



**CW Associates**

*A Hawaii Certified Public Accounting Corporation*

**TAX RETURN FILING INSTRUCTIONS**

PUBLIC DISCLOSURE COPY

<b>Prepared by</b>	CW Associates, CPAs 700 Bishop Street, Suite 1040 Honolulu, Hawaii 96813
<b>Special Instructions</b>	<p>This copy of the return is provided only for public disclosure purposes. Any confidential information regarding large donors has been removed, if this organization is not a private foundation.</p> <p>The return should be signed and dated by the appropriate officer(s).</p> <p>Exempt organizations are required to provide copies of their Forms 990 for a period of three years from the filing date for public inspection upon request. Charities must also provide copies of Forms 990-T filed after August 17, 2006.</p>
<b>Application for Recognition of Exemption</b>	<p>Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application.</p> <p>An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.</p>
<b>Requests made in person</b>	If the request is made in person, the organization must respond by the end of the business day.
<b>Request made in writing</b>	If the request is made in writing, response is required within 30 days.
<b>Fees charged for copies</b>	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$1.00 for the first page and \$0.15 for each additional page. The organization may require the individual making the request to pay the fee before providing copies of the documents.
<b>What if we post the Form 990 on our website?</b>	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its web site. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
<b>What if we fail to comply with requests?</b>	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

Topa Financial Center  
700 Bishop Street, Suite 1040  
Honolulu, Hawaii 96813  
Telephone (808) 531-1040  
Facsimile (808) 531-1041  
[www.cwassociatescpas.com](http://www.cwassociatescpas.com)

**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

**2019**

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HAWAII FOODBANK, INC.</b>		<b>D</b> Employer identification number <b>99-0220699</b>
	Doing business as		<b>E</b> Telephone number <b>(808) 836-3600</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>2611 KILIHOU STREET</b>		<b>G</b> Gross receipts \$ <b>63,183,270.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>HONOLULU, HI 96819</b>		
<b>F</b> Name and address of principal officer: <b>AMY MARVIN</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	

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

**J** Website: ▶ **WWW.HAWAIIFOODBANK.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1982** **M** State of legal domicile: **HI**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>23</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>22</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>69</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>5375</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>30,202,943.</b>	<b>48,269,095.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>602,738.</b>	<b>473,173.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>774,338.</b>	<b>151,095.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>130,284.</b>	<b>170,246.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>31,710,303.</b>	<b>49,063,609.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>25,819,287.</b>	<b>39,688,545.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>3,247,009.</b>	<b>3,880,409.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,122,062.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,999,442.</b>	<b>2,410,551.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>31,065,738.</b>	<b>45,979,505.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>644,565.</b>	<b>3,084,104.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>24,854,527.</b>	<b>29,256,645.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,079,687.</b>	<b>1,936,394.</b>
		<b>23,774,840.</b>	<b>27,320,251.</b>

**Part II Signature Block**

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

PUBLIC DISCLOSURE

<b>Sign Here</b>	Signature of officer	Date			
	<b>DARIN SHIGETA, TREASURER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MELANIE A KING</b>	Preparer's signature <i>Melanie King</i>	Date <b>05/17/2021</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00220997</b>
	Firm's name ▶ <b>CW ASSOCIATES, CPAS</b>	Firm's EIN ▶ <b>26-1659234</b>			
	Firm's address ▶ <b>700 BISHOP STREET, SUITE 1040 HONOLULU, HI 96813</b>		Phone no. <b>808-531-1040</b>		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 43,594,897. including grants of \$ 39,688,545. ) (Revenue \$ 504,857. ) THE HAWAII FOODBANK ("HFB") HAS BEEN COLLECTING, WAREHOUSING AND DISTRIBUTING FOOD TO THE HUNGRY ON OAHU AND THE NEIGHBOR ISLANDS FOR OVER 37 YEARS. HFB DISTRIBUTED OVER 15.2 MILLION POUNDS OF FOOD IN FISCAL YEAR 2020, INCLUDING 3.4 MILLION POUNDS OF FRESH PRODUCE. FOOD WAS DISTRIBUTED THROUGH OVER 200 MEMBER AGENCIES ON OAHU AND KAUAI. ON AVERAGE, HFB DISTRIBUTES OVER ONE MILLION POUNDS OF FOOD PER MONTH. WITH THE COVID-19 PANDEMIC BEGINNING IN MARCH 2020, OUR FOOD DISTRIBUTION INCREASED TREMENDOUSLY.

