# \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Internal Revenue Service

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

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

Open to Public Inspection

Α	For the	e 2018 calendar year, or tax year beginning	ending J	UN 30, 2019			
В	Check if applicable	C Name of organization		D Employer identific	cation number		
	Addre						
	Name chang	Doing business as		99-0220699			
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	) 836-3600		
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	40,040,874.		
	Amen			H(a) Is this a group re			
F	return Applic			for subordinates			
	tiòn pendi	SAME AS C ABOVE		H(b) Are all subordinates in			
$\overline{}$	Tayay	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)$ or	r 527	1	list. (see instructions)		
		te: NWW. HAWAIIFOODBANK. ORG	1 321	1			
		organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	1 State of legal domicile: HI		
	art I	Summary	L Year	or formation. 1902 N	1 State of legal doffliche. 111		
F			וזמשטטי	TEO			
e	1	Briefly describe the organization's mission or most significant activities: ${f SEE}$	Сперо	TE O.			
& Governance							
ērī		Check this box  if the organization discontinued its operations or dispose		l l			
်				3	23 22		
જ		Number of independent voting members of the governing body (Part VI, line 1b) $$					
ies		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			64		
Activities		Total number of volunteers (estimate if necessary)			3220		
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.		
				Prior Year	Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)		29,172,478.	30,202,943.		
enc	9	Program service revenue (Part VIII, line 2g)		491,007.	602,738.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		494,174.	774,338.		
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		139,111.	130,284.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		30,296,770.	31,710,303.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		25,837,582.	25,819,287.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
Ś	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,727,446.	3,247,009.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ē	b	Total fundraising expenses (Part IX, column (D), line 25) 1,053,46	1.				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,804,374.	1,999,442.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		30,369,402.	31,065,738.		
	1	Revenue less expenses. Subtract line 18 from line 12		-72,632.	644,565.		
or es	3	Trovende 1666 experiede. Cabitaet into 16 from into 12	Be	ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	50	23,865,522.	24,854,527.		
ASS	21	Total liabilities (Part X, line 16)		1,026,122.	1,079,687.		
Vet,	22	Net assets or fund balances. Subtract line 21 from line 20		22,839,400.	23,774,840.		
	art II	Signature Block		22/003/1000	23777170101		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the hest of m	v knowledge and helief it is		
		et, and complete. Declaration of pre-larger (Other than of icer) is pased on all information of which			y Knowledge and bellet, it is		
uuu	,	is, and con high becautant it profator (onto mail on on) is based by a minor handing with	K CHAICH	Thas arry knowledge.			
C: -		Signature of officer		I Date			
Sig		NEILL CHAR, TREASURER		Duto			
He	re	Type or print name and title					
			· IT	Date Check	PTIN		
Da'	4	Print/Type preparer's name  MELANIE A KING  MELANIE A KING		15 2020 I			
Pai			rigi	07-15-2020 self-employe			
	parer	Firm's name CW ASSOCIATES, CPAS	/_	Firm's EIN	26-1659234		
Use	Only	Firm's address 700 BISHOP STREET, SUITE 1040			0 501 1040		
		HONOLULU, HI 96813		Phone no. 80	8-531-1040		
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)			X Ves No		

Pa	Charlet Cohort of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
	SEE SCHEDULE O.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 28,953,552 • including grants of \$ 25,819,287 • ) (Revenue \$ 602,738 • )
	THE HAWAII FOODBANK ("HFB") HAS BEEN COLLECTING, WAREHOUSING AND
	DISTRIBUTING FOOD TO THE HUNGRY ON OAHU AND THE NEIGHBOR ISLANDS FOR
	OVER 36 YEARS. HFB DISTRIBUTED OVER 12 MILLION POUNDS OF FOOD IN FISCAL
	YEAR 2019, INCLUDING 3 MILLION POUNDS OF FRESH PRODUCE. FOOD WAS
	DISTRIBUTED THROUGH OVER 200 MEMBER AGENCIES ON OAHU AND KAUAI. HFB
	DISTRIBUTES ON AVERAGE OVER 1 MILLION POUNDS OF FOOD PER MONTH.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses \$ 28.953.552.

Form **990** (2018)

# Form 990 (2018) HAWAII FOODBANK, INC. 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)?		х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			<del></del>
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c		x
Ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441.		X
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		Х
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	18	Х	
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	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		7.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

## Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cohodula I. Doubl	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	1. 0.1 1.1 1. 0.11	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
_		28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		25
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		x
20		28c 29	Х	25
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
24	contributions? If "Yes," complete Schedule M	30		25
31		24		х
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
	Schedule N, Part II	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Λ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		X
25-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<del>  ^</del> `
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		X
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
37		27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<del>  ^</del> `
38		38	х	
Pai	Note. All Form 990 filers are required to complete Schedule 0	JÖ		<u> </u>
. u	Chock if Schodulo O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of hote to any line in this hart v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number reported in Box 3 of Form 1090. Enter 40-in lot applicable 1a 52  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
	gamemag, manings to prize virinters.		000	<u> </u>

# Form 990 (2018) HAWAII FOODBANK, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 64			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		3,7
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	X	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	21	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
٨	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?  N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  N/A	120		
а	Is the organization licensed to issue qualified health plans in more than one state? N/A  Note. See the instructions for additional information the organization must report on Schedule O.	13a		
h	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			
c	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		Farm	000	/0010

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.

Section A. Governing Body and Management  1a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among amembers of the governing body, or if the governing body deligated broad authority to an exacutive committee or similar committee, septian is Schedule 0.  b Enter the number of voting members included in line 1st, above, who are independent 1st 22  Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employees to a management compary or other person?  3 Did the organization delegate control over management durtes customarily performed by or under the direct supervision of officers, director, frustee, or key employees to a management compary or other person?  3 Did the organization wake any significant ficharges to its governing documents since the proferom 980 was filed?  4 X X Did the organization make any significant ficharges to its governing documents since the proferom 980 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization sasset?  5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Did the organization stopped by the profession of the organization reserved to (or subject to approval by) members, stockholders, or persons of wheth than the governing body?  5 Did the organization study and such than the profession of the organization profession of the organization than than the governing body?  5 Did the organization study and such than the profession of the profession of the profession of the organization have well approved by the following:  6 Section B. Policies (files Section B requests information about policies no	<u> </u>						Δ
the ten number of voting members of the governing body, of the governing body, of the governing body delegated broad satisfuences in voting rights among members of the governing body, or the governing body delegated broad satisfuency in voting rights among members of the governing body.  b Enter the number of voting members included in line 1a, above, who are independent  b Enter the number of voting members included in line 1a, above, who are independent  b Enter the number of voting members included in line 1a, above, who are independent  b Enter the number of voting members included in line 1a, above, who are independent  b Enter the number of voting members included in line 1a, above, who are independent  c fill officers, directors, or trustees, or key employees to a management tompany or other person?  b Did the organization delegate control over management duties customarily performed by or under the direct supervision of of officers, directors, or fusities, or key employees to a management company or other person?  b Did the organization have members or stockholders or the governing officers of the governing the year of a significant diversion of the organization's assets?  c Enter a way governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  b Ta The governing body?  b Ta The governing body?  c Ta The governing body?  c Ta The governing body?  b Ta The governing body?  c Ta The governing body?  c The committee with authority to act on behalf of the governing body?  b Ta The governing body?  c The committee with authority to act on behalf of the governing body?  b The committee with authority to act on behalf of the governing body?  c The committee with authority to act on behalf of the governing body?  b The committee with authority to act on behalf of the go	Sec	tion A. Governing Body and Management					
the there are material differences in voting rights among members of the governing body. or if the governing body bedy deligized to have during the runther of voting members included in line 1s, above, who are independent  2 Did any officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customany performed by or under the direct supervision of officers, director, trustees, or key employees to a management company or other person?  3 J X 4 Did the organization also are seen to the companies of a director, or trustees, or key employees to a management company or other person?  4 Did the organization nake any significant changes to its governing documents since the prior Form 990 was filed?  4 L X 5 Did the organization have members or stockholders, or both the organization have members or stockholders.  5 Did the organization have members or stockholders or other persons who had the power to elect or appoint one or members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, attackholders, or persons other than the governing body?  5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 T be governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization make any subject to the organization and the subject to s			1.1	2 2 E		Yes	No
body delegated brasid authority to an executive committee or similar committee, explain in Schedule D.  b Effect the number of voting members included in line 1a, above, who are independent  2	1a		1a	<u>∠</u> 3			
b Enter the number of voting members included in line 1a, above, who are independent 1b 22							
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b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b X  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12c X  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a I "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  16b   Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed   HII  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024A-if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.    X   Own website   X   Another's website   X   Upon request   Other (explain in Schedule O)  Pescribe in Schedule O whether (and if so, how) the organization made its governing documents, confli					-		
12a	11a		dy before filing the form	1?	11a	<u> </u>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12c X  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ►HI  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records	b						
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12	12a				$\overline{}$		
in Schedule O how this was done  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ►HI  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records LILLIAN RODOLFICH - (808)836-3600					12b	Х	
13	С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	es," describe				
14		in Schedule O how this was done		L	12c		
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Bid the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  15	13				13		
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  15 List the states with which a copy of this Form 990 is required to be filed ▶HI  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶  LILLIAN RODOLFICH - (808)836-3600	14	Did the organization have a written document retention and destruction policy?		L	14	X	
a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  16b Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶HI  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶  LILLIAN RODOLFICH - (808)836-3600	15	Did the process for determining compensation of the following persons include a review and approve	al by independent				
b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X		persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X	а	The organization's CEO, Executive Director, or top management official		L	15a		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a	b	Other officers or key employees of the organization		[	15b	X	
taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ►HI  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records LILLIAN RODOLFICH - (808)836-3600							
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b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ►HI  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records LILLIAN RODOLFICH - (808)836-3600		taxable entity during the year?		L	16a		X
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 ►HI  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ►  LILLIAN RODOLFICH - (808)836-3600	b						
Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ►HI  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain in Schedule O)  19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records ►  LILLIAN RODOLFICH - (808)836-3600		in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization's				
<ul> <li>List the states with which a copy of this Form 990 is required to be filed ►HI</li> <li>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain in Schedule O)</li> <li>Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records LILLIAN RODOLFICH - (808)836-3600</li> </ul>		exempt status with respect to such arrangements?			16b		
<ul> <li>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Other (explain in Schedule O)</li> <li>Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records LILLIAN RODOLFICH - (808)836-3600</li> </ul>	Sec	tion C. Disclosure					
<ul> <li>Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li></ul>	17	List the states with which a copy of this Form 990 is required to be filed ►HI					
X Own website X Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records ►  LILLIAN RODOLFICH - (808)836-3600	18		nd 990-T (Section 501(	c)(3)s	only)	availa	able
X Own website X Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records ►  LILLIAN RODOLFICH - (808)836-3600		for public inspection. Indicate how you made these available. Check all that apply.		-			
<ul> <li>Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records ► LILLIAN RODOLFICH - (808)836-3600</li> </ul>			n in Schedule O)				
statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records LILLIAN RODOLFICH - (808)836-3600	19	• • •		, and	finan	cial	
20 State the name, address, and telephone number of the person who possesses the organization's books and records ► LILLIAN RODOLFICH - (808)836-3600			9)		•		
LILLIAN RODOLFICH - (808)836-3600	20		ooks and records				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

