACE RIVER PRESBYTER 208 BOSTON AVE IMMOKALEE FL 34142	59-2958426	501C3		174,370	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	MOOREHAVEN CHURCH OF GOD OF PROPHEC 385 AVENUE E MOORE HAVEN FL 33471	82-2267483	501C3		288,389	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST

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 DAA

**SCHEDULE I**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service
**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

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

 Name of the organization **HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA INC.**  
 Employer identification number **59-2332120**
**Part I General Information on Grants and Assistance**

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1	1 (a) Name and address of organization or government	1 (b) EIN	1 (c) IRC Section (if applicable)	1 (d) Amount of cash grant	1 (e) Amount of noncash assistance	1 (f) Method of valuation (book, FMV, appraisal, other)	1 (g) Description of noncash assistance	1 (h) Purpose of grant or assistance
(1)	<b>MORNING STAR BAPTIST CHURCH</b> 5160 RICHMOND FORT MYERS FL 33905	65-0245964	501C3		157,166	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	<b>N. NAPLES UMC @ PARKSIDE</b> 5322 TEXAS AVENUE NAPLES FL 34113	36-2167731	501C3		18,436	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	<b>NAPLES SENIOR CENTER AT JFCS</b> 5025 CASTELLO DRIVE NAPLES FL 34103	45-3980909	501C3		11,978	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	<b>NATURE'S COVE, INC.</b> 18060 ELMWOOD DRIVE ALVA FL 33920	65-0697850	501C3		88,715	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	<b>NEW BEGINNINGS MINISTRY</b> 505 ALABAMA RD LEHIGH ACRES FL 33973	65-0407417	501C3		29,516	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	<b>NEW HOPE MINISTRIES</b> 7675 DAVIS BLVD NAPLES FL 34104	59-2276660	501C3		454,869	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	<b>NEW LIFE ASSEMBLY OF GOD PANTRY</b> 5146 LEONARD BLVD S LEHIGH ACRES FL 33973	59-2126484	501C3		211,588	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	<b>NOAH'S ARK CHURCH, INC</b> 11853 COLLIER BLVD NAPLES FL 34116	65-0712776	501C3		472,291	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	<b>NOAHS LANDING APARTMENTS</b> 10615 NOAHS CIRCLE NAPLES FL 34116				8,885	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST

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**SCHEDULE I**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service
**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

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(1)	1	OUR DAILY BREAD FOOD PANTRY 1450 WINTERBERRY DR MARCO ISLAND FL 34145	27-3148396	501C3		88,312	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	2	OUR MOTHER'S HOME 7438 CARRIER RD. FORT MYERS FL 33967	65-0510103	501C3		20,786	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	3	PALM HARBOR APARTMENTS 1081 PALM AVE NORTH FORT MYERS FL 33903	31-1254891			40,664	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	4	PALMETTO CHURCH OF GOD 1123 VERONICA SHOEMAKER BLVD FORT MYERS FL 33916	65-0497066	501C3		159,256	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	5	PINE ISLAND FOOD PANTRY 12175 STRINGFELLOW RD BOKEELIA FL 33922	27-1757051	501C3		285,751	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	6	PINE MANOR IMPROVEMENT ASSOCIATION 5547 10TH AVE FORT MYERS FL 33907	65-0133208	501C3		54,328	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	7	POINT OF LIGHT FELLOWSHIP, INC. 1239 REDBARN RD MOORE HAVEN FL 33471	27-3160770	501C3		111,710	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	8	PRESBYTERIAN HOMES LEHIGH ACRES 1301 WOODWORD CT LEHIGH ACRES	59-1311208	501C3		74,015	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	9	PUNTA GORDA CHURCH OF THE NAZARENE 512 ALLEN STREET PUNTA GORDA FL 33950	501C3			882,634	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST

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**SCHEDULE I**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service
**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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OMB No. 1545-0047	<b>Open to Public Inspection</b>
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**HARRY CHAPIN FOOD BANK OF SOUTHWEST  
FLORIDA INC.**  
 Name of the organization