PANDEMIC IMPACT AND RESPONSE

HAWAII FOODBANK HAS SEEN A HIGH LEVEL OF SUPPORT DURING THE PANDEMIC ENDING THIS YEAR WITH A SURPLUS OF \$3.5 MILLION AND CASH OF \$3.9

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

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

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

4e Total program service expenses 43,594,897.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 23		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 22		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**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.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **LILLIAN RODOLFICH - (808) 836-3600**  
**2611 KILIAU STREET, HONOLULU, HI 96819**

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RON MIZUTANI PRESIDENT/CEO	40.00	X		X				195,242.	0.	8,694.
(2) JEFF MOKEN CHAIR	3.00	X		X				0.	0.	0.
(3) CHRISTINA HAUSE VICE CHAIR	2.00	X		X				0.	0.	0.
(4) NEILL CHAR TREASURER	2.00	X		X				0.	0.	0.
(5) JAMES STARSHAK SECRETARY	2.00	X		X				0.	0.	0.
(6) SCOTT GAMBLE DIRECTOR	0.50	X						0.	0.	0.
(7) TERRI HANSEN-SHON DIRECTOR	0.50	X						0.	0.	0.
(8) DENISE HAYASHI-YAMAGUCHI DIRECTOR	0.50	X						0.	0.	0.
(9) PETER HEILMANN DIRECTOR	0.50	X						0.	0.	0.
(10) DAVID HERNDON DIRECTOR	0.50	X						0.	0.	0.
(11) CHARLIE KING DIRECTOR	0.50	X						0.	0.	0.
(12) JENNIFER LAM DIRECTOR	0.50	X						0.	0.	0.
(13) REGGIE MALDONADO DIRECTOR	0.50	X						0.	0.	0.
(14) MICHAEL MILLER DIRECTOR	0.50	X						0.	0.	0.
(15) DARIN SHIGETA DIRECTOR	0.50	X						0.	0.	0.
(16) CRAIG SHIKUMA DIRECTOR	0.50	X						0.	0.	0.
(17) LARRY SIAFUAFU DIRECTOR	0.50	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TOBY TAMAYE DIRECTOR	0.50	X						0.	0.	0.
(19) MARK TONINI DIRECTOR	0.50	X						0.	0.	0.
(20) JEFF VIGILLA DIRECTOR	0.50	X						0.	0.	0.
(21) JAMES WATARU DIRECTOR	0.50	X						0.	0.	0.
(22) JASON WONG DIRECTOR	0.50	X						0.	0.	0.
(23) LAUREN ZIRBEL DIRECTOR	0.50	X						0.	0.	0.
(24) GREG SATO FORMER DIRECTOR	0.50	X						0.	0.	0.
(25) MALCOLM INAMINE VICE PRESIDENT/COO	40.00			X				131,911.	0.	25,143.
(26) LAURA KAY RAND VICE PRESIDENT/CHIEF IMPACT OFFICER	40.00			X				124,263.	0.	13,827.
<b>1b Subtotal</b>								451,416.	0.	47,664.
<b>c Total from continuation sheets to Part VII, Section A</b>								121,075.	0.	33,684.
<b>d Total (add lines 1b and 1c)</b>								572,491.	0.	81,348.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NORDIC PCL CONSTRUCTION, INC., 1099 ALAKEA ST., SUITE 1600, HONOLULU, HI 96813	GENERAL CONTRACTOR	1,828,520.
MYERS-HOLUM, INC., 244 MADISON AVE., SUITE 217, NEW YORK CITY, NY 10016	SOFTWARE CONSULTING	163,369.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LILLIAN RODOLFICH VICE PRESIDENT/CFO	40.00			X				121,075.	0.	33,684.
Total to Part VII, Section A, line 1c .....								121,075.		33,684.