<b>(A)</b> Name and Title	(B) Average		not c	Pos heck	more	than		(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director			irecto	Highest compensated hodge signal with the sign	stee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) RON MIZUTANI	40.00	١,,		,,				107 160	0	1 105
PRESIDENT/CEO	2 00	Х		Х				107,160.	0.	1,125.
(2) JEFF MOKEN	3.00	ļ ,,		,,					0	0
CHAIR	2 00	Х		Х				0.	0.	0.
(3) CHRISTINA HAUSE	2.00	ļ ,,		,,					0	0
VICE CHAIR	2 00	Х		Х				0.	0.	0.
(4) NEILL CHAR	2.00	Į.,		\ \ **					0	0
TREASURER	2 00	Х		Х				0.	0.	0.
(5) JAMES STARSHAK	2.00	Į.,		\ \ **					0	^
SECRETARY	0.50	Х		Х				0.	0.	0.
(6) SCOTT GAMBLE	0.50	X						0	0	^
DIRECTOR	0.50	_						0.	0.	0.
(7) TERRI HANSEN-SHON	0.50	X						0.	0.	0.
DIRECTOR	0.50	^						0.	0.	0.
(8) PETER HEILMANN	0.50	X						0.	0.	0.
OIRECTOR (9) DAVID HERNDON	0.50	^						0.	0.	0.
	0.30	X						0.	0.	0.
OIRECTOR (10) CHARLIE KING	0.50	^						0.	0.	0.
DIRECTOR	0.30	x						0.	0.	0.
(11) JENNIFER LAM	0.50	^						0.	· ·	<u> </u>
DIRECTOR	0.30	x						0.	0.	0.
(12) REGGIE MALDONADO	0.50							0.	•	
DIRECTOR	0.50	x						0.	0.	0.
(13) MICHAEL MILLER	0.50	<del> </del>								
DIRECTOR	0000	x						0.	0.	0.
(14) GREG SATO	0.50	<del> </del>						•		
DIRECTOR		X						0.	0.	0.
(15) DARIN SHIGETA	0.50									
DIRECTOR		X						0.	0.	0.
(16) LARRY SIAFUAFU	0.50									
DIRECTOR		X						0.	0.	0.
(17) TOBY TAMAYE	0.50									
DIRECTOR		Х						0.	0.	0.
832007 12-31-18	<u>'</u>						•	•		Form <b>990</b> (2018)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	_	cer an	aaa	recto	r/trus	tee)	from	from related	other
	(list any hours for	recto						the	organizations	compensation
	related	or di	ee Ge			ated		organization	(W-2/1099-MISC)	from the
	organizations	ustee	trust		e e	npens		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		ploye	st con yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former			organizations
(18) MARK TONINI	0.50									
DIRECTOR		Х						0.	0.	0.
(19) JEFF VIGILLA	0.50									
DIRECTOR		Х						0.	0.	0.
(20) JAMES WATARU	0.50									
DIRECTOR		Х						0.	0.	0.
(21) JASON WONG	0.50									
DIRECTOR		Х						0.	0.	0.
(22) DENISE HAYASHI YAMAGUCHI	0.50									
DIRECTOR		Х						0.	0.	0.
(23) LAUREN ZIRBEL	0.50									
DIRECTOR		Х						0.	0.	0.
(24) COREY CORREA	0.50									
FORMER DIRECTOR (RESIGNED 9/6/18)		Х						0.	0.	0.
(25) PASTOR TIMOTHY MASON	0.50									
FORMER DIRECTOR (RESIGNED 12/1/18)		Х						0.	0.	0.
(26) MALCOLM INAMINE	40.00									
VICE PRESIDENT/COO				Х				126,332.	0.	15,765.
1b Sub-total							<b></b>	233,492.	0.	16,890.
c Total from continuation sheets to Part V	II, Section A						<b></b>	212,247.	0.	10,421.
d Total (add lines 1b and 1c)	<u></u>						<u> </u>	445,739.	0.	27,311.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d al	bove	e) wł	no re	eceived more than \$100	0,000 of reportable	
compensation from the organization										3
										Yes No

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4

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

**Section B. Independent Contractors** 

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

(A) Name and business address	(B) Description of services	(C) Compensation
FERRARO CHOI AND ASSOCIATES, LTD., 1240 ALA MOANA BLVD., STE. 510, HONOLULU, HI	DESIGN/ARCHITECT SERVICES	123,709.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2018)

X

Form 990 HAWALL F	OODBANK	, .	TMC	٠.					99-022	0699
Part VII   Section A. Officers, Directors, Tro	ustees, Key Eı	mpl	oyee	s, a	nd l	High	est	Compensated Employ	rees (continued)	
(A) Name and title	(B) Average hours	(c	heck	Pos	C) ition that		oly)	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) LAURA KAY RAND VICE PRESIDENT/CHIEF IMPACT OFFICER	40.00			х				110,205.	0.	9,896
(28) LILLIAN RODOLFICH	40.00			х					0.	0
/ICE PRESIDENT/CFO	40.00			^				11,058.	0.	0
(29) CORINE BENNETT DIRECTOR OF FINANCE	40.00			x				90,984.	0.	525
		_								
		1								
		-								
Total to Part VII, Section A, line 1c								212,247.		10,421

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Form 990 (2018) HAWAII
Part VIII Statement of Revenue HAWAII FOODBANK, INC.

		Check if Schedule O conta	ains a resp	onse	or note to any lin	e in this Part VIII			
			·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1	а	185,379.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		o					
S, G	С	Fundraising events		С					
ar,	d	Related organizations	1	d					
imi	е	Government grants (contributi	ions) 1	Э	1,278,193.				
rion S		All other contributions, gifts, grant							
ibul		similar amounts not included above	/e <b>1</b> 1	f	28,739,371.				
함	g	Noncash contributions included in lines	1a-1f: \$		24,249,491.				
္ မ		Total. Add lines 1a-1f	-		<b>&gt;</b>	30,202,943.			
					<b>Business Code</b>				
e	2 a	SHARED MAINT. FEES			624200	602,738.	602,738.		
e Ž	b								
Program Service Revenue	С								
ran ev	d	d							
Б	е								
۱ ۵	f	All other program service reve	nue						
	g	Total. Add lines 2a-2f			<b></b>	602,738.			
	3	Investment income (including	dividends,	intere	est, and				
		other similar amounts)			▶	420,955.			420,955.
	4	Income from investment of tax	k-exempt b	ond p	oroceeds <b>&gt;</b>				
	5	Royalties			, <b></b>				
			(i) Rea	al	(ii) Personal				
		Gross rents							
		Less: rental expenses							
		Rental income or (loss)							
	d	Net rental income or (loss)			<u></u>				
	7 a	Gross amount from sales of	(i) Secur		(ii) Other				
		assets other than inventory	8,622,	720.					
	b	Less: cost or other basis							
		and sales expenses	8,269,						
		Gain or (loss)							
		Net gain or (loss)			·····	353,383.			353,383.
enne	8 a	Gross income from fundraising including \$	•	ot					
Other Rever		contributions reported on line							
e		Part IV, line 18		а					
돌		Less: direct expenses			61,234.				
		Net income or (loss) from fund	-		<b>&gt;</b>	130,284.			130,284.
	9 a	Gross income from gaming ac							
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from gam	-	es	·····				
	10 a	Gross sales of inventory, less							
		and allowances							
	b Less: cost of goods sold b								
- 1	С	Net income or (loss) from sales		ory					
ļ		Miscellaneous Revenu	e		Business Code				
	11 a				<u> </u>				
	b				<u> </u>				
	c	All II			<u> </u>				
		All other revenue							
		Total Add lines 11a-11d				31 710 202	602 720	0.	904 622
	12	Total revenue. See instructions				31,710,303.	602,738.	υ.	904,622.