 Employer identification number  
**59-2332120**
**Part I General Information on Grants and Assistance**

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(1)	(1)	RABBI LOVE INTERNATIONAL MINISTRY 3171 DR. MARTIN LUTHER KING JR. BLVD FORT MYERS FL 33916	30-0554921	501C3		134,415	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	(2)	REDEEMER HAITIAN BAPTIST CHURCH OF 3856 EVANS AVENUE UNIT3 FORT MYERS FL 33901	57-1178818	501C3		74,027	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	(3)	RENOVATION CHURCH 1102 LEELAND HEIGHTS BLVD LEHIGH ACRES	46-2295143	501C3		225,734	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	(4)	SALVATION ARMY LABELLE 133 NORTH BRIDGE STREET LABELLE FL 33935	58-0660607	501C3		71,318	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	(5)	SALVATION ARMY NAPLES 3180 ESTEY AVENUE NAPLES FL 34104	58-0660607	501C3		129,063	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	(6)	SERVING WITH LOVE MINISTRIES 330 S. ESTRIBO ST. CLEWISTON	55-0888254	501C3		338,572	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	(7)	SOURCE OF LIGHT AND HOPE DEVELOPMEN NORTH FORT MYERS 253 ROSE ST	65-0013240	501C3		26,856	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	(8)	SOUTH FORT MYERS FOOD PANTRY COALIT 8260 CYPRESS LAKE DRIVE S.W. FORT MYERS FL 33919	59-1649348	501C3		941,816	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	(9)	SOUTHWARD VILLAGE 2990 EDISON AVE	43-1141027	501C3		30,172	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)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service
**Grants and Other Assistance to Organizations,  
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**HARRY CHAPIN FOOD BANK OF SOUTHWEST  
FLORIDA INC.**  
 Name of the organization
Employer identification number  
**59-2332120****Part I General Information on Grants and Assistance**

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(1)	(1)	ST. JOHN FIRST MISSIONARY BAPTIST C 2044 BROWN STREET FORT MYERS FL 33916	65-0054633	501C3		14,101	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	(2)	ST. JOHN XXII 13251 APALOOSA LN FORT MYERS FL 33912		501C3		150,106	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	(3)	ST. JOSEPH THE WORKER 24065 US HIGHWAY 27 MOORE HAVEN FL 33471	59-2548812	501C3		455,976	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	(4)	ST. MARTIN DE PORRES OUTREACH COMMU 4711 PALM BEACH BLVD FORT MYERS FL 33905	46-4001708	501C3		508,298	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	(5)	ST. MATTHEW'S HOUSE- NAPLES 1224 INDUSTRIAL BLVD. NAPLES FL 34112	65-0097432	501C3		5,584,344	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	(6)	ST. VINCENT DE PAUL CHURCH 13031 PALM BEACH BLVD SE FORT MYERS FL 33905	59-2824352	501C3		175,547	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	(7)	ST. VINCENT DE PAUL- OUR LADY OF LI 19680 CYPRESS VIEW DRIVE FORT MYERS FL 33967	501C3			13,409	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	(8)	ST. VINCENT DE PAUL-GRAND AVE 2073 LAFAYETTE AVE FORT MYERS FL 33901	13-5562362	501C3		489,751	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	(9)	ST. VINCENT DE PAUL-PUNTA GORDA 25200 AIRPORT RD PUNTA GORDA FL 33950	80-0029958	501C3		207,251	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST

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**SCHEDULE I**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service
**Grants and Other Assistance to Organizations,  
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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**