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	180,856.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	888,662.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	47,199,577.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 33,589,625.				
	<b>h Total.</b> Add lines 1a-1f .....			48,269,095.			
<b>Program Service Revenue</b>	<b>2 a</b> SHARED MAINT. FEES .....	<b>Business Code</b>	624200	473,173.	473,173.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			473,173.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			408,223.		408,223.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	13,803,475.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	13,933,379.	127,224.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-129,904.	-127,224.			
	<b>d</b> Net gain or (loss) .....			-257,128.		-257,128.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		197,620.				
<b>b</b> Less: direct expenses .....	<b>8b</b>	59,058.					
<b>c</b> Net income or (loss) from fundraising events .....			138,562.		138,562.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER INCOME .....	<b>Business Code</b>	900099	31,684.	31,684.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			31,684.			
<b>12 Total revenue.</b> See instructions .....			49,063,609.	504,857.	0.	289,657.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	39,688,545.	39,688,545.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	643,967.	219,582.	319,645.	104,740.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,536,861.	1,728,191.	278,671.	529,999.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	65,198.	29,781.	20,468.	14,949.
<b>9</b> Other employee benefits	393,631.	335,747.		57,884.
<b>10</b> Payroll taxes	240,752.	140,594.	50,864.	49,294.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	7,226.		7,226.	
<b>c</b> Accounting	41,228.		41,228.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	94,473.		94,473.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	308,545.	116,257.	132,204.	60,084.
<b>12</b> Advertising and promotion	155,339.	2,112.	7,476.	145,751.
<b>13</b> Office expenses	182,365.	97,537.	57,675.	27,153.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	502,072.	362,470.	91,482.	48,120.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	181,704.	23,450.	116,936.	41,318.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	312,420.	262,468.	24,976.	24,976.
<b>23</b> Insurance	33,865.	28,447.	2,709.	2,709.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>TRANSPORTATION</b>	395,870.	394,457.	642.	771.
<b>b</b> <b>SHIPPING &amp; FREIGHT</b>	63,993.	63,993.		
<b>c</b> <b>FUNDRAISING EVENT DIRECT</b>	61,136.	50,236.		10,900.
<b>d</b> <b>VOLUNTEER EXPENSE</b>	54,569.	51,030.	125.	3,414.
<b>e</b> All other expenses	15,746.		15,746.	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	45,979,505.	43,594,897.	1,262,546.	1,122,062.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,518,319.	<b>1</b>	128,852.
	<b>2</b> Savings and temporary cash investments .....	2,004,155.	<b>2</b>	6,034,911.
	<b>3</b> Pledges and grants receivable, net .....	334,043.	<b>3</b>	833,415.
	<b>4</b> Accounts receivable, net .....	134,873.	<b>4</b>	159,432.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	2,061,197.	<b>8</b>	1,497,400.
	<b>9</b> Prepaid expenses and deferred charges .....	36,555.	<b>9</b>	276,695.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 12,071,991.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 6,309,585.		
	<b>11</b> Investments - publicly traded securities .....	3,523,857.	<b>10c</b>	5,762,406.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	13,018,907.	<b>11</b>	14,347,369.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	222,621.	<b>14</b>	216,165.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	24,854,527.	<b>15</b>	29,256,645.	
<b>17</b> Accounts payable and accrued expenses .....	484,516.	<b>16</b>	1,310,857.	
<b>18</b> Grants payable .....	595,171.	<b>17</b>	454,538.	
<b>19</b> Deferred revenue .....		<b>18</b>	170,999.	
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>		
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>24</b>		
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,079,687.	<b>25</b>	1,936,394.	
<b>27</b> <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		<b>26</b>		
<b>27</b> Net assets without donor restrictions .....	20,275,455.	<b>27</b>	23,962,197.	
<b>28</b> Net assets with donor restrictions .....	3,499,385.	<b>28</b>	3,358,054.	
<b>29</b> <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
<b>32</b> Total net assets or fund balances .....	23,774,840.	<b>32</b>	27,320,251.	
<b>33</b> Total liabilities and net assets/fund balances .....	24,854,527.	<b>33</b>	29,256,645.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	49,063,609.
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,979,505.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,084,104.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,774,840.
5	Net unrealized gains (losses) on investments	5	362,815.
6	Donated services and use of facilities	6	98,492.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	27,320,251.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2019)

