

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11**

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C** Name of organization **Harry Chapin Food Bank of Southwest Florida, Inc.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) **3760 Fowler Street** Room/suite

City or town, state or country, and ZIP + 4 **Fort Myers FL 33901**

**D** Employer identification number **59-2332120**

**E** Telephone number **239-334-7007**

**G** Gross receipts\$ **21,324,109**

**F** Name and address of principal officer:  
**Al Brislain, Pres & CEO**  
**3760 Fowler Street**  
**Fort Myers FL 33901**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** Are all affiliates included?  Yes  No  
If "No," attach a list. (see instructions)

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

**J** Website: ▶ **www.harrychapinfoodbank.org**

**H(c)** Group exemption number ▶

**L** Year of formation: **1983** **M** State of legal domicile: **FL**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>To overcome hunger in Charlotte, Collier, Glades, Hendry and Lee counties through education in a cooperative effort with affiliated agencies in the procurement and distribution of food, equitably and without discrimination.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1783</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>16,123,148</b>	<b>20,017,562</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>4,613</b>	<b>-163,497</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>171,491</b>	<b>442,266</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>16,299,252</b>	<b>20,296,331</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>12,755,323</b>	<b>15,950,465</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>1,273,696</b>	<b>1,533,428</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>224,224</b>	<b>280,854</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>505,221</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<b>1,348,098</b>	<b>1,593,684</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>15,601,341</b>	<b>19,358,431</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>697,911</b>	<b>937,900</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>8,063,855</b>	<b>8,379,017</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,935,085</b>	<b>3,314,428</b>
		<b>4,128,770</b>	<b>5,064,589</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: **Al Brislain** Date: **President and CEO**

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **Angeline K. Choo, CPA** Preparer's signature: **Angeline K. Choo, CPA** Date: **11/10/11** Check  if self-employed PTIN: **P00547763**

Firm's name ▶ **MYERS, BRETTHOLTZ & COMPANY, PA** Firm's EIN ▶ **59-2445709**

Firm's address ▶ **12671 Whitehall Dr Fort Myers, FL 33907-3626** Phone no. **239-939-5775**

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission:  
**To overcome hunger in Charlotte, Collier, Glades, Hendry and Lee counties through education in a cooperative effort with affiliated agencies in the procurement and distribution of food, equitably and without discrimination.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **18,610,198** including grants of \$ **15,950,465** ) (Revenue \$ )  
**Provides more than 12.5 million pounds of nutritious, quality food to 176 partner agencies that provide direct services to those in need. Partner agencies are non-profit organizations that are comprised of church food pantries, neighborhood centers, Kids Cafes, low-income housing sites, senior nutrition centers, family crisis centers, group homes, soup kitchens, emergency shelters, after-school programs, day care centers, rehabilitation facilities, and disaster relief agencies.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ **18,610,198**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		<input checked="" type="checkbox"/>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3) and 501(c)(4) 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		<input checked="" type="checkbox"/>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<input checked="" type="checkbox"/>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<input checked="" type="checkbox"/>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<input checked="" type="checkbox"/>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<input checked="" type="checkbox"/>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
<b>a</b> 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>36 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		<input checked="" type="checkbox"/>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	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>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	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>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Does the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Dave Najar** **3760 Fowler Street** **Fort Myers FL 33901 239-334-7007**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>Jo Anna Bradshaw</b> President	5.00	X		X			0	0	0	
(2) <b>Keith Scoggins</b> Vice Pres	5.00	X		X			0	0	0	
(3) <b>Alexander Robinson</b> Treasurer	5.00	X		X			0	0	0	
(4) <b>Noelle Melanson</b> Secretary	5.00	X		X			0	0	0	
(5) <b>Aida Barnhart</b> Director	2.00	X					0	0	0	
(6) <b>Jeremy Barras</b> Director	2.00	X					0	0	0	
(7) <b>John Belisle</b> Director	2.00	X					0	0	0	
(8) <b>Martha Bireda</b> Director	2.00	X					0	0	0	
(9) <b>Charlotte Rae</b> Director	2.00	X					0	0	0	
(10) <b>Karen Pati</b> Director	2.00	X					0	0	0	
(11) <b>Stephen Popper</b> Director	2.00	X					0	0	0	
(12) <b>Brian Schwartz</b> Director	2.00	X					0	0	0	
(13) <b>Alan Brislain</b> Exe Dir	40.00			X			76,030	0	29,592	
(14)										
(15)										
(16)										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
(26) .....										
(27) .....										
(28) .....										
<b>1b Sub-total</b> .....							<b>76,030</b>		<b>29,592</b>	
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							<b>76,030</b>		<b>29,592</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		<b>X</b>
<b>4</b> 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 .....		<b>X</b>
<b>5</b> 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 .....		<b>X</b>

**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.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns				
	<b>b</b> Membership dues				
	<b>c</b> Fundraising events				
	<b>d</b> Related organizations				
	<b>e</b> Government grants (contributions)	<b>2,628,430</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>17,389,132</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	<b>16,536,626</b>			
	<b>h Total.</b> Add lines 1a-1f	<b>20,017,562</b>			
<b>Program Service Revenue</b>	<b>2a</b> .....	<b>Busn. Code</b>			
	<b>b</b> .....				
	<b>c</b> .....				
	<b>d</b> .....				
	<b>e</b> .....				
	<b>f</b> All other program service revenue				
	<b>g Total.</b> Add lines 2a-2f				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>2,978</b>		<b>2,978</b>
	<b>4</b> Income from investment of tax-exempt bond proceeds				
	<b>5</b> Royalties				
	<b>6a</b> Gross Rents	(i) Real	(ii) Personal		
	<b>b</b> Less: rental exps.				
	<b>c</b> Rental inc. or (loss)				
	<b>d</b> Net rental income or (loss)				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	<b>b</b> Less: cost or other basis & sales exps.		<b>15,000</b>		
	<b>c</b> Gain or (loss)		<b>181,475</b>		
	<b>d</b> Net gain or (loss)		<b>-166,475</b>	<b>-166,475</b>	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	<b>353,666</b>		
	<b>b</b> Less: direct expenses	<b>b</b>	<b>20,639</b>		
	<b>c</b> Net income or (loss) from fundraising events			<b>333,027</b>	
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>			
<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	<b>872,138</b>			
<b>b</b> Less: cost of goods sold	<b>b</b>	<b>825,664</b>			
<b>c</b> Net income or (loss) from sales of inventory			<b>46,474</b>	<b>46,474</b>	
Miscellaneous Revenue	<b>Busn. Code</b>				
<b>11a</b> Other			<b>62,765</b>	<b>62,765</b>	
<b>b</b> .....					
<b>c</b> .....					
<b>d</b> All other revenue					
<b>e Total.</b> Add lines 11a-11d			<b>62,765</b>		
<b>12 Total revenue.</b> See instructions.		<b>20,296,331</b>	<b>-166,475</b>	<b>0</b>	<b>112,217</b>