## 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).

D -	Check if Schedule O contains a respon	nse or note to any line in  (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	05 010 005	05 010 005		
	and domestic governments. See Part IV, line 21	25,819,287.	25,819,287.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	644,210.	599,229.	21,912.	23,069
•	trustees, and key employees	044,210•	333,223.	21,912.	23,009
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	1,951,452.	1,003,014.	459,078.	489,360
7	Other salaries and wages Pension plan accruals and contributions (include	I, J J I , 4 J Z •	I,000,014•	±32,010•	±0,,000
8	section 401(k) and 403(b) employer contributions	22,934.	11,965.	4,025.	6,944
n	, , , , , , , , , , , , , , , , , , , ,	426,992.	272,068.	70,006.	84,918
9 10	Other employee benefits	201,421.	112,674.	46,125.	42,622
	Payroll taxes	201,421.	112,074.	40,123.	42,022
11	Fees for services (non-employees):				
	•				
b	Legal	30,092.		30,092.	
۲ C	•	30,032.		30,032.	
e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	90,032.		90,032.	
g		30,0020		30,0021	
9	column (A) amount, list line 11g expenses on Sch 0.)	100,872.		70,758.	30,114
12	Advertising and promotion	148,537.	1,157.	7,298.	140,082
13	Office expenses	76,516.	38,697.	19,107.	18,712
14	Information technology	75,103.	9,085.	59,899.	6,119
15	Royalties		,	, , , , ,	
16	Occupancy	496,618.	434,463.	34,710.	27,445
17	Travel		, , ,	, ,	, -
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	97,196.	36,068.	35,613.	25,515
20	Interest			·	•
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	272,811.	230,709.	20,367.	21,735
 23	Insurance	35,669.	29,178.	3,221.	3,270
24	Other expenses. Itemize expenses not covered	·			
•	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TRANSPORTATION	241,539.	237,597.	1,309.	2,633
b	FUNDRAISING EVENT DIREC	171,023.		41,334.	129,689
С	SHIPPING & FREIGHT	113,995.	113,995.		-
d	BAD DEBT	43,839.		43,839.	
е	All other expenses	5,600.	4,366.		1,234
25	Total functional expenses. Add lines 1 through 24e	31,065,738.	28,953,552.	1,058,725.	1,053,461
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

# Form 990 (2018) Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			3,675,353.	1	3,518,319.
	2	Savings and temporary cash investments			3,416,121.	2	2,004,155.
	3	Pledges and grants receivable, net			552,637.	3	334,043.
	4	Accounts receivable, net			68,855.	4	134,873.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use			1,661,280.	8	2,061,197. 36,555.
	9				71,255.	9	36,555.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,146,160.			
	b	Less: accumulated depreciation	10b	6,622,303.	3,477,444.	10c	3,523,857. 13,018,907.
	11	Investments - publicly traded securities			10,720,226.	11	13,018,907.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			222,351.	15	222,621.
	16	Total assets. Add lines 1 through 15 (must equal	23,865,522.	16	24,854,527.		
	17	Accounts payable and accrued expenses			448,024.	17	484,516.
	18	Grants payable			578,098.	18	595,171.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	office	rs, directors, trustees,			
ii:		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela		<b>—</b>		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24	). Complete Part X of			
		Schedule D			1 006 100	25	4 000 600
	26				1,026,122.	26	1,079,687.
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ 🔼 and			
ses		complete lines 27 through 29, and lines 33 an			10 141 426		00 005 455
anc	27	Unrestricted net assets			19,141,436.	27	20,275,455.
Bal	28	Temporarily restricted net assets			2,675,613.	28	2,476,764.
nd	29				1,022,351.	29	1,022,621.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 95	8), check here			
S OF		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
let	32	Retained earnings, endowment, accumulated in			22 020 400	32	72 774 040
-	33	Total net assets or fund balances		ı	22,839,400.	33	23,774,840.
	34	Total liabilities and net assets/fund balances			23,865,522.	34	24,854,527.

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1	1 2 3	31,71 31,06		38.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  4 22				00.
5	Net unrealized gains (losses) on investments	5		1,4	
6	Donated services and use of facilities	6	9	9,4	68.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	23,77	4,8	40.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	-	Yes	No
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		<b>.</b> ,	
	Act and OMB Circular A-133?		3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		x	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		(0046)
			Form	33U (	(2018)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number HAWAII FOODBANK, INC. 99-0220699 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

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

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

Sec	ction A. Public Support			•				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and	. ,			, ,			
	membership fees received. (Do not							
	include any "unusual grants.")	28488750.	31191223.	30419608.	29172478.	30202943.	149475002	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	28488750.	31191223.	30419608.	29172478.	30202943.	149475002	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						28512530.	
6	Public support. Subtract line 5 from line 4.						120962472	
	ction B. Total Support			•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	28488750.	31191223.	30419608.	29172478.	30202943.	(f) Total 149475002	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	46,126.	200,053.	262,974.	366,072.	420,955.	1296180.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	<b>Total support.</b> Add lines 7 through 10						150771182	
12		, etc. (see instructi	ions)	•	•	12 4	,119,353.	
13	First five years. If the Form 990 is fo	r the organization'				on 501(c)(3)		
	organization, check this box and stop	p here			-			
Sec	ction C. Computation of Publ	lic Support Pe	rcentage					
14	Public support percentage for 2018 (	(line 6, column (f) d	livided by line 11,	column (f))		14	80.23 %	
15	Public support percentage from 2017	7 Schedule A, Part	: II, line 14			15	80.51 %	
16a	33 1/3% support test - 2018. If the	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	more, check this be	ox and	
	stop here. The organization qualifies	as a publicly supp	oorted organization	n			<b>▶</b> X	
b	33 1/3% support test - 2017. If the							
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			<b>&gt;</b>	
17a	10% -facts-and-circumstances tes							
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check t	his box and <b>stop I</b>	<b>here.</b> Explain in Pa	rt VI how the orga	nization	
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		<b>&gt;</b>	
b	10% -facts-and-circumstances tes							
	more, and if the organization meets t	-						
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization						ns ▶	
						edule A (Form 990		

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

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

Se	ction A. Public Support	clow, picase com	piete i art ii.)				
	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	, ,	1	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities					1	
3	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5			-		+	
	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6  a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)					1	
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
_	check this box and stop here						<u> </u>
	ction C. Computation of Publ						
	Public support percentage for 2018 (I			column (f))		15	%
	Public support percentage from 2017					16	%
Se	ction D. Computation of Inves						
17	·					17	%
18	1 3					18	%
198	a 33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box at	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	▶□
k	o 33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		

14 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (a) across?  c A 39% controlled entity of a person described in (a) across?  c A 39% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.  10 Did the directors, trustees, or membership of one or more supported organizations have the power to regulatly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If 'No, 'describe in Part VI how the supported organizations' defentively operated, supervised, or controlled the organization is activities. If the organization had more supported organizations, supported organizations give the provised organizations give the provised organizations give the provised organizations give the provised organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  1 Did the organization operate for the benefit of any supported organizations (II) that organization operates for the benefit of any supported organizations (II) that operated, supporting organizations or restrictions, if any, applied to such powers during the tax year.  1 Did the organization operate for the benefit of any supported organizations (II) that operated, supported organizations (II) that operated, supported organizations of the supported organizations (II) that operated, supported organizations of the supported organizations (II) that operated, supported	Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
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a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  2b  3 Parent of Supported Organizations. Answer (a) and (b) below.  a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			tructions		
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<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>.</li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>	2		20		
trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а		20		
	h		od		
	D		3h		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

1 aı	Type in item i anotheriany integrated ese	(a)(s) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-		·	
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
-	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
1 0.11	Dat IV, Section A. Lincold 1, 2, 26, 26, 46, 56, 6, 90, 90, 90, 90, 90, 90, 91, 91, 91, 91, 91, 91, 91, 91, 91, 91
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Casting D. Brace C. Card D. and Dark V. Section E. Bries C. C. 2d, 2D, 3d, and 3D, Fart V, Brie T, Fart V, Section B, line Te, Fart V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	(See instructions.)
-	
-	
_	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

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

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

OMB No. 1545-0047

Employer identification number

2018

HAWAII FOODBANK, INC. 99-0220699 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or

Special Rules

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under

sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_

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

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

Name of organization

Employer identification number

# HAWAII FOODBANK, INC. 99-0220699

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$ 2,702,357.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$616,985.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$ <u>1,259,897</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$ 2,777,745.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$ <u>1,371,415</u> .	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$ 2,227,592.	Person Payroll Noncash  (Complete Part II for noncash contributions.)		

Name of organization

Employer identification number

HAWAII FOODBANK, INC.

99-0220699

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		 \$1,586,995.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# HAWAII FOODBANK, INC.