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(1)	1	ST. VINCENT DE PAUL-ST MAXIMILIAN 17783 TOLEDO BLADE PORT CHARLOTTE FL 34288	59-1905861	501C3		148,308	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	2	SUNCOAST NEIGHBORHOOD TASKFORCE, 2241 CASE LANE NORTH FORT MYERS FL 33917	94-3415530	501C3		158,634	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	3	TEEN CHALLENGE SWFL MENS HOUSE 5646 SEVENTH AVENUE FORT MYERS FL 33907	59-2479228	501C3		42,961	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	4	THE POWER OF GOD GLOBAL MINISTRY 1303 HOMESTEAD ROAD UNIT 100 LEHIGH ACRES FL 33973	81-4431446	501C3		120,314	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	5	THE ROBERTS CENTER 905 ROBERTS WEST AVENUE IMMOKALEE FL 34142		501C3		19,633	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	6	TICE UNITED METHODIST PANTRY 4545 TICE STREET FORT MYERS FL 33905	59-1155134	501C3		295,803	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(7)	7	TREE OF LIFE CHURCH 2132 SHADOLAWN DR. NAPLES FL 34112	59-1315066	501C3		276,538	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(8)	8	TRINITY UNITED METHODIST CHURCH 23084 SENECA AVE PORT CHARLOTTE FL 33980	59-6515026	501C3		68,714	AVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(9)	9	TRUE HOPE CHURCH 2890 PALM BEACH BLVD. FORT MYERS FL 33901	65-0278482	501C3		110,950	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.

DAA

**SCHEDULE I**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service
**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
 Attach to Form 990.
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.
 OMB No. 1545-0047  
**Open to Public  
Inspection**

 Name of the organization **HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA INC.**  
 Employer identification number **59-2332120**
**Part I General Information on Grants and Assistance**

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

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

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

1	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)	(1)	UNIFIED HANDS OF HOPE SERENITY RECO 3910 NE 10TH AVE CAPE CORAL	83-0603006	501C3		80,785	AVVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(2)	(2)	VINEYARD COMMUNITY CHURCH-CAPE 923 SE 47TH TERRACE CAPE CORAL	59-2706764	501C3		109,490	AVVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(3)	(3)	WE CARE OUTREACH CENTER, INC. 4231 DESOTO AVENUE FORT MYERS	61-1485045	501C3		7,828	AVVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(4)	(4)	WINTERGARDEN PRESBYTERIAN CHURCH 18305 WINTERGARDEN AVENUE PORT CHARLOTTE	65-0236163	501C3		1,809,844	AVVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(5)	(5)	WORD OF LIFE MINISTRIES 6111 SOUTH POINTE BLVD. FORT MYERS	13-5648615	501C3		3,138,022	AVVERAGECOS	FOOD COMMODITIE	FOOD FOR PUBLIC DIST
(6)	(6)	COMMUNITY LOVE PROJECT 2804 DEL PRADO BLVD S STE 106 CAPE CORAL	88-1049066	501C3		965,271	AVGCOST	FOOD COMMODITIE	FOOD FOR PUBLIC DIS
(7)	(7)								
(8)	(8)								
(9)	(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 .....

**Schedule I (Form 990) (Rev. 12-2024) HARRY CHAPIN FOOD BANK OF SOUTHWEST 9-2332120**

**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
<b>1 FOOD DISTRIBUTIONS</b>	<b>1</b>		<b>16,458,950</b>	<b>AVG COST</b>	<b>FOOD DISTRIBUTION</b>
2					
3					
4					
5					
6					
7					

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

**SCHEDULE J**

(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated EmployeesComplete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

**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

1b		
2		
3		
4a	X	
4b	X	
4c	X	
5a	X	
5b	X	
6a	X	
6b	X	
7	X	
8	X	
9		

Schedule J (Form 990) (Rev. 12-2024) **HARRY CHAPIN FOOD BANK OF SOUTHWEST 9-2332120**  
**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				
<b>RICHARD LEBER</b> 1 PRESIDENT & CEO	(i) <b>243,077</b> 0	(ii) 0	(iii) 0	0	<b>29,169</b> 0	0	<b>272,246</b> 0
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

**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.

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SCHEDULE M  
(Form 990)

## Noncash Contributions

OMB No. 1545-0047

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

Attach to Form 990.

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

2024

Open To Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Name of the organization

FLORIDA INC.