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	15,950,465	15,950,465		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	102,030	71,421	10,203	20,406
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	1,069,499	855,336	85,806	128,357
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	63,452	50,599	5,144	7,709
9 Other employee benefits	186,955	149,279	13,398	24,278
10 Payroll taxes	111,492	88,363	9,355	13,774
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	17,569		17,569	
d Lobbying				
e Professional fundraising services. See Part IV, line 7	280,854			280,854
f Investment management fees				
g Other				
12 Advertising and promotion	2,450	1,981	332	137
13 Office expenses	32,908	18,443	2,771	11,694
14 Information technology	44,224	31,301	7,420	5,503
15 Royalties				
16 Occupancy	67,690	56,402	11,282	6
17 Travel	22,099	12,778	8,637	684
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	28,728	5,947	22,717	64
20 Interest	174,012	174,012		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	275,300	273,976	662	662
23 Insurance	22,894	21,344	1,550	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Food handling and transportation	300,682	300,682		
b Restricted grants	178,120	178,120		
c Vehicle	160,803	160,580	222	1
d Agency assistance	81,167	81,167		
e Repairs and maintenance	56,127	49,887	6,240	
f All other expenses	128,911	78,115	39,704	11,092
25 Total functional expenses. Add lines 1 through 24f	19,358,431	18,610,198	243,012	505,221
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	234,804	1	83,316
	2 Savings and temporary cash investments	1,319,587	2	1,236,205
	3 Pledges and grants receivable, net	20,000	3	
	4 Accounts receivable, net	58,672	4	139,359
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,193,629	8	1,589,514
	9 Prepaid expenses and deferred charges	15,900	9	36,279
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,319,913		
	b Less: accumulated depreciation	10b 1,044,638	10c 5,136,378	5,275,275
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	10,883	12	12,719
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	74,002	15	6,350
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	8,063,855	16	8,379,017	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	123,336	17	80,772
	18 Grants payable	77,918	18	78,255
	19 Deferred revenue	50,637	19	32,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,648,149	23	3,055,606
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	35,045	25	67,795
	26 <b>Total liabilities.</b> Add lines 17 through 25	3,935,085	26	3,314,428
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	4,056,270	27	4,840,150
	28 Temporarily restricted net assets	67,500	28	219,439
	29 Permanently restricted net assets	5,000	29	5,000
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	4,128,770	33	5,064,589
34 <b>Total liabilities and net assets/fund balances</b>	8,063,855	34	8,379,017	

**Part XI Reconciliation of Net Assets**

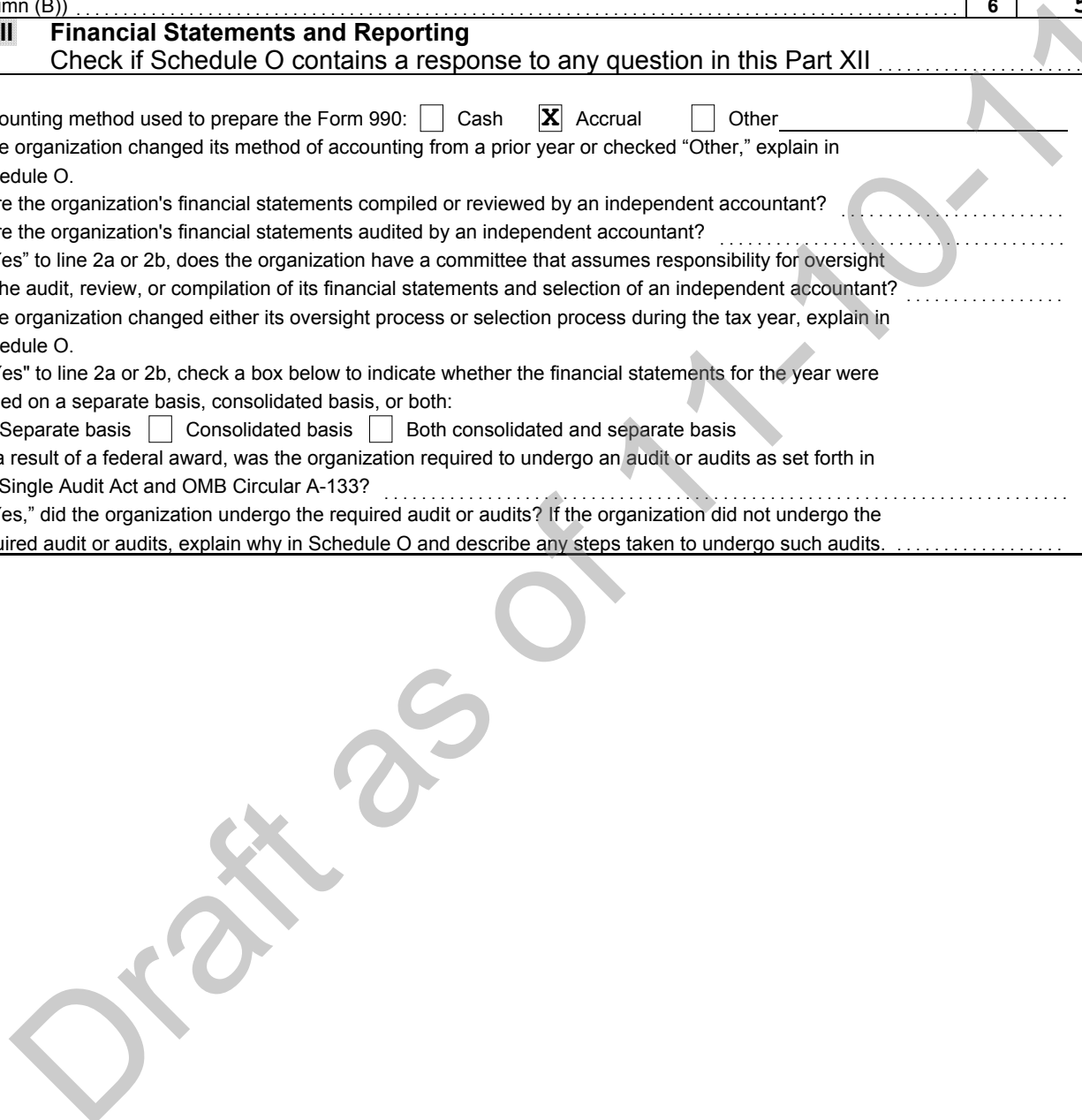
Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>20,296,331</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>19,358,431</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>937,900</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>4,128,770</b>
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	<b>-2,081</b>
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	<b>5,064,589</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant?	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>X</b>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<b>X</b>	



SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

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. See separate instructions.