99-0220699

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD (NOTE: AGGREGATE CONTRIBUTIONS INCLUDE \$55 OF CASH)		
		\$\$	06/30/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	FOOD		
		\$616,985.	06/30/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FOOD		
		\$1,259,897.	06/30/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	FOOD		
		\$\$	06/30/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	FOOD (NOTE: AGGREGATE CONTRIBUTIONS INCLUDE \$25,000 OF CASH)		
		\$1,346,415.	06/30/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	FOOD		
		\$_2,227,592.	06/30/19

Name of organization

Employer identification number

HAWAII FOODBANK, INC.

99-0220699

IIVMVI		99	-0220099
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	FOOD (NOTE: AGGREGATE CONTRIBUTIONS INCLUDE \$162,816 OF CASH)	\$ <u>1,424,179</u> .	06/30/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

lusively religious, charitable, etc., contribut nany one contributor. Complete columns (a) oleting Part III, enter the total of exclusively religious, et duplicate copies of Part III if additional (b) Purpose of gift  Transferee's name, address, all (b) Purpose of gift	) through (e) and the following line entrapped in the charitable, etc., contributions of \$1,000 or space is needed.  (c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gift	ft
	nd ZIP + 4	
(b) Purpose of gift	(c) Use of gift	
(b) Purpose of gift	(c) Use of gift	
		(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	(b) Purpose of gift  Transferee's name, address, a	Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HAWAII FOODBANK, INC.

**Employer identification number** 99-0220699

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990. Part X		<b>▶</b> \$

832051 10-29-18

Schedule D (Form 990) 2018

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

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Sin	ilar Asse	<b>ts</b> (continu	ed)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significa	nt use of its	collection i	tems	
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
С	c Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	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								
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or								
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi						_		
	on Form 990, Part X?					L	Yes	└── No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							Amount		
С	Beginning balance				10	:			
d	Additions during the year				10	ı			
е	Distributions during the year				16	:			
f	Ending balance				11	<u> </u>	_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or co	ustodial account liab	ility?	L	Yes	└─ No	
	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete it	f the organization an	swered "Yes" on Fo						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Thre	e years back	• •		
1a	Beginning of year balance	805,349.	806,885.	804,473.		802,172.	8	01,222.	
b	Contributions								
С	Net investment earnings, gains, and losses	6,988.	13,253.	6,772.		6,673.		2,190.	
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	4,480.	14,789.	4,360.		4,372.		1,240.	
f	Administrative expenses								
g	End of year balance	807,857.	805,349.	806,885.		804,473.	8	02,172.	
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	.00	_%						
b	Permanent endowment ► 99.03	<u></u> %							
С	Temporarily restricted endowment ▶	<u>.97</u> %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the orga	nization	_		
	by:						_ Y	es No	
	(i) unrelated organizations						3a(i)	X	
	(ii) related organizations						3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part X	(, line 10				
	Description of property	(a) Cost or ot	ther <b>(b)</b> Cost	or other (c) A	ccumul	ated	(d) Book v	/alue	
		basis (investm	nent) basis	(other) de	preciati	on			
1a	Land								
	Buildings	4,634,6			995,		1,638	,834.	
С	Leasehold improvements	170,			170,			0.	
d	Equipment	2,050,0			579,			,529.	
e	Other		916.	1,	876,	422.	1,414		
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	Oc.)		▶	3,523	,857 <del>.</del>	

Schedule D (Form 990) 2018

Part VIII	Invaetmente -	Other Securities.
I all VIII	IIIVestilients -	Other becurities.

Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
1) Financial derivatives			<u> </u>
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C) (D)			
		+	
(E)		+	
(F)			
(G)		+	
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		e 11c. See Form 990, Part X, line	13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11d See Form 990 Part Y line	15
	Description	Tru. Gee Form 550, Fart X, line	(b) Book value
	Boompaon		(a) Beek value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>&gt;</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part	X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(0)			
(8)			
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line	05)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

MATT	FOODBANK,	INC.	99-0220699	F

Pa	rt XI Reconciliation of Revenue per Audited Financial State	CIIICIIIO WILI	i nevenue per n		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	32,199,757.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	191,407.		
b	Donated services and use of facilities	2b	99,468.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	290,875.
3	Subtract line 2e from line 1			3	31,908,882.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-198,579.		
-	Add lines <b>4a</b> and <b>4b</b>			4c	-198,579.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	31,710,303.
<u>5</u> Ра	rt XII Reconciliation of Expenses per Audited Financial Sta	tements Wi	th Expenses per		
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Star Complete if the organization answered "Yes" on Form 990, Part IV, line	tements Wit 12a.	th Expenses per	Retu	irn.
5 <b>Pa</b> 1	rt XII Reconciliation of Expenses per Audited Financial Sta	tements Wit 12a.	th Expenses per		
1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements Wi	th Expenses per	Retu	irn.
1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	tements Wi	th Expenses per	Retu	irn.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	12a. <b>2</b> a	th Expenses per	Retu	irn.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	12a	th Expenses per	Retu	irn.
Pa  1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	12a.	th Expenses per	Retu	irn. 31,065,738.
Pa  1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a   2b   2c   2d	th Expenses per	Retu	o.
Pa  1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a   2b   2c   2d	th Expenses per	Retu	irn. 31,065,738.
Pa  1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a   2b   2c   2d	th Expenses per	Retu	o.
1 2 a b c d e 3	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a   2b   2c   2d	th Expenses per	Retu	o.
1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a   2b   2c   2d	th Expenses per	Retu	0. 31,065,738.
1 2 a b c d e 3 4 a b c	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a	th Expenses per	Retu	o.

#### Part XIII Supplemental Information.

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

#### PART V, LINE 4:

THE ORGANIZATION'S SPENDING POLICY FOR ENDOWMENT ASSETS PROVIDES FUNDING IN ADDITION TO THE AMOUNTS THAT ARE RAISED DURING THE FISCAL YEAR. SPENDING POLICY PROVIDES THAT THE INVESTMENT INCOME EARNED ON PERMANENTLY RESTRICTED NET ASSETS SHOULD BE REPORTED AS TEMPORARILY RESTRICTED INCOME IN THE YEAR THAT IT IS EARNED AND BE USED IN THE SUBSEQUENT YEAR FOR PURPOSES THAT THE ENDOWMENT WAS ESTABLISHED.

### PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL

STATEMENTS IF THEY ARE MORE LIKELY THAN NOT TO FAIL UPON REGULATORY

832054 10-29-18

Schedule D (Form 990) 2018

Part XIII   Supplemental Information (continued)
EXAMINATION. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AS
OF JUNE 30, 2019 AND 2018 AND FOR THE YEARS THEN ENDED BY REVIEWING ITS
INCOME TAX RETURNS AND CONFERRING WITH ITS TAX ADVISORS, AND DETERMINED
THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS REQUIRED TO BE REPORTED IN
ACCORDANCE WITH SUCH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. THE
ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS;
HOWEVER, THERE ARE CURRENTLY NO AUDITS IN PROGRESS FOR ANY OPEN TAX
PERIODS.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
DECREASE IN NET ASSETS WITH DONOR RESTRICTIONS -198,579.

16240715 139010 95940K

#### **SCHEDULE G**

Department of the Treasury

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

	to www.irs.gov/Form990 for instr	uction	s and	the latest informat	ion.		mopeotion
Name of the organization HAWAII	FOODBANK, INC.					Employer ide 99-0220	ntification number 699
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1	17. Form 990-E2	' filers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid indirections</li> </ul>	sed funds through any of the following set of the following set of the solicitation of the following set of the fo	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Yes	
compensated at least \$5,000 by the			J				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (	Amount paid or retained by) fundraiser ited in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		<u> </u>	<u> </u>				
			<b>•</b>		-1 :4 :-		
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notifie	a it is	s exempt from re	egistration

Schedule G (Form 990 or 990-EZ) 2018

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

Pa	irt i	of fundraising events. Complete if the of fundraising event contributions and gr	•	,	, , ,	
		or iditariasing event contributions and gr	(a) Event #1	(b) Event #2 GOLF	(c) Other events  NONE	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	126,717.	64,801.		191,518.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	126,717.	64,801.		191,518.
	4	Cash prizes				
es	5	Noncash prizes				
xpens	6	Rent/facility costs	17,972.	9,027.		26,999.
Direct Expenses	7	Food and beverages	7,692.	8,420.		16,112.
	8	Entertainment				
	9	Other direct expenses		5,551.		18,123.
	10		. ,		<b>&gt;</b>	61,234.
11 Net income summary. Subtract line 10 from line 3, column (d)   Part III   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than						
F	וונו	\$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
		\$10,000 0111 01111 000 EZ, III10 0a.	(a) Diama	(b) Pull tabs/instant	(a) Other was a large	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
3eve						
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>	
	۰	Net remine in come accessor. Culetonat line 7	7 fuere line 4 eelumen (al)		_	
	8	Net gaming income summary. Subtract line 7	r from line 1, column (a)		<b>P</b>	
		ter the state(s) in which the organization condi the organization licensed to conduct gaming a	-	states?		Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:		-	year?	Yes No