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

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

f Enter the number of supported organizations .....

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	31191223.	30419608.	29172478.	30202943.	48269095.	169255347
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	31191223.	30419608.	29172478.	30202943.	48269095.	169255347
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						28175828.
<b>6 Public support.</b> Subtract line 5 from line 4.						141079519

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	31191223.	30419608.	29172478.	30202943.	48269095.	169255347
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	200,053.	262,974.	366,072.	420,955.	408,223.	1658277.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					31,684.	31,684.
<b>11 Total support.</b> Add lines 7 through 10						170945308
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	3,847,235.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	82.53 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	80.23 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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>b</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.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

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

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

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

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2019 AMOUNT: \$ 31,684.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2019

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	807,857.	805,349.	806,885.	804,473.	802,172.
b Contributions					
c Net investment earnings, gains, and losses	15,788.	6,988.	13,253.	6,772.	6,673.
d Grants or scholarships					
e Other expenditures for facilities and programs	14,568.	4,480.	14,789.	4,360.	4,372.
f Administrative expenses					
g End of year balance	809,077.	807,857.	805,349.	806,885.	804,473.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  0.00 %
  - b Permanent endowment  98.88 %
  - c Term endowment  1.12 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes                      | No                                  |
|-----------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		6,876,299.	3,085,628.	3,790,671.
c Leasehold improvements		170,509.	170,509.	0.
d Equipment		1,970,409.	1,275,518.	694,891.
e Other		3,054,774.	1,777,930.	1,276,844.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,762,406.



**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	49,571,774.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	362,815.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	98,492.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	461,307.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	49,110,467.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	94,473.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-141,331.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-46,858.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	49,063,609.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	45,885,032.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	45,885,032.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	94,473.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	94,473.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	45,979,505.

**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. THE 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:**

U.S. GAAP REQUIRES UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THEY ARE MORE LIKELY THAN NOT TO FAIL UPON REGULATORY EXAMINATION. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX

**Part XIII** Supplemental Information (continued)

POSITIONS AS OF JUNE 30, 2020 AND 2019 AND FOR THE YEARS THEN ENDED, AND DETERMINED THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS REQUIRED TO BE REPORTED IN ACCORDANCE WITH U.S. GAAP. 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 -141,331.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

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

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations  
 b  Internet and email solicitations  
 c  Phone solicitations  
 d  In-person solicitations  
 e  Solicitation of non-government grants  
 f  Solicitation of government grants  
 g  Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT	BLACKOUT HUNGER	NONE	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	156,599.	41,021.		197,620.
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	156,599.	41,021.		197,620.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	11,904.	2,496.		14,400.
	<b>7</b> Food and beverages .....	10,122.			10,122.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	29,911.	4,625.		34,536.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				59,058.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				138,562.	