Department of the Treasury Internal Revenue Service

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

Part I 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 11, 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.)
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 X 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 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.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 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 that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III—Functionally integrated d Type III—Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

h Provide the following information about the supported organization(s).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support. Sub-columns for Yes/No for (iv), (v), and (vi).

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

Schedule A (Form 990 or 990-EZ) 2010

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,615,227	6,333,085	11,579,456	16,123,148	20,017,562	60,668,478
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	6,615,227	6,333,085	11,579,456	16,123,148	20,017,562	60,668,478
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						60,668,478

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	6,615,227	6,333,085	11,579,456	16,123,148	20,017,562	60,668,478
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,470	4,972	5,146	5,246	2,978	30,812
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	24,791	23,753	27,017	616,041	934,903	1,626,505
<b>11 Total support.</b> Add lines 7 through 10						62,325,795

**12** Gross receipts from related activities, etc. (see instructions) 12 353,666

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

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

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	97.34%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>	98.46%

**16a 33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support test—2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

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

(Complete only if you checked the box on line 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in 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 IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Part II, Line 10 - Other Income Detail**

**Other Income** \$ 691,602

Draft as of 11-10-11

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

### Schedule of Contributors

OMB No. 1545-0047

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

# 2010

<b>Name of the organization</b> <b>Harry Chapin Food Bank of Southwest Florida, Inc.</b>	<b>Employer identification number</b> <b>59-2332120</b>
---	--

**Organization type** (check one):

- |                    |   |
|--------------------|---|
| <b>Filers of:</b>  | <b>Section:</b>   |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization                        |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization   |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

#### Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ .....

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

Name of organization <b>Harry Chapin Food Bank of Southwest</b>	Employer identification number <b>59-2332120</b>
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**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<b>1</b>	<b>Florida Dept of Agriculture</b> <b>407 South Calhoun Street</b>  <b>Tallahassee FL 32399</b>	\$ <b>2,542,588</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>Harry Chapin Food Bank of Southwest</b>	Employer identification number <b>59-2332120</b>
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**Part II** Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<b>1</b>	<b>USDA food commodities</b> ..... ..... .....	\$ <b>2,287,483</b> .....	.....
.....	..... ..... .....	\$ ..... .....	.....
.....	..... ..... .....	\$ ..... .....	.....
.....	..... ..... .....	\$ ..... .....	.....
.....	..... ..... .....	\$ ..... .....	.....
.....	..... ..... .....	\$ ..... .....	.....
.....	..... ..... .....	\$ ..... .....	.....

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

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" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two Yes/No questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for conservation easements including: Purpose(s) of easements, Total number of easements, Total acreage restricted, Number of easements on historic structures, and various monitoring and expense questions.

Table titled 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for art and historical treasures including: 1a) Elected not to report, 1b) Elected to report with amounts, and 2) Received or held for financial gain with amounts.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
  - a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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" to 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 XIV and complete the following table:
- |                                       | Amount    |
|---------------------------------------|-----------|
| c Beginning balance .....             | <b>1c</b> |
| d Additions during the year .....     | <b>1d</b> |
| e Distributions during the year ..... | <b>1e</b> |
| f Ending balance .....                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
  - b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds. Complete if organization answered "Yes" to 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 .....					
b Contributions .....					
c Net investment earnings, gains, and losses .....					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....					

- 2 Provide the estimated percentage of the year end balance held as:
  - a Board designated or quasi-endowment ▶ ..... %
  - b Permanent endowment ▶ ..... %
  - c Term endowment ▶ ..... %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
 

	Yes	No
(i) unrelated organizations .....		
(ii) related organizations .....		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.**

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....	952,422	528,161		1,480,583
b Buildings .....		3,351,797	298,152	3,053,645
c Leasehold improvements .....				
d Equipment .....		1,487,533	746,486	741,047
e Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				<b>5,275,275</b>

**Part VII Investments—Other Securities.** 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)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) <b>Compensated absences</b>	<b>57,839</b>
(3) <b>Capital lease payable</b>	<b>9,956</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>67,795</b>

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	20,296,331
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,358,431
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	937,900
4	Net unrealized gains (losses) on investments	4	1,836
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-3,917
9	Total adjustments (net). Add lines 4 through 8	9	-2,081
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	935,819

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	21,310,945
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,836
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,836
3	Subtract line 2e from line 1	3	21,309,109
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 XIV.)	4b	-1,012,778
c	Add lines 4a and 4b	4c	-1,012,778
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	20,296,331

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	20,375,126
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 XIV.)	2d	1,016,695
e	Add lines 2a through 2d	2e	1,016,695
3	Subtract line 2e from line 1	3	19,358,431
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 XIV.)	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	19,358,431

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XI, Line 8 - Reconciliation of Changes - Other**

Tax loss on disposal of assets	\$	166,475
Cost of goods sold	\$	825,664
Direct fundraising expenses	\$	20,639
Book loss on disposal of assets	\$	-170,392
Cost of goods sold	\$	-825,664
Direct fundraising expenses	\$	-20,639

**Part XIV Supplemental Information** (continued)

**Part XII, Line 4b - Revenue Amounts Included on Return - Other**

Tax loss on disposal of assets	\$	-166,475
Cost of goods sold	\$	-825,664
Direct fundraising expenses	\$	-20,639

**Part XIII, Line 2d - Expense Amounts Included in Financials - Other**

Book loss on disposal of assets	\$	170,392
Cost of goods sold	\$	825,664
Direct fundraising expenses	\$	20,639

Draft as of 11-10-11

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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2010**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	LW Robbins Assoc	Dir Mail		X	159,360	128,665	30,695
2	One to One Group	Dir Mail		X	735,378	101,700	633,678
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>					<b>894,738</b>	<b>230,365</b>	<b>664,373</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.