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018 HAWAII FOODBANK, INC.	99-0	2200	99	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Y	es/	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
to administer charitable gaming?			es/	☐ No
13 Indicate the percentage of gaming activity conducted in:				
		امما		0/
a The organization's facility		13a		<u>%</u>
<b>b</b> An outside facility		13b		<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	ords:			
Name ▶				
Address				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Y	es/	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the an	nount			
of gaming revenue retained by the third party > \$				
c If "Yes," enter name and address of the third party:				
Name ▶				
Address >				
16 Gaming manager information:				
Name				
Gaming manager compensation ▶ \$				
Carring manager compensation • • •				
Description of services provided				
· · · · · · · · · · · · · · · · · · ·				
□ Director/officer □ Employee □ Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
			es/	□ No
retain the state gaming license?		. — 1	<del>(C</del> 5	NO
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or specific	it in the			
organization's own exempt activities during the tax year ▶ \$				
<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	v); and Par	t III, lin	es 9,	9b, 10b,

Schedule 0	G (Form 990 or 990-EZ)	HAWAII FOODBANK	, INC.	99-0220699 Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation (continued)		-
_				

## SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Department of the Treasury

**Employer identification number** Name of the organization 99-0220699 HAWAII FOODBANK, INC. Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) ABANDONED AND FERAL CAT FRIEND 883 LEIGHTON STREET 99-0347808 501(C)(3) 0 52,259.APR FOOD FIGHT HUNGER HONOLULU, HI 96821 ABUNDANT LIFE UNITED PENTECOST 650 KILANI AVE. WAHIAWA, HI 96786 FIGHT HUNGER 43-0679185 501(C)(3) 8,291.APR FOOD ALEA BRIDGE PO BOX 89357 MILILANI, HI 96789 81-1201416 501(C)(3) 56 32,477.APR FOOD FIGHT HUNGER ALTERNATIVE STRUCTURES TNTERNATIONAL - 86-704 HOMESTEAD FIGHT HUNGER RD. - WAIANAE HI 96792 99-0196090 501(C)(3) 26,468.APR FOOD ANGEL NETWORK CHARITIES INC. 5339 KALANIANAOLE HWY. 99-0290412 501(C)(3) 249 769 APR FOOD FIGHT HUNGER HONOLULU HI 96821 4 460 ARK OF SAFETY CHRISTIAN FELLOWSHIP 85-179 WAIANAE VALLEY RD WAIANAE, HI 96792 99-0142222 501(C)(3) 6 806 APR FOOD FIGHT HUNGER 102. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)

HAWAII FOODBANK, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(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	<b>(h)</b> Purpose of grant or assistance		
RMED FORCES YMCA (HONOLULU									
CHAPTER) - 1260 PIERCE ST., BLDG									
79 - HONOLULU, HI 96860	99-0075037	501(C)(3)	0.	260,122.	APR	FOOD	FIGHT HUNGER		
BEYOND THE 4 WALLS									
P.O. BOX 536									
PEARL CITY, HI 96782	65-1176738	501(C)(3)	0.	18,609.	APR	FOOD	FIGHT HUNGER		
BOYS AND GIRLS CLUB - HAWAII									
91-884 FORT WEAVER RD									
EWA BEACH, HI 96706	99-6005407	501(C)(3)	0.	75,178.	APR	FOOD	FIGHT HUNGER		
BRETHREN OF CHRIST INTERNATIONAL									
94-133 PAHU STREET									
WAIPAHU, HI 96797	99-0293419	501(C)(3)	316.	18,818.	APR	FOOD	FIGHT HUNGER		
HAWAII ASSEMBLY OF GOD - TOTAL									
87-125 MAIPALAOA RD		504 (5) (0)	6.070	4 050 445			L		
WAIANAE, HI 96791	44-0577787	501(C)(3)	6,973.	1,872,415.	APR	FOOD	FIGHT HUNGER		
CALVARY CHAPEL PEARL HARBOR &									
LIHUE - 91-137 MAKALEA ST - EWA									
BEACH, HI 96706	99-0312556	501(C)(3)	996.	296,356.	APR	FOOD	FIGHT HUNGER		
CENTRAL UNION CHURCH (INCL.									
VINDWARD) - 1660 S. BERETANIA									
STREET - HONOLULU, HI 96826	99-0076013	501(C)(3)	0.	19,003.	APR	FOOD	FIGHT HUNGER		
·									
CHILD AND FAMILY SERVICE - TOTAL									
91-1841 FORT WEAVER ROAD									
WA BEACH, HI 96706	99-0073483	501(C)(3)	5,000.	204,970.	APR	FOOD	FIGHT HUNGER		
C4-CHRIST CENTERED COMMUNITY									
CHURCH - 4211 WAIALAE AVE. #1030 -									
IONOLULU, HI 96816	77-0667145	501(C)(3)	0.	40,453.	APR	FOOD	FIGHT HUNGER		

Schedule I (Form 990) HAWAII FO			nizations in the U	nited States (Sch	edule I (Form 990). Pa		9-0220699
(a) Name and address of organization or government	<b>(b)</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
CHURCH OF CHRIST AT PEARL HARBOR 515 MAIN STREET GONOLULU, HI 96818	99-0161316	501(C)(3)	1,586.	123,638.	A PR	FOOD	FIGHT HUNGER
CHURCH OF GOD OF PROPHECY - KANEOHE - 45-416 KAMEHAMEHA HIGHWAY - KANEOHE, HI 96744	99-0324042		84.	10,220.		FOOD	FIGHT HUNGER
CITY OF REFUGE CHRISTIAN CHURCH P.O. BOX 971057 WAIPAHU, HI 96797	99-0204880	501(C)(3)	318.	37,896.	APR	FOOD	FIGHT HUNGER
COMMUNITY PEOPLE MINISTRIES 1114 LAULOA STREET. KAILUA, HI 96734	47-5334011	501(C)(3)	5,066.	537,052.	APR	FOOD	FIGHT HUNGER
DYNAMIC COMPASSION IN ACTION PO BOX 712 WAIMANALO, HI 96795	46-2192346	501(C)(3)	6,286.	789,758.	APR	FOOD	FIGHT HUNGER
EWA BEACH UNITED METHODIST CHURCH 01-660 POHAKUPUNA ROAD EWA BEACH, HI 96706	99-0117016	501(C)(3)	0.	50,239.	APR	FOOD	FIGHT HUNGER
FAMILY PROMISE OF HAWAII 245 N. KUKUI ST #101 HONOLULU, HI 96817	20-2645489	501(C)(3)	0.	7,704.	APR	FOOD	FIGHT HUNGER
IRST ASSEMBLY OF GOD - TOTAL 400 MOANALUA ROAD KONOLULU, HI 96819	99-0079322	501(C)(3)	0.	405,118.	APR	FOOD	FIGHT HUNGER
FIRST UNITED METHODIST CHURCH 1020 S. BERTANIA STREET							

HONOLULU, HI 96814

802.

164,558.APR

FOOD

36-2167731 501(C)(3)

Schedule I (Form 990) HAWAII FO							9-0220699 Page
Part II Continuation of Grants and Other  (a) Name and address of organization or government	Assistance to Go (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
FOUNDATIONS OF SPIRITUAL LIBERTY (FOSLIC) - 94-1181 KA UKA BLVD. BOX B - WAIPAHU, HI 96797	26-3945478	501(C)(3)	0.	14,810.		FOOD	FIGHT HUNGER
FOUNTAINS OF THE LIVING WATER 2412 ROSE ST. UNIT 100 HONOLULU, HI 96819	20-3160523	501(C)(3)	0.	47,992.	APR	FOOD	FIGHT HUNGER
FULL GOSPEL CHURCH OF OAHU 1522 MAKALOA STREET #225 HONOLULU, HI 96814	99-0349540	501(C)(3)	0.	48,317.	APR	FOOD	FIGHT HUNGER
FULL GOSPEL TEMPLE 2464 N. SCHOOL STREET HONOLULU, HI 96819	99-2597400	501(C)(3)	1,000.	58,204.	APR	FOOD	FIGHT HUNGER
GOOD SAMARITAN CHURCH DBA MATAALA & TATA - 99-545 OPUKEA STREET - AIEA, HI 96701	31-1696206	501(C)(3)	84.	19,505.	APR	FOOD	FIGHT HUNGER
GREGORY HOUSE/SAVE THE FOODBASKET, INC - 200 N. VINEYARD BLVD., #A310 - HONOLULU, HI 96817	94-3259311	501(C)(3)	5,000.	148,101.	APR	FOOD	FIGHT HUNGER
HABILITAT INC P.O. BOX 801 KANEOHE, HI 96744	99-0146306	501(C)(3)	0.	29,007.	APR	FOOD	FIGHT HUNGER
HALE O HONOLULU 1700 LANAKILA AVENUE HONOLULU, HI 96817	99-0325672	501(C)(3)	173.	5,772.	APR	FOOD	FIGHT HUNGER
HALE OLA HOOPAKOLEA, INC. 89-137 NANAKULI AVENUE							

WAIANAE, HI 96792

99-0240185 501(C)(3)

0.