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

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

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

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

11 Does the organization conduct gaming activities with nonmembers?  Yes  No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

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

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
c If "Yes," enter name and address of the third party:

Name
Address

16 Gaming manager information:
Name
Gaming manager compensation \$
Description of services provided
Director/officer Employee Independent contractor

17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

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

**Part IV** Supplemental Information *(continued)*

Blank lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ABANDONED AND FERAL CAT FRIEND 883 LEIGHTON STREET HONOLULU, HI 96821	99-0347808	501(C)(3)	0.	62,788.	APR	FOOD	FIGHT HUNGER
ABUNDANT GRACE CHURCH 702 PUUHALE RD HONOLULU, HI 96819	46-1897612	501(C)(3)	0.	118,557.	APR	FOOD	FIGHT HUNGER
ABUNDANT LIFE UNITED PENTECOST 650 KILANI AVE. WAHIAWA, HI 96786	43-0679185	501(C)(3)	0.	11,025.	APR	FOOD	FIGHT HUNGER
ALEA BRIDGE PO BOX 89357 MILILANI, HI 96789	81-1201416	501(C)(3)	7,250.	72,569.	APR	FOOD	FIGHT HUNGER
ALTERNATIVE STRUCTURES INTERNATIONAL - 86-704 HOMESTEAD RD. - WAIANA, HI 96792	99-0196090	501(C)(3)	0.	50,243.	APR	FOOD	FIGHT HUNGER
ANGEL NETWORK CHARITIES, INC. 5339 KALANIANA'OLE HWY. HONOLULU, HI 96821	99-0290412	501(C)(3)	0.	341,046.	APR	FOOD	FIGHT HUNGER

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **94.**

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

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

Schedule I (Form 990) (2019)



**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	(h) Purpose of grant or assistance
ARMED FORCES YMCA (HONOLULU CHAPTER) - 1260 PIERCE ST., BLDG 679 - HONOLULU, HI 96860	99-0075037	501(C)(3)	0.	254,613.	APR	FOOD	FIGHT HUNGER
BOYS AND GIRLS CLUB - HAWAII 91-884 FORT WEAVER RD EWA BEACH, HI 96706	99-6005407	501(C)(3)	0.	191,761.	APR	FOOD	FIGHT HUNGER
BRETHREN OF CHRIST INTERNATIONAL 94-133 PAHU STREET WAIPAHU, HI 96797	99-0293419	501(C)(3)	0.	10,937.	APR	FOOD	FIGHT HUNGER
HAWAII ASSEMBLY OF GOD - TOTAL 87-125 MAIPALAOA RD WAIANAE, HI 96791	44-0577787	501(C)(3)	0.	3,068,799.	APR	FOOD	FIGHT HUNGER
CALVARY CHAPEL PEARL HARBOR & LIHUE - 91-137 MAKALEA ST - EWA BEACH, HI 96706	99-0312556	501(C)(3)	0.	298,494.	APR	FOOD	FIGHT HUNGER
CENTRAL UNION CHURCH 1660 S. BERETANIA STREET HONOLULU, HI 96826	99-0076013	501(C)(3)	0.	19,510.	APR	FOOD	FIGHT HUNGER
CHILD AND FAMILY SERVICE - TOTAL 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	99-0073483	501(C)(3)	95.	184,398.	APR	FOOD	FIGHT HUNGER
C4-CHRIST CENTERED COMMUNITY CHURCH - 4211 WAIALAE AVE. #1030 - HONOLULU, HI 96816	77-0667145	501(C)(3)	0.	140,480.	APR	FOOD	FIGHT HUNGER
CHURCH OF CHRIST AT PEARL HARBOR 515 MAIN STREET HONOLULU, HI 96818	99-0161316	501(C)(3)	0.	122,510.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