**Florida**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>Hunger Walk</b> (event type)	<b>Taste of Boca G 3</b> (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	215,416	36,075	102,175	353,666
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	215,416	36,075	102,175	353,666
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,170	4,597	7,872	20,639
	10 Direct expense summary. Add lines 4 through 9 in column (d)				20,639
11 Net income summary. Combine line 3, column (d), and line 10				333,027	

**Part III Gaming.** Complete if the organization answered "Yes" to 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. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
a Is the organization licensed to operate gaming activities in each of these states? 9a  Yes  No  
b If "No," explain: \_\_\_\_\_

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



**SCHEDULE I  
(Form 990)****Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2010****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Abdas The Ministry Of Life Inc. 21100 Mcguire Avenue Port Charlotte FL 33948	26-1128961	3		11,616	Avg cost p	Food	Food for public dist
(2)	Abundant Grace Fellowship 2701 Cleveland Avenue #2 Fort Myers FL 33908	42-1567485	3		9,468	Avg cost p	Food	Food for public dist
(3)	Act Shelter P.O. Box 60401 Fort Myers FL 33906	59-1864735	3		12,119	Avg cost p	Food	Food for public dist
(4)	Adventist Community Services 1655 Taylor Road Punta Gorda FL 33950	65-0652109	3		26,568	Avg cost p	Food	Food for public dist
(5)	Afcaam After School Program 3681 Michigan Avenue Fort Myers FL 33916	65-0889322	3		16,022	Avg cost p	Food	Food for public dist
(6)	All Souls Episcopal Pantry 14640 N. Cleveland Avenue North Fort Myers FL 33903	65-0151247	3		137,106	Avg cost p	Food	Food for public dist
(7)	Alva United Methodist Church P.O. Box 96 Alva FL 33920	59-0250411	3		39,598	Avg cost p	Food	Food for public dist
(8)	Amigos Center 106 S. 2nd Street Immokalee FL 34142	59-3646095	3		123,216	Avg cost p	Food	Food for public dist
(9)	Amikids Big Cypress 25959 Turner River Road Ochopee FL 34141	59-2661387	3		11,808	Avg cost p	Food	Food for public dist

2 Enter total number of section 501(c)(3) and government organizations

▶ 176

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	<b>Amikids Crossroads, Inc 45991 Bermont Road Punta Gorda FL 33982</b>	<b>59-2218777</b>	<b>3</b>		<b>13,550</b>	<b>Avg cost p</b>	<b>Food</b>	<b>Food for public dist</b>
(2)	<b>Ann's Restoration House 599 Carolina Avenue Fort Myers FL 33905</b>	<b>20-0053851</b>	<b>3</b>		<b>16,295</b>	<b>Avg cost p</b>	<b>Food</b>	<b>Food for public dist</b>
(3)	<b>Assembly Of God 3825 McGregor Boulevard Fort Myers FL 33901</b>	<b>65-0616904</b>	<b>3</b>		<b>69,779</b>	<b>Avg cost p</b>	<b>Food</b>	<b>Food for public dist</b>
(4)	<b>Bonita Springs Assistance Office, I 10322 Pennsylvania Avenue Bonita Springs FL 34134</b>	<b>59-2337909</b>	<b>3</b>		<b>24,952</b>	<b>Avg cost p</b>	<b>Food</b>	<b>Food for public dist</b>
(5)	<b>Broadway Church Of God Pantry 3309 South Broadway Street Fort Myers FL 33901</b>	<b>59-2398091</b>	<b>3</b>		<b>974,739</b>	<b>Avg cost p</b>	<b>Food</b>	<b>Food for public dist</b>
(6)	<b>C.H.A.P.S., Inc 18200 Paulson Drive, Unit A-1 Port Charlotte FL 33954</b>	<b>65-0498294</b>	<b>3</b>		<b>36,764</b>	<b>Avg cost p</b>	<b>Food</b>	<b>Food for public dist</b>
(7)	<b>Cape Coral Assembly Of God 717 Skyline Boulevard Cape Coral FL 33991</b>	<b>59-2262560</b>	<b>3</b>		<b>75,236</b>	<b>Avg cost p</b>	<b>Food</b>	<b>Food for public dist</b>
(8)	<b>Cape Coral Caring Center 4645 Se 15Th Avenue Cape Coral FL 33904</b>	<b>65-0262583</b>	<b>3</b>		<b>84,160</b>	<b>Avg cost p</b>	<b>Food</b>	<b>Food for public dist</b>
(9)	<b>Carl-Con Group Home 106 Lee Boulevard Lehigh Acres FL 33936</b>	<b>65-0265397</b>	<b>3</b>		<b>21,825</b>	<b>Avg cost p</b>	<b>Food</b>	<b>Food for public dist</b>

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

**SCHEDULE I  
(Form 990)****Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2010****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization **Harry Chapin Food Bank of Southwest  
Florida, Inc.**Employer identification number  
**59-2332120****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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(1)	Catholic Charities Of Bonita Spring 4235 Michigan Link Bonita Springs FL 33916	59-2473176	3		197,680	Avg cost p	Food	Food for public dist
(2)	Catholic Charities Of Fort Myers 4235 Michigan Link Fort Myers FL 33916	65-0889322	3		225,203	Avg cost p	Food	Food for public dist
(3)	Catholic Charities Of Hendry/Glades 4235 Michigan Link Clewiston FL 33916	59-2473176	3		84,746	Avg cost p	Food	Food for public dist
(4)	Center For Living P.O. Box 7043 Fort Myers FL 33911	65-0581985	3		78,927	Avg cost p	Food	Food for public dist
(5)	Charleston Park Neighborhood Associ 2541 Charleston Park Drive Alva FL 33920	59-3080357	3		87,427	Avg cost p	Food	Food for public dist
(6)	Charlotte County Homeless Coalition P.O. Box 380157 Port Charlotte FL 33938	65-0139525	3		71,287	Avg cost p	Food	Food for public dist
(7)	Christ Community Church 4050 Colonial Blvd Fort Myers FL 33966	59-6514378	3		39,039	Avg cost p	Food	Food for public dist
(8)	Christ Community Church Of Cape Cor 4801 Orange Grove Boulevard North Fort Myers FL 33903	65-0938226	3		128,153	Avg cost p	Food	Food for public dist
(9)	Clewiston Seventh Day 545 E. Obispo Ave Clewiston FL 33440	20-5695382	3		44,735	Avg cost p	Food	Food for public dist