268,132.APR

FOOD

Schedule I (Form 990) HAWAII FO	ODBANK, I	INC.				9	9-0220699 Page
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	( <b>b)</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
HAWAII CEDAR CHURCH 1545 KAMEHAMEHA IV ROAD HONOLULU, HI 96816	68-0509399	501(C)(3)	2,750.	1,475,698.	APR	FOOD	FIGHT HUNGER
HAWAII CHURCH FOR THE DEAF P.O. BOX 893249	00 601000		,				
MILILANI, HI 96789  HAWAII HEALTH & HARM REDUCTION CENTER - 677 ALA MOANA BLVD.,	99-6010795	501(C)(3)	0.	13,319.	APR	FOOD	FIGHT HUNGER
SUITE 226 - HONOLULU, HI 96813	99-0284222	501(C)(3)	0.	12,007.	APR	FOOD	FIGHT HUNGER
HCAP TOTAL (HONOLULU COMMUNITY ACTION PROG - 33 SOUTH KING ST, SUITE 300 - HONOLULU, HI 96813	99-0140622	501(C)(3)	4,356.	801,517.	APR	FOOD	FIGHT HUNGER
HINA MAUKA - TOTAL 45-845 PO'OKELA ST KANEOHE, HI 96744	99-0173356	501(C)(3)	0.	14,992.	APR	FOOD	FIGHT HUNGER
HOPE CHAPEL KAHUKU (HOPE CHAPEL TOTAL) - 56-565 KAMEHAMEHA HWY - KAHUKU, HI 96731	95-1684062	501(C)(3)	0.	286,391.		FOOD	FIGHT HUNGER
HUI MALAMA I KE KAI FOUNDATION 41-1537 KALANIANAOLE HWY. #201B WAIMANALO, HI 96795	99-0356784	501(C)(3)	0.	7,354.		FOOD	FIGHT HUNGER
HUI O HAU'ULA 54-101 KUKUNA RD							
INSTITUTE OF HUMAN SERVICES 546 KAAAHI STREET	47-1756958	501(C)(3)	0.	139,035.	APR	FOOD	FIGHT HUNGER
HONOLULU, HI 96817	99-0199107	501(C)(3)	4,991.	480,783.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990) HAWAII FO							9-0220699 Pag
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U ⊺	<b>nited States</b> (Sch	edule I (Form 990), Pa T	art II.)	1
(a) Name and address of organization or government	<b>(b)</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
JESUS IS ALIVE FELLOWSHIP 66-405 WAIALUA BEACH ROAD	00.0450050	501(0)(2)		60.561			
HALEIWA, HI 96712	99-0159250	501(C)(3)	0.	69,561.	APR	FOOD	FIGHT HUNGER
KALIHI-PALAMA HEALTH CENTER 904 KOHOU ST STE 307 HONOLULU, HI 96817	99-0161221	501(C)(3)	0.	50,916.	APR	FOOD	FIGHT HUNGER
KALIHI UNION CHURCH 2214 NO. KING STREET HONOLULU, HI 96819	99-6000168	501(C)(3)	1,558.	192,446.	APR	FOOD	FIGHT HUNGER
KAUAI NORTH SHORE FOOD PANTRY PO BOX 1172 KILAUEA, HI 96754	81-4748610	501(C)(3)	3,333.	172,080.	APR	FOOD	FIGHT HUNGER
KAUMAKAPILI CHURCH 766 NORTH KING STREET HONOLULU, HI 96817	13-5563020	501(C)(3)	1,152.	84,030.	APR	FOOD	FIGHT HUNGER
KEY PROJECT 47-200 WAIHEE RD KANEOHE, HI 96744	99-0118209	501(C)(3)	0.	102,193.	APR	FOOD	FIGHT HUNGER
KING'S CATHEDRAL - TOTAL 5740 KALANIANAOLE HIGHWAY HONOLULU, HI 96821	99-0196904	501(C)(3)	0.			FOOD	FIGHT HUNGER
KOKUA KALIHI VALLEY COMP FAMILY SERVICES TOTAL - 2239 NORTH SCHOOL STREET - HONOLULU, HI 96819	99-0149797	501(C)(3)	0.	225,615.		FOOD	FIGHT HUNGER
LANAKILA PACIFIC REHABILITATION CENTER - 1809 BACHELOT STREET -				·			

HONOLULU, HI 96817

24,912.APR

FOOD

99-0103922 501(C)(3)

Schedule I (Form 990) HAWAII FO							99-0220699 Page 1				
Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	<b>(b)</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				
LIFE CHURCH 111 HEKILI STREET, STE. A500 KAILUA, HI 96734	58-0904463	501(C)(3)	280.	12,939.	APR	FOOD	FIGHT HUNGER				
LIGHT AND SALVATION CHURCH 2065 S. BERETANIA ST. HONOLULU, HI 96826	27-1082889	501(C)(3)	0.	27,133.	APR	FOOD	FIGHT HUNGER				
LIVING THE WORD 985 DILLINGHAM BLVD, #100 HONOLULU, HI 96817	56-2639791	501(C)(3)	56.	68,859.	APR	FOOD	FIGHT HUNGER				
MALAMA KAUAI PO BOX 1414 KILAUEA, HI 96754	20-5137488	501(C)(3)	0.	12,975.	APR	FOOD	FIGHT HUNGER				
MALAMA POPOKI 95-202 AUHAELE LOOP MILILANI, HI 96789	77-0644941	501(C)(3)	0.	31,650.	APR	FOOD	FIGHT HUNGER				
MAUI FOOD BANK 760 KOLU ST WAILUKU, HI 96793	99-0315110	501(C)(3)	0.	26,162.	APR	FOOD	FIGHT HUNGER				
MUTUAL HOUSING ASSOCIATION - TOTAL 2170 AHE STREET HONOLULU, HI 96816	99-0308739	501(C)(3)	4,286.	623,514.	APR	FOOD	FIGHT HUNGER				
NANAIKAPONO PROTESTANT CHURCH 89-235 PUA LANE WAIANAE, HI 96792	23-7383586	501(C)(3)	0.	92,628.		FOOD	FIGHT HUNGER				
NEW HOPE CHRISTIAN FELLOWSHIP - TOTAL - 290 SAND ISLAND ACCESS RD. - HONOLULU, HI 96819	99-0348925	501(C)(3)	0.	86,249.	APR	FOOD	FIGHT HUNGER				

Schedule I (Form 990) HAWAII FO	ODBANK, I	INC.				9	99-0220699 Page 1
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	<b>(b)</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	<b>(h)</b> Purpose of grant or assistance
NEW LIFE BODY OF CHRIST CHRISTIAN CHURCH - 74 S. KAMEHAMEHA HWY WAHIAWA, HI 96786	99-0346717	501(C)(3)	1,120.	97,111.	APR	FOOD	FIGHT HUNGER
NORTH SHORE CHRISTIAN FELLOWSHIP 67-437 KAMEHAMEHA HWY. #101 HALEIWA, HI 96712	51-0195258	501(C)(3)	0.	110,732.	APR	FOOD	FIGHT HUNGER
OHANA CHRISTIAN FELLOWSHIP PO BOX 3736 LIHUE, HI 96766	56-2483993	501(C)(3)	0.	7,197.	APR	FOOD	FIGHT HUNGER
ONCE-A-MONTH CHURCH PO BOX 1117 HALEIWA, HI 96712	26-0503178	501(C)(3)	0.	150,981.	APR	FOOD	FIGHT HUNGER
PARENTS AND CHILDREN TOGETHER (PACT) - TOTAL - 1485 LINAPUNI STREET - HONOLULU, HI 96819	99-0119678	501(C)(3)	168.	42,350.	APR	FOOD	FIGHT HUNGER
PALAMA SETTLEMENT 810 N. VINEYARD BOULEVARD HONOLULU, HI 96817	99-0074140	501(C)(3)	0.	242,400.	APR	FOOD	FIGHT HUNGER
PARADISE CHAPEL (SOCIAL SERVICE) 87-125 MAIPALAOA ROAD WAIANAE, HI 96792	99-6010795	501(C)(3)	0.	42,870.	APR	FOOD	FIGHT HUNGER
PARISH OF ST. CLEMENT 1515 WILDER AVENUE HONOLULU, HI 96822	99-0085402	501(C)(3)	0.	23,458.	APR	FOOD	FIGHT HUNGER
PARTNERS IN DEVELOPMENT FOUNDATION 2040 BACHELOT ST. HONOLULU, HI 96817	94-3271325	501(C)(3)	63.	40,899.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990) HAWAII FO							9-0220699 Page 1
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(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
PRIVATE SECTOR - HAWAII 59-495 ALAPIO ROAD HALEIWA, HI 96712	68-0041276	501(C)(3)	70.	126,532.	APR	FOOD	FIGHT HUNGER
RESIDENTIAL YOUTH SERVICES & EMPOWERMENT - PO BOX 11662 - HONOLULU, HI 96828	81-2102826	501(C)(3)	0.	15,119.	APR	FOOD	FIGHT HUNGER
RESPONSIVE CAREGIVERS OF HAWAII - TOTAL - 98-1247 KAAHUMANU ST. STE.219B - AIEA, HI 96701	99-0166146	501(C)(3)	0.	12,641.	APR	FOOD	FIGHT HUNGER
RIVER OF LIFE MISSION P.O. BOX 37939 HONOLULU, HI 96837	99-0253651	501(C)(3)	2,000.	84,299.	APR	FOOD	FIGHT HUNGER
RONALD MCDONALD HOUSE CHARITIES OF HI - 1970 JUDD HILLSIDE RD - HONOLULU, HI 96822	99-0222124	501(C)(3)	0.	9,389.	APR	FOOD	FIGHT HUNGER
SALVATION ARMY - HAWAII 2950 MANOA RD HONOLULU, HI 96822	99-0082003	501(C)(3)	9,000.	460,835.	APR	FOOD	FIGHT HUNGER
SEVENTH DAY ADVENTIST CHURCH OF HAWAII - 2313 NUUANU AVENUE - HONOLULU, HI 93817	99-0152812	501(C)(3)	2,000.	192,265.	APR	FOOD	FIGHT HUNGER
SHRINERS HOSPITALS FOR CHILDREN HONOLULU - 1310 PUNAHOU ST - HONOLULU, HI 96826	36-2193608	501(C)(3)	0.	29,563.	APR	FOOD	FIGHT HUNGER
SPIRIT FILLED CHRISTIAN FELLOWSHIP 94-946 MAPALA PLACE							