**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	(h) Purpose of grant or assistance
CHURCH OF GOD OF PROPHECY - KANEHOE - 45-416 KAMEHAMEHA HIGHWAY - KANEHOE, HI 96744	99-0324042	501(C)(3)	0.	6,974.	APR	FOOD	FIGHT HUNGER
CITY OF REFUGE CHRISTIAN CHURCH P.O. BOX 971057 WAIPAHU, HI 96797	99-0204880	501(C)(3)	0.	30,442.	APR	FOOD	FIGHT HUNGER
COMMUNITY PEOPLE MINISTRIES 1114 LAULOA STREET. KAILUA, HI 96734	47-5334011	501(C)(3)	0.	386,127.	APR	FOOD	FIGHT HUNGER
DYNAMIC COMPASSION IN ACTION PO BOX 712 WAIMANALO, HI 96795	46-2192346	501(C)(3)	0.	621,947.	APR	FOOD	FIGHT HUNGER
EWA BEACH UNITED METHODIST CHURCH 91-660 POHAKUPUNA ROAD EWA BEACH, HI 96706	99-0117016	501(C)(3)	0.	23,085.	APR	FOOD	FIGHT HUNGER
FAMILY PROMISE OF HAWAII 245 N. KUKUI ST #101 HONOLULU, HI 96817	20-2645489	501(C)(3)	0.	15,294.	APR	FOOD	FIGHT HUNGER
FEEDING HAWAII TOGETHER/THE PANTRY 2522 ROSE ST HONOLULU, HI 96819	47-0901806	501(C)(3)	6,457.	166,232.	APR	FOOD	FIGHT HUNGER
FIRST ASSEMBLY OF GOD - TOTAL 3400 MOANALUA ROAD HONOLULU, HI 96819	99-0079322	501(C)(3)	0.	459,472.	APR	FOOD	FIGHT HUNGER
FIRST UNITED METHODIST CHURCH 1020 S. BERTANIA STREET HONOLULU, HI 96814	36-2167731	501(C)(3)	0.	93,386.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

**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	(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.	10,383.	APR	FOOD	FIGHT HUNGER
FOUNTAINS OF THE LIVING WATER 2412 ROSE ST. UNIT 100 HONOLULU, HI 96819	20-3160523	501(C)(3)	0.	72,858.	APR	FOOD	FIGHT HUNGER
FULL GOSPEL CHURCH OF OAHU 1522 MAKALOA STREET #225 HONOLULU, HI 96814	99-0349540	501(C)(3)	0.	24,780.	APR	FOOD	FIGHT HUNGER
FULL GOSPEL TEMPLE 2464 N. SCHOOL STREET HONOLULU, HI 96819	99-2597400	501(C)(3)	0.	54,198.	APR	FOOD	FIGHT HUNGER
GREGORY HOUSE/SAVE THE FOODBASKET, INC - 200 N. VINEYARD BLVD., #A310 - HONOLULU, HI 96817	94-3259311	501(C)(3)	0.	220,635.	APR	FOOD	FIGHT HUNGER
HABILITAT INC P.O. BOX 801 KANEHOE, HI 96744	99-0146306	501(C)(3)	0.	99,071.	APR	FOOD	FIGHT HUNGER
HALE O HONOLULU 1700 LANAKILA AVENUE HONOLULU, HI 96817	99-0325672	501(C)(3)	0.	6,572.	APR	FOOD	FIGHT HUNGER
HALE OLA HOOPAKOLEA, INC. 89-137 NANAKULI AVENUE WAIANA, HI 96792	99-0240185	501(C)(3)	0.	136,603.	APR	FOOD	FIGHT HUNGER
HAWAII CEDAR CHURCH 1545 KAMEHAMEHA IV ROAD HONOLULU, HI 96816	68-0509399	501(C)(3)	0.	1,373,242.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

**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	(h) Purpose of grant or assistance
HAWAII HEALTH & HARM REDUCTION CENTER - 677 ALA MOANA BLVD., SUITE 226 - HONOLULU, HI 96813	99-0284222	501(C)(3)	0.	585,062.	APR	FOOD	FIGHT HUNGER
HCAP TOTAL (HONOLULU COMMUNITY ACTION PROG - 33 SOUTH KING ST, SUITE 