2 Enter total number of section 501(c)(3) and government organizations

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Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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(1)	Community Cooperative Ministries P.O. Box 2143 Fort Myers FL 33902	59-2602772	3		540,410	Avg cost p	Food	Food for public dist
(2)	Community Resource Center, Inc. 5400 Riverside Drive, Box 3522 Punta Gorda FL 33982	65-0496363	3		54,666	Avg cost p	Food	Food for public dist
(3)	Compassion Avenue, Inc. P.O. Box 418 Clewiston FL 33440	51-0477088	3		127,242	Avg cost p	Food	Food for public dist
(4)	Cooper St. Recreation Center P.O. Box 510963 Punta Gorda FL 33951	65-0329777	3		27,170	Avg cost p	Food	Food for public dist
(5)	Coronado High School 3057 Cleveland Fort Myers FL 33901	36-4617334	3		5,242	Avg cost p	Food	Food for public dist
(6)	Covenant Presbyterian Church 2439 McGregor Boulevard Fort Myers FL 33901	23-6393377	3		25,858	Avg cost p	Food	Food for public dist
(7)	Cypress Lake Presbyterian Pantry 8260 Cypress Lake Drive S.W. Fort Myers FL 33919	59-1649348	3		550,613	Avg cost p	Food	Food for public dist
(8)	Daniels Road Baptist Church 5878 Daniels Road Fort Myers FL 33912	59-2350694	3		15,926	Avg cost p	Food	Food for public dist
(9)	David Lawrence Mental Health Center 6075 Bathey Lane Naples FL 34116	59-2206025	3		53,095	Avg cost p	Food	Food for public dist

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(1)	Destiny Ministries Of SWFL 1510 Se 46th Lane Cape Coral FL 33904	51-0604091	3		9,339	Avg cost p	Food	Food for public dist
(2)	Discipleship Driven Ministries 565 Prineville, St Port Charlotte FL 33954	20-5840548	3		105,695	Avg cost p	Food	Food for public dist
(3)	Eben-Ezer Baptist Church P.O. Box 6580 Fort Myers FL 33911	65-0975889	3		20,840	Avg cost p	Food	Food for public dist
(4)	Edgewater United Methodist Church 19190 Cochran Boulevard Port Charlotte FL 33948	65-0235009	3		185,068	Avg cost p	Food	Food for public dist
(5)	El Schaddai Haitian Baptist Church 2383 Linwood Avenue, #308 Naples FL 34112	20-5011523	3		20,030	Avg cost p	Food	Food for public dist
(6)	Elim French Seventh Day Adventist C 2421 2nd Avenue NE Naples FL 34120	56-2311927	3		6,570	Avg cost p	Food	Food for public dist
(7)	Englewood East Church Of Christ 9600 Gulfstream Boulevard Englewood FL 34224	26-3786816	3		28,021	Avg cost p	Food	Food for public dist
(8)	Evangel Church 350 S. Berner Road Clewiston FL 33440	59-2236258	3		45,835	Avg cost p	Food	Food for public dist
(9)	Everglades Community Church P.O. Box 177 Chokoloskee FL 34139	22-3934843	3		41,123	Avg cost p	Food	Food for public dist

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Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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(1)	F.I.S.H. Of Sanibel 1630-B Periwinkle Way Sanibel FL 33957	20-8892375	3		15,806	Avg cost p	Food	Food for public dist
(2)	Faith Fellowship Food Pantry 6111 South Pointe Boulevard Fort Myers FL 33919	65-0827752	3		24,439	Avg cost p	Food	Food for public dist
(3)	Faith Presbyterian Church/We Care 4544 Coronado Parkway Cape Coral FL 33904	59-1021543	3		86,162	Avg cost p	Food	Food for public dist
(4)	Family Resource Center 4209 Tamiami Trail East Naples FL 34112	59-2473176	3		146,751	Avg cost p	Food	Food for public dist
(5)	Ferrell'S Group Home 2180 Cranford Avenue Fort Myers FL 33916	31-1674779	3		14,680	Avg cost p	Food	Food for public dist
(6)	First Assembly Cornerstone 3220 Martin Luther King Boulevard Fort Myers FL 33916	59-0782460	3		138,988	Avg cost p	Food	Food for public dist
(7)	First Assembly Ministries 4701 Summerlin Road Fort Myers FL 33919	59-0782460	3		27,394	Avg cost p	Food	Food for public dist
(8)	First Baptist Church Of Lehigh Acre 1102 E. Leeland Heights Boulevard Lehigh Acres FL 33936	59-1109528	3		809,971	Avg cost p	Food	Food for public dist
(9)	First Baptist Church/Horn Of Plenty 459 Gill Street Punta Gorda FL 33950	59-6167083	3		51,859	Avg cost p	Food	Food for public dist

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(1)	First Church Of The Nazarene 512 East Allen Street Punta Gorda FL 33950	59-1573582	3		653,703	Avg cost p	Food	Food for public dist
(2)	First Community Congregational Chur 200 E Leeland Heights Boulevard Lehigh Acres FL 33936	59-1969598	3		84,014	Avg cost p	Food	Food for public dist
(3)	First Macedonia Missionary Baptist 411 E. Charlotte Avenue Punta Gorda FL 33950	65-0360165	3		24,266	Avg cost p	Food	Food for public dist
(4)	First United Methodist Church of Im 303 N 9th St Immokalee FL 34142	59-1963954	3		14,542	Avg cost p	Food	Food for public dist
(5)	Florida Baptist Children's Home 4551 Camino Real Way Fort Myers FL 33966	59-0657326	3		5,926	Avg cost p	Food	Food for public dist
(6)	Friendship United Methodist Church 12275 Paramount Dr. Punta Gorda FL 33955	36-2167731	3		6,330	Avg cost p	Food	Food for public dist
(7)	Ft Myers Christian Center 3500 Fowler Street Fort Myers FL 33901	65-0937140	3		345,193	Avg cost p	Food	Food for public dist
(8)	Ft. Myers Rescue Mission 6900 Mission Lane Fort Myers FL 33916	59-2469860	3		385,428	Avg cost p	Food	Food for public dist
(9)	Ft. Myers Shores Seventh Day Advent 14830 Palm Beach Boulevard Fort Myers Shores FL 33905	65-1136427	3		22,257	Avg cost p	Food	Food for public dist