Employer identification number

59-2332120

## Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art .....				
2 Art—Historical treasures .....				
3 Art—Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities—Publicly traded .....				
10 Securities—Closely held stock .....				
11 Securities—Partnership, LLC, or trust interests .....				
12 Securities—Miscellaneous .....				
13 Qualified conservation contribution—Historic structures .....				
14 Qualified conservation contribution—Other .....				
15 Real estate—Residential .....				
16 Real estate—Commercial .....				
17 Real estate—Other .....				
18 Collectibles .....				
19 Food inventory .....	X	33657041	66,304,370	FEEDING AMERICA FOOD RATE
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( .....				
26 Other ( .....				
27 Other ( .....				
28 Other ( .....				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement .....			29	

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....

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

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

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

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

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

	Yes	No
30a		X
31	X	
32a		X

Schedule M (Form 990) 2024 **HARRY CHAPIN FOOD BANK OF SOUTHWEST** 59-2332120

Page 2

**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)**

(Rev. December 2024)

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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

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

Name of the organization	<b>HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA INC.</b>	Employer identification number
		<b>59-2332120</b>

**FORM 990 - ADDITIONAL INFORMATION**

THE ORGANIZATION USES A PEO FOR THEIR PAYROLL. OFFICER WAGES ARE RECORDED FOR TRANSPARENCY PURPOSES.

**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, 2025 AND 2024, MORE THAN 4,277 AND 5,862 VOLUNTEERS COLLECTIVELY PROVIDED 49,032 AND 81,625 HOURS, WHICH EQUATES TO MORE THAN \$1,520,001 AND \$2,580,166 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. 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.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION. HOLDINGS EQUITY ADJUSTMENT \$ -2,116,808

**SCHEDULE R  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue ServiceName of the organization  
**HARRY CHAPIN FOOD BANK OF SOUTHWEST  
FLORIDA INC.****Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Employer identification number

**59-23332120**OMB No. 1545-0047  
**Open to Public  
Inspection****Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	.....	.....	.....	.....	.....	.....
(2)	.....	.....	.....	.....	.....	.....
(3)	.....	.....	.....	.....	.....	.....
(4)	.....	.....	.....	.....	.....	.....
(5)	.....	.....	.....	.....	.....	.....

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1)	<b>HCFB HOLDING COMPANY, INC.</b> 3760 FOWLER STREET FORT MYERS	<b>33-3233299</b> FL 33901	<b>CHARITY</b>	<b>FL</b>	<b>501C3</b>	<b>7</b>	<b>N/A</b>
(2)	.....	.....	.....	.....	.....	.....	<b>X</b>
(3)	.....	.....	.....	.....	.....	.....	.....
(4)	.....	.....	.....	.....	.....	.....	.....
(5)	.....	.....	.....	.....	.....	.....	.....

## Schedule R (Form 990) (Rev. 12-2024) HARRY CHAPIN FOOD BANK OF SOUTHWEST 9-2332120

Page 2

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
									Yes	No
(1) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(2) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(3) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(4) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	(j) General or managing partner?	
									Yes	No
(1) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(2) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(3) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
(4) .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

**Part V****Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity		1a	x
b	Gift, grant, or capital contribution to related organization(s)		1b	x
c	Gift, grant, or capital contribution from related organization(s)		1c	x
d	Loans or loan guarantees to or for related organization(s)		1d	x
e	Loans or loan guarantees by related organization(s)		1e	x
f	Dividends from related organization(s)		1f	x
g	Sale of assets to related organization(s)		1g	x
h	Purchase of assets from related organization(s)		1h	x
i	Exchange of assets with related organization(s)		1i	x
j	Lease of facilities, equipment, or other assets to related organization(s)		1j	x
k	Lease of facilities, equipment, or other assets from related organization(s)		1k	x
l	Performance of services or membership or fundraising solicitations for related organization(s)		1l	x
m	Performance of services or membership or fundraising solicitations by related organization(s)		1m	x
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	x
o	Sharing of paid employees with related organization(s)		1o	x
p	Reimbursement paid to related organization(s) for expenses		1p	x
q	Reimbursement paid by related organization(s) for expenses		1q	x
r	Other transfer of cash or property to related organization(s)		1r	x
s	Other transfer of cash or property from related organization(s)		1s	x

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership		
											Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
(11)												

**Part VII****Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

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