WAIPAHU, HI 96797

32,027.APR

FOOD

48-1287722 501(C)(3)

Schedule I (Form 990) HAWAII FO	ODBANK, 1	INC.				9	99-0220699 Page 1
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	anizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	<b>(b)</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
ST. MARK LUTHERAN CHURCH 45-725 KAMEHAMEHA HWY							
KANEOHE, HI 96744	99-0090474	501(C)(3)	324.	19,216.	APR	FOOD	FIGHT HUNGER
EPISCOPAL DIOCESE OF HAWAII - TOTAL - 229 QUEEN EMMA SQUARE -							
HONOLULU, HI 96813	99-0073522	501(C)(3)	424.	433,798.	APR	FOOD	FIGHT HUNGER
CATHOLIC CHURCH OF HAWAII - TOTAL 1184 BISHOP ST							
HONOLULU, HI 96813	99-0222900	501(C)(3)	22,993.	2,103,771.	APR	FOOD	FIGHT HUNGER
SU GRAN ALABANZA 775 MCCULLY STREET							
HONOLULU, HI 96826	99-0319851	501(C)(3)	0.	40,341.	APR	FOOD	FIGHT HUNGER
SUNSET BEACH CHRISTIAN CHURCH 59-578 KAMEHAMEHA HWY HALEIWA, HI 96712	20-1206338	501(C)(3)	0.	41,427.	APR	FOOD	FIGHT HUNGER
SURFING THE NATIONS P.O. BOX 860366				,			
WAHIAWA, HI 96786	20-0245026	501(C)(3)	4,342.	1,464,118.	APR	FOOD	FIGHT HUNGER
SUSANNAH WESLEY COMMUNITY CENTER 1117 KAILI STREET							
HONOLULU, HI 96819	99-0073528	501(C)(3)	0.	48,375.	APR	FOOD	FIGHT HUNGER
SUTTER HEALTH PACIFIC-KAHI MOHALA 91-2301 FORT WEAVER ROAD							
EWA BEACH, HI 96706	99-0298651	501(C)(3)	0.	8,433.	APR	FOOD	FIGHT HUNGER
TENRIKYO TAIHEIYO CHURCH 844 WILIWILI STREET							
HONOLULU, HI 96826	99-0744372	501(C)(3)	447.	15,152.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990) HAWAII FO	ODBANK, I	NC.				9	9-0220699 Page 1		
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	<b>(b)</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	<b>(h)</b> Purpose of grant or assistance		
THE FOOD BASKET 140-B HOLOMUA ST HILO, HI 96720	26-0349475	501(C)(3)	0.	87,310.	APR	FOOD	FIGHT HUNGER		
TRINITY CHURCH CENTRAL OAHU 95-388 WIKAO STREET MILILANI, HI 96789	99-0317435	501(C)(3)	0.	5,681.	APR	FOOD	FIGHT HUNGER		
VOICE OF GOD MINISTRIES PO BOX 296 HALEIWA, HI 96712	80-0877885	501(C)(3)	3,058.	185,429.	APR	FOOD	FIGHT HUNGER		
WAIANAE COAST COMMUNITY FOUNDATION PO BOX 2308 WAIANAE, HI 96792	47-4391579	501(C)(3)	0.	192,629.	APR	FOOD	FIGHT HUNGER		
WAIANAE COAST COMPREHENSIVE HEALTH CARE - 94-830 HIKIMOE ST - WAIPAHU, HI 96797	99-0148164	501(C)(3)	0.	90,358.	APR	FOOD	FIGHT HUNGER		
WAIKIKI COMMUNITY CENTER 310 PAOAKALANI AVENUE HONOLULU, HI 96815	99-0179392	501(C)(3)	419.	13,919.	apr	FOOD	FIGHT HUNGER		
YMCA OF HONOLULU - HONOLULU BRANCH 1441 PALI HWY HONOLULU, HI 96813	99-0073533	501(C)(3)	0.	13,462.	apr	FOOD	FIGHT HUNGER		
BAPTIST CHURCH - TOTAL PO BOX 836 WAIANAE, HI 96792	99-0104371	501(C)(3)	3,503.	417,953.	apr	FOOD	FIGHT HUNGER		
UNITED CHURCH OF CHRIST - TOTAL 1848 NUUANU AVENUE HONOLULU, HI 96817	99-0076034	501(C)(3)	4,239.	702,279.	apr	FOOD	FIGHT HUNGER		

Schedule I (Form 990) HAWAII FO							9-0220699 Page 1		
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	<b>(b)</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		
MISSIONARY CHURCH - TOTAL PO BOX 395 KALAHEO, HI 96741	35-1161320	501(C)(3)	0.	74,869.	APR	FOOD	FIGHT HUNGER		
U-TURN FOR CHRIST KAUAI INC PO BOX 1781 KAPAA, HI 96746		501(C)(3)	0.	32,838.		FOOD	FIGHT HUNGER		
JESUS REIGNS 6340 KAAHELE ST KAPAA, HI 96746	81-4524622	501(C)(3)	0.	7,555.	APR	FOOD	FIGHT HUNGER		
KAUAI BIBLE CHURCH PO BOX 571 LAWAI, HI 96765	91-0168565	501(C)(3)	0.	27,981.	apr	FOOD	FIGHT HUNGER		
KAUAI ECONOMIC OPPORTUNITY 2804 WEHE ROAD LIHUE, HI 96766	99-0112851	501(C)(3)	0.	21,401.	APR	FOOD	FIGHT HUNGER		
MOBILE MUNCHIES COMMUNITY OUTREACH 4602 HO'OMANA RD LIHUE, HI 96766	99-0170032	501(C)(3)	0.	7,224.	APR	FOOD	FIGHT HUNGER		

(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 noncash assistance
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	
PART I, LINE 2:					
RECIPIENT AGENCIES MUST SUBMIT P	ERIODIC PR	OGRESS REI	PORTS AS A	REQUIREMENT	
FOR RECEIVING FUNDS. IN ADDITION	, SITE VIS	ITS ARE DO	ONE TO MONI	TOR AGENCIES	
TO ASSURE THE OPERATION OF THE P	ROGRAMS CO	MPLY WITH	REQUIREMEN	TS. REPORTING	
TO GRANTORS IS DONE AS REQUIRED	BY THE DON	ORS, TO E	NSURE THAT	THE FUNDS ARE	
USED ACCORDING TO DONOR'S INTENT	FOR THE G	IFTS.			

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

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization HAWAII FOODBANK, INC. **Employer identification number** 99-0220699

Pai	T I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribe			
		applicable		Form 990, Part VIII, line	1g	ulion a	mount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	5	91,70	B.FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	14801348	24,157,78	3.\$1.63 AVG E	PER	POU	ND
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()			<u> </u>				
29	Number of Forms 8283 received by the organiz		,				-	
	for which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement <b>29</b>			5	
				=			Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date			•				v
_	exempt purposes for the entire holding period?	?				30a		X
	b If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						Х	
32a			•			20-		Х
L	contributions?					32a		
	If "Yes," describe in Part II.  If the organization didn't report an amount in c	olumo (a) fa	r a tuna of area = :-	v for which column (c) :-	ahaakad			
33	describe in Part II.	olullill (C) TO	ı a type σι propeπ	y for writeri column (a) is	onecked,			
	ucound iii Fait II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
PART I, LINE 9, COLUMN B: THE ORGANIZATION IS REPORTING THE NUMBER OF
CONTRIBUTIONS.
PART I, LINE 19, COLUMN B: 14,801,348 LBS OF FOOD. NUMBER OF
CONTRIBUTIONS IS BASED ON POUNDS OF FOOD RECEIVED. FOOD INVENTORY,
WHICH CONSISTS PRIMARILY OF FOOD, BEVERAGES, AND OTHER SUNDRY ITEMS, IS
VALUED BASED ON MANAGEMENT'S ESTIMATE OF THE AVERAGE WHOLESALE VALUE
PER POUND OF FOOD. MANAGEMENT'S ESTIMATE IS BASED ON THE RESULTS OF A
PRODUCT VALUATION SURVEY PROVIDED BY FEEDING AMERICA.

## SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

**Employer identification number** 99-0220699 HAWAII FOODBANK, INC.

FORM 990, PART I, LINE 1 AND PART III, LINE 1:

HAWAII FOODBANK, INC. IS A NONPROFIT ORGANIZATION ESTABLISHED TO COLLECT, WAREHOUSE AND DISTRIBUTE SALVAGEABLE FOOD TO SOCIAL AGENCIES THAT FEED THE NEEDY OF HAWAII. THE COMPANY IS A CERTIFIED MEMBER OF FEEDING AMERICA, A NONPROFIT ORGANIZATION THAT PROVIDES SURPLUS FOOD, EMPLOYEE AND TECHNICAL TRAINING, AND FUND ASSISTANCE TO A NATIONWIDE NETWORK OF FOOD BANKS.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO FILING WITH THE IRS, THE FORM 990 IS REVIEWED IN DETAIL BY THE CFO/DIRECTOR OF FINANCE, WHO IS INVOLVED IN THE COMPILATION OF THE DATA. THE FORM 990 IS THEN REVIEWED BY THE PRESIDENT/CEO AND BOARD TREASURER AND ANY ADDITIONAL CHANGES ARE MADE. HIGHLIGHTS ARE PRESENTED TO THE FINANCE COMMITTEE, A SUBSET OF THE GOVERNING BODY. UPON APPROVAL, THE FORM 990 IS ELECTRONICALLY SENT TO ALL VOTING BOARD MEMBERS, AND THEN FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO EACH BOARD MEMBER AND DISCUSSED AT THE TIME OF ELECTION TO THE BOARD OF DIRECTORS. THE MEMBER WHO HAS A CONFLICT WILL BE RECUSED FROM VOTING ON THE CONFLICTED ISSUE. ANNUAL DISCLOSURE STATEMENTS ARE COMPLETED AND SIGNED BY EACH BOARD MEMBER AND MONITORED TO ASSURE THERE IS NO CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT/CEO HAS MANAGEMENT OBJECTIVES AGAINST WHICH PERFORMANCE IS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

16240715 139010 95940K

Name of the organization HAWAII FOODBANK, INC.

Employer identification number 99-0220699

RECORDED. THIS IS REVIEWED AND APPROVED BY THE EXECUTIVE BOARD'S PERSONNEL COMMITTEE. COMPENSATION IS COMPARED TO SIMILAR POSITIONS IN THE INDUSTRY AND THE RESULTS OF THE PAST YEAR. THIS PROCESS WAS LAST CONDUCTED IN JUNE 2019, NEAR THE END OF THE FISCAL YEAR. IT WAS APPROVED BY THE BOARD OF DIRECTORS AND DOCUMENTED IN THE PRESIDENT/CEO'S PERSONNEL FILE.

KEY EMPLOYEES, LISTED ON THE COMPENSATION SHEET, INCLUDE THE THREE VICE

PRESIDENTS PLUS PRESIDENT/CEO-VP/COO, VP/CFO, VP/CHIEF IMPACT OFFICER AND

THE CONTROLLER. EACH POSITION HAS OBJECTIVES AGAINST WHICH PERFORMANCE IS

RECORDED. THIS IS REVIEWED AND APPROVED BY THE PRESIDENT/CEO. COMPENSATION

IS COMPARED TO SIMILAR POSITIONS IN THE INDUSTRY. THIS PROCESS WAS LAST

CONDUCTED IN SEPTEMBER 2019 AND SALARY ADJUSTMENTS WERE MADE IN OCTOBER

2019 AND DOCUMENTED IN THE KEY EMPLOYEES' PERSONNEL FILES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S BY-LAWS, INCORPORATION PAPERS, CONFLICT OF INTEREST

POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY

REQUEST. THE FORM 990 AND THE AUDITED FINANCIAL STATEMENTS ARE PUBLISHED ON

THE ORGANIZATION'S WEBSITE.

SCHEDULE B, PART I, COLUMN C:

AGGREGATE CONTRIBUTIONS MARKED AS NONCASH CONTRIBUTIONS IN COLUMN D
REPRESENT POUNDS OF FOOD RECEIVED. THE FAIR MARKET VALUE OF THESE
NONCASH CONTRIBUTIONS ARE REPORTED IN SCHEDULE B, PART II.

SCHEDULE B, PART II, COLUMN C:

FOOD CONTRIBUTIONS ARE VALUED BASED ON MANAGEMENT'S ESTIMATE OF THE

AVERAGE WHOLESALE VALUE PER POUND OF FOOD. MANAGEMENT'S ESTIMATE IS

Form <b>990-T</b>		<b>Exempt Organization Business Income Tax Return</b>							OMB No. 1545-0687	
	(and proxy tax under section 6033(e))  For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 201								2040	
								<u>9</u> .	2018	
	tment of the Treasury al Revenue Service									
A	Check box if address changed							DEmployer identification number (Employees' trust, see instructions.)		
<b>B</b> Ex	Exempt under section   Print   HAWAII FOODBANK, INC.						99-0220699			
	]501( <b>c</b> )(3)	_ or	Number, street, and room		, see ir	nstructions.			ated business activity code nstructions.)	
	408(e) 220(e)	Type	Type 2611 KILIHAU STREET							
	408A 530(a) 529(a)		City or town, state or prov							
C Boo	ok value of all assets		F Group exemption numb		<b>—</b>			l .		
- at e	end of year		<b>G</b> Check organization type	<u> </u>	oration	501(c) trust	trust	Other trust		
H En	ter the number of the	organiza	ition's unrelated trades or b				the only (or first) uni	related		
tra	de or business here	<b>&gt;</b>				If only one,	complete Parts I-V. I	If more	than one,	
des	scribe the first in the b	lank spa	ce at the end of the previou	ıs sentence, complete Pa	rts I ar	id II, complete a Schedule	M for each addition	al trade	e or	
	siness, then complete									
			ooration a subsidiary in an a		ıt-subs	idiary controlled group?	<b>&gt;</b> L	Ye	es No	
			tifying number of the paren							
			LILLIAN RODO						)836-3600	
			de or Business Inc	ome		(A) Income	(B) Expenses	<b>;</b>	(C) Net	
	Gross receipts or sale									
	Less returns and allov		=\	<b>c</b> Balance ▶	10					
2			A, line 7)		3					
3			rom line 1c		3 4a					
			h Schedule D) art II, line 17) (attach Form		4a 4b					
			sts		4c					
			ship or an S corporation (at		5					
6				· ·	6					
7			me (Schedule E)		7					
8			and rents from a controlled		8					
9			on 501(c)(7), (9), or (17) or	-						
10			me (Schedule I)		10					
11			e J)		11					
12	Other income (See ins	struction	ns; attach schedule)		12					
	Total. Combine lines	3 throu	gh 12			0.				
Pa			ot Taken Elsewher utions, deductions must				s income.)			
14	Compensation of off	icers, di	rectors, and trustees (Sche	dule K)				14		
15								15		
16								16		
17	Repairs and maintenance Bad debts						17			
18			ee instructions)					18		
19	Taxes and licenses							19		
20			e instructions for limitation					20		
21			562)							
22			n Schedule A and elsewher					22b		
23								23		
24			mpensation plans					24		
25	Employee benefit programs							25		
26 27	Excess exempt expenses (Schedule I)						26			
27										
28 29								28 29	0.	
30	•							30	0.	
31			loss arising in tax years beg					31		
32		-	ncome. Subtract line 31 fro	-	-	,		32	0.	

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Form **990-T** (2018)

Page 2

Part I	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see in	nstructions)		33	0.
34	Amounts paid for disallowed fringes		34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruction)	35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
	lines 33 and 34	36			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		1,000.		
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,				
	enter the smaller of zero or line 36			38	0.
Part I	V Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			39	0.
40	$\underline{\textbf{Trusts Taxable at Trust Rates}. See \ instructions \ for \ tax \ computation. \ Income \ tax \ on \ the \ amount \ on \ and \ an \ an \ an \ an \ an \ an \ $				
	Tax rate schedule or Schedule D (Form 1041)		<b>&gt;</b>	40	
41	Proxy tax. See instructions				
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See instructions			43	
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
	Tax and Payments				
45 a	, , , , , , , , , , , , , , , , , , , ,	15a			
b	· /	l5b			
C		15c			
d	/	15d			
е	<b>Total credits</b> . Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44	. <u></u>		46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	47			
48	<b>Total tax.</b> Add lines 46 and 47 (see instructions)			48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
		50a			
		50b			
C	'	50c			
	· / /	50d			
	7	i0e			
	· · · · · · · · · · · · · · · · · · ·	50f			
g	Other credits, adjustments, and payments: Form 2439				
		60g			
51	<b>Total payments</b> . Add lines 50a through 50g			51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached				
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53	
54	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	I = .		54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		unded	55	
Part \					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		-		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	•			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the for	eign country			
	here >				_
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or trans	steror to, a for	eign trust?		
50	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year  \$\bigs\\$\$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state	amonto and to t	ha haat of my kr	sowladge and hal	iof, it is true
Sign		any knowled		lowledge and bei	iei, it is true,
Here	INPUBLIC DISCLUSIMAN	₫,			uss this return with
	Signature of officer Date Title			the preparer show instructions)?	
	Print/Type preparer's name Preparer's signature Date		Check	if PTIN	
Б	Trinit Type proparer 3 maine Date		self- employe	1	
Paid	wer melanie a king / (Melandolking ng 07-1	5-2020	оон онироус		220997
Prepa	rer CW ACCOCTAMES CDAC		Firm's EIN		1659234
Use C	700 BISHOP STREET, SUITE 10/40				
	Firm's address ► HONOLULU, HI 96813		Phone no.	808-531	1-1040

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