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(1)	<b>Ft. Myers Spanish Sda Church</b> 9838 Bernwood Place Drive, #211 Fort Myers FL 33966	52-6037545	3		65,662	Avg cost p	Food	Food for public dist
(2)	<b>Good Samaritans Of Charlotte County</b> P.O. Box 494752 Punta Gorda FL 33949	59-2379128	3		40,929	Avg cost p	Food	Food for public dist
(3)	<b>Good Shepherd Ministries Of SWFL, I</b> 2621 Central Avenue Fort Myers FL 33901	26-1213378	3		11,240	Avg cost p	Food	Food for public dist
(4)	<b>Grace Community Center</b> 13 SE 21st Place Cape Coral FL 33990	26-2720721	3		249,845	Avg cost p	Food	Food for public dist
(5)	<b>Grace Place For Children &amp; Families</b> P.O. Box 990531 Naples FL 34116	65-1229558	3		269,947	Avg cost p	Food	Food for public dist
(6)	<b>Grace United Methodist Church</b> 14036 Matanzas Drive Fort Myers Shores FL 33905	36-2167731	3		12,370	Avg cost p	Food	Food for public dist
(7)	<b>Guadalupe Center, Inc</b> 211 9th Street South Immokalee FL 33934	59-2617151	3		15,192	Avg cost p	Food	Food for public dist
(8)	<b>Guadalupe Social Services</b> P.O. Box 5034 Immokalee FL 33934	59-2473176	3		190,927	Avg cost p	Food	Food for public dist
(9)	<b>Harlem Heights Neighborhood Associa</b> 10511 Gladiolus Fort Myers FL 33908	65-0323306	3		59,384	Avg cost p	Food	Food for public dist

2 Enter total number of section 501(c)(3) and government organizations

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**Grants and Other Assistance to Organizations,  
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(1)	Helping Hands 5901 Pendragon Lane North Fort Myers FL 33912	65-1050988	3		10,343	Avg cost p	Food	Food for public dist
(2)	Hendry-Glades Mental Health Clinic, 601 W. AlveRodez Avenue Clewiston FL 33440	59-1558636	3		34,536	Avg cost p	Food	Food for public dist
(3)	House Of Prayer Iv 2112 Mitchell Court Fort Myers FL 33916		3		66,215	Avg cost p	Food	Food for public dist
(4)	Iglesia Vida Nueva.Tv/New Life.Tv C 217 E. Aztec Avenue Clewiston FL 33440	65-0397182	3		398,408	Avg cost p	Food	Food for public dist
(5)	Interfaith Caregivers Inc 17592 Rockefeller Circle Fort Myers FL 33967	65-0362473	3		67,133	Avg cost p	Food	Food for public dist
(6)	Island Coast Aids Network 2231 McGregor Boulevard Fort Myers FL 33901	65-0147957	3		167,812	Avg cost p	Food	Food for public dist
(7)	Juan Diego Center 26650 Noble Lane Bonita Springs FL 34135	59-3742064	3		61,260	Avg cost p	Food	Food for public dist
(8)	Junior League 12995 S. Cleveland Ave STE 157 Fort Myers FL 33901	59-6194403	3		5,713	Avg cost p	Food	Food for public dist
(9)	Lehigh Acres Christian Church 50 Bell Boulevard Lehigh Acres FL 33936	59-2168522	3		27,720	Avg cost p	Food	Food for public dist

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(1)	Lehigh Community Services 9 Beth Stacy Boulevard, # 206 Lehigh Acres FL 33971	59-1773738	3		30,127	Avg cost p	Food	Food for public dist
(2)	Lifeline Family Center 907 SE 5th Avenue Cape Coral FL 33904	65-0529641	3		20,505	Avg cost p	Food	Food for public dist
(3)	McGregor Baptist Pantry 3750 Colonial Boulevard Fort Myers FL 33966	59-2115730	3		213,317	Avg cost p	Food	Food for public dist
(4)	Mission Unity, Inc 3512 Depew Circle Port Charlotte FL 33952	05-0532477	3		117,180	Avg cost p	Food	Food for public dist
(5)	Morningstar Baptist Church 5160 Richmond Fort Myers FL 33905	65-0425964	3		16,347	Avg cost p	Food	Food for public dist
(6)	Nations Association P.O. Box 1060 Fort Myers FL 33902	59-1840066	3		69,060	Avg cost p	Food	Food for public dist
(7)	Nature's Cove, Inc 18060 Elmwood Drive Alva FL 33920	65-0697850	3		38,359	Avg cost p	Food	Food for public dist
(8)	New Life Assembly of God 5146 Leonard Blvd S Lehigh Acres FL 33973	59-2126484	3		6,905	Avg cost p	Food	Food for public dist
(9)	New Life Dream Center 2120 Collier Avenue, Suite H Fort Myers FL 33901	59-2276660	3		28,469	Avg cost p	Food	Food for public dist

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Name of the organization **Harry Chapin Food Bank of Southwest  
Florida, Inc.**

Employer identification number  
**59-2332120**

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Nextep 8981 Daniels Parkway Fort Myers FL 33912	26-4144992	3		72,674	Avg cost p	Food	Food for public dist
(2)	Noahs Ark Church, Inc 576 11th Street North Naples FL 34102	65-0712776	3		15,039	Avg cost p	Food	Food for public dist
(3)	Our Daily Bread 1418 Homestead Rd. N. Lehigh Acres FL 33936	59-1318118	3		290,836	Avg cost p	Food	Food for public dist
(4)	Page Park Community Service Club, I 507 Center Road Fort Myers FL 33907	59-6155104	3		98,829	Avg cost p	Food	Food for public dist
(5)	Peniel Sda Church 2663 Second Street Fort Myers FL 33916	59-2627645	3		9,609	Avg cost p	Food	Food for public dist
(6)	Pine Island Food Pantry 12175 Stringfellow Road St. James City FL 33922	27-1757051	3		73,108	Avg cost p	Food	Food for public dist
(7)	Pine Manor Improvement Association P.O. Box 61464 Fort Myers FL 33906	65-0133208	3		93,453	Avg cost p	Food	Food for public dist
(8)	Port Charlotte Church Of Christ 20484 Midway Boulevard Port Charlotte FL 33952	59-6153816	3		140,357	Avg cost p	Food	Food for public dist
(9)	Redeemer Early Learning Center P.O. Box 7823 Fort Myers FL 33911	59-1432835	3		5,452	Avg cost p	Food	Food for public dist

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

**SCHEDULE I  
(Form 990)****Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2010****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Remnant Seed Ministries, Inc 21202 Olean Boulevard, Suite B-1 Port Charlotte FL 33952	65-1078556	3		31,560	Avg cost p	Food	Food for public dist
(2)	Salvation Army Bonita Springs 25221 Bernwood Dr. S #2 Bonita Springs FL 34135	58-0660607	3		26,536	Avg cost p	Food	Food for public dist
(3)	Salvation Army Lodge-Fort Myers P.O. Box 60087 Fort Myers FL 33906	58-0660607	3		26,981	Avg cost p	Food	Food for public dist
(4)	Salvation Army S/S-Fort Myers P.O. Box 60087 Fort Myers FL 33906	58-0660607	3		586,974	Avg cost p	Food	Food for public dist
(5)	Salvation Army S/S-Naples P.O. Box 8209 Naples FL 34101	58-0660607	3		78,518	Avg cost p	Food	Food for public dist
(6)	Salvation Army Service Unit-Clewiston 335 Central Avenue Clewiston FL 33440	59-0631403	3		30,454	Avg cost p	Food	Food for public dist
(7)	Salvation Army Unit Of Labelle P.O. Box 218 Labelle FL 33975	58-0660607	3		43,950	Avg cost p	Food	Food for public dist
(8)	Seventh-Day Adventist Comm. Service 2036 Loveland Boulevard Port Charlotte FL 33980	52-6037545	3		11,345	Avg cost p	Food	Food for public dist
(9)	St. Francis Of Assisi 5265 Placida Road Grove City FL 34224	59-1933467	3		69,812	Avg cost p	Food	Food for public dist

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)****Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2010****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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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**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	St. Joseph The Worker P.O. Box 1109 Moore Haven FL 33471	59-2545812	3		77,593	Avg cost p	Food	Food for public dist
(2)	St. Matthew's House 2001 Airport Road South Naples FL 34112	65-0097432	3		28,564	Avg cost p	Food	Food for public dist
(3)	St. Matthews House Thrift Store 25091 Bernwood Drive Bonita Springs FL 34135	65-1110501	3		10,208	Avg cost p	Food	Food for public dist
(4)	St. Vincent De Paul Church 13031 Palm Beach Boulevard SE Fort Myers FL 33905	59-2824352	3		134,639	Avg cost p	Food	Food for public dist
(5)	St. Vincent De Paul-Grand Ave. P.O. Box 2546 Fort Myers FL 33902	13-5562362	3		1,402,840	Avg cost p	Food	Food for public dist
(6)	St. Vincent De Paul-Port Charlotte 21505 Augusta Avenue Port Charlotte FL 33952	37-1566756	3		162,988	Avg cost p	Food	Food for public dist
(7)	St. Vincent De Paul-Punta Gorda 25200 Airport Road Punta Gorda FL 33950	80-0029958	3		175,045	Avg cost p	Food	Food for public dist
(8)	St. Vincent De Paul-St. Maximillian 2080 Tamiami Trail Port Charlotte FL 33948	59-1905861	3		29,406	Avg cost p	Food	Food for public dist
(9)	Suncoast Neighborhood Taskforce, In 2440 Thompson Street North Fort Myers FL 33901	94-3415530	3		456,517	Avg cost p	Food	Food for public dist

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I  
(Form 990)****Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2010****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SVDP-San Antonio Conference 24445 Rampart Blvd Port Charlotte FL 33980	65-0373993	3		7,030	Avg cost p	Food	Food for public dist
(2)	Tice United Methodist Pantry 4545 Tice Street Fort Myers FL 33905	59-1155134	3		389,829	Avg cost p	Food	Food for public dist
(3)	Tree Of Life Church 2132 Shadowlawn Drive Naples FL 34112	59-1315066	3		188,840	Avg cost p	Food	Food for public dist
(4)	Trinity Baptist Church Of Punta Gor 11234 Royal Road Punta Gorda FL 33955	64-0147009	3		105,676	Avg cost p	Food	Food for public dist
(5)	Trinity United Methodist Church P.O. Box 495895 Port Charlotte FL 33949	59-6515026	3		61,506	Avg cost p	Food	Food for public dist
(6)	Vineyard Community Church-Cape 923 SE 47th Terrace Cape Coral FL 33904	59-2706764	3		55,852	Avg cost p	Food	Food for public dist
(7)	We Care Outreach Center, Inc./Healt 4231 Desoto Avenue Fort Myers FL 33905	61-1485045	3		151,793	Avg cost p	Food	Food for public dist
(8)	Word Of Life Church 2150 Collier Avenue, Suite H Fort Myers FL 33901	54-2133463	3		506,746	Avg cost p	Food	Food for public dist
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

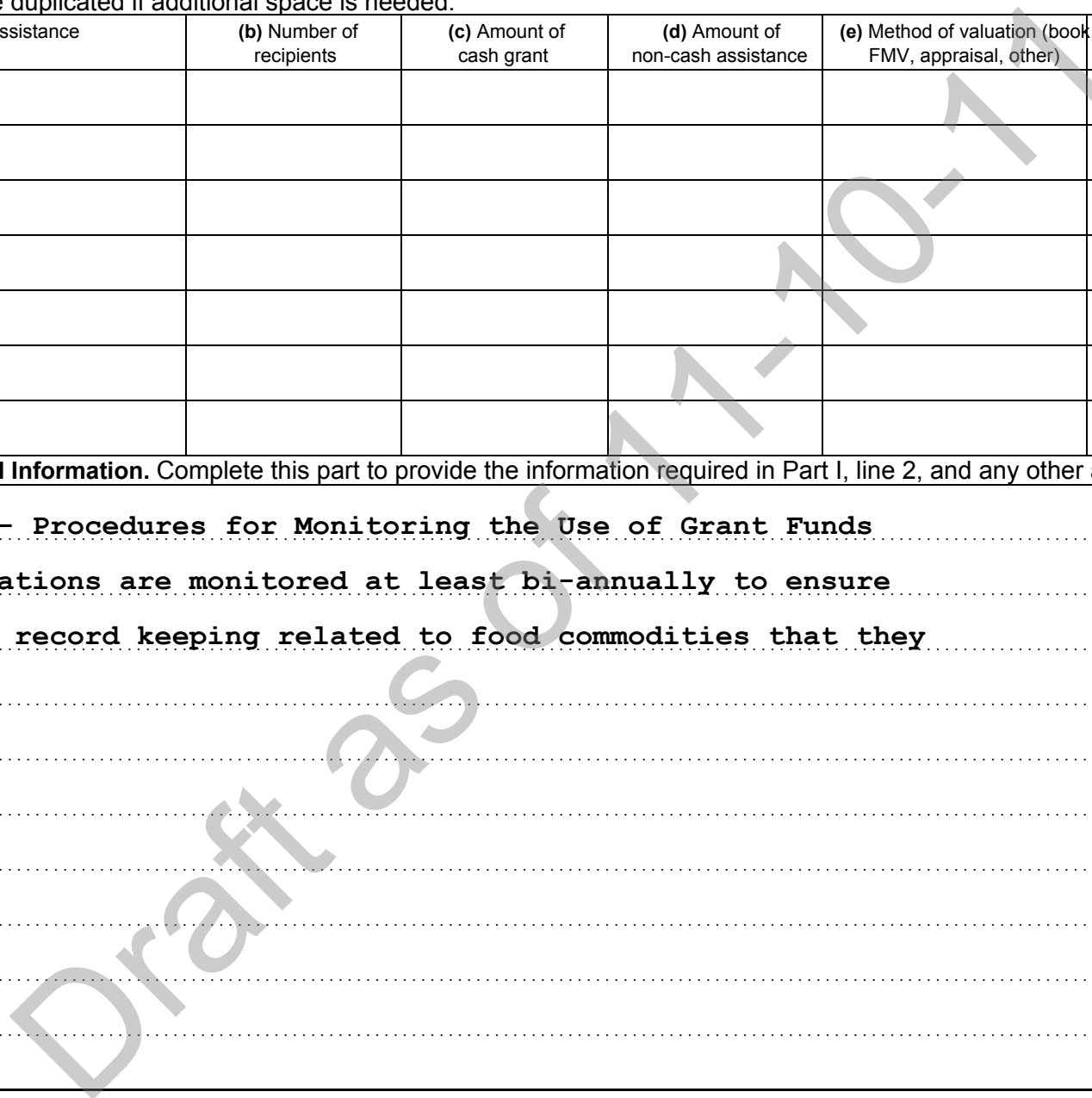
**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds**

Grantee organizations are monitored at least bi-annually to ensure compliance with record keeping related to food commodities that they distribute.



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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

OMB No. 1545-0047

**2010**

**Open To Public Inspection**

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

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

1	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
<b>Total</b> .....					▶ \$						

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

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

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			



SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2010

Open To Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization Harry Chapin Food Bank of Southwest Florida, Inc.

Employer identification number 59-2332120

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Cars, Securities, etc.

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

29 0

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods and gift acceptance policies.

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Draft as of 11-10-11

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

Name of the organization **Harry Chapin Food Bank of Southwest Florida, Inc.**

Employer identification number  
**59-2332120**

**Form 990 - Additional Information**

**Schedule L, Part IV: Business Transactions Involving Interested Persons**

**Alexander Robinson, Treasurer, is also the President of Northern Trust, which is the holder of two secured note payables, with the remaining balances of \$2,852,124 as of June 30, 2011.**

**John Belisle, Board Member, is the Vice President of BB&T Oswald Trippe, which is the broker of the various insurance policies.**

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

**The board reviews a draft copy of the tax return for accuracy and completeness prior to signing and filing the tax return.**

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

**Annual compliance statement regarding conflict of interest policy is distributed to officers, directors, trustees and key employees.**

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

**The executive committee of the board reviews the annual salary survey prepared by Feeding America, a national nonprofit distributor of donated produce in the food bank network, and prepares written documentation of the review process and salary recommendation. The board then approves the executive director's salary.**

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

Name of the organization

**Harry Chapin Food Bank of Southwest**

Employer identification number

**59-2332120**

The organization makes its governing documents, conflict of interest policy and financial statements available to the public upon written request.

Draft as of 11-10-11

### Depreciation and Amortization (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **Harry Chapin Food Bank of Southwest Florida, Inc.** Identifying number **59-2332120**

Business or activity to which this form relates  
**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	275,300

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶	

**Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	275,300
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

### Mortgages and Other Notes Payable

Forms  
**990 / 990-PF**

**2010**

For calendar year 2010, or tax year beginning **07/01/10**, and ending **06/30/11**

Name <b>Harry Chapin Food Bank of Southwest Florida, Inc.</b>	Employer Identification Number <b>59-2332120</b>
--	---

#### Form 990, Part X, Line 23 - Additional Information

Name of lender	Relationship to disqualified person
(1) <b>Manitowoc Finance</b>	
(2) <b>Feeding America</b>	
(3) <b>Northern Trust</b>	
(4) <b>Northern Trust</b>	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>198,000</b>	<b>11/12/08</b>	<b>09/11/10</b>	<b>Monthly pmts of \$8,250</b>	<b>0.000</b>
(2) <b>268,608</b>	<b>12/31/09</b>	<b>12/31/13</b>	<b>Annual pmts of prin &amp; int</b>	
(3) <b>2,212,500</b>	<b>12/16/09</b>	<b>01/02/15</b>	<b>Monthly pmts of \$15,471</b>	<b>5.700</b>
(4) <b>1,187,500</b>	<b>12/16/09</b>	<b>01/02/12</b>	<b>Monthly pmts of \$7,385</b>	<b>4.300</b>
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) <b>Equipment</b>	<b>Equipment purchase</b>
(2) <b>Two hybrid trucks</b>	<b>Vehicle purchase</b>
(3) <b>Real property</b>	<b>Real property purchase</b>
(4) <b>Real property</b>	<b>Real property purchase</b>
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	<b>24,625</b>	
(2)	<b>268,608</b>	<b>203,482</b>
(3)	<b>2,185,219</b>	<b>2,124,230</b>
(4)	<b>1,169,697</b>	<b>727,894</b>
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	<b>3,648,149</b>	<b>3,055,606</b>

**Federal Statements**

**Form 990 - Federal General Footnote**

Description

All compensation and payroll taxes reported are amounts paid for leased employees who are reported on Form 941's of the leasing company.

Draft as of 11-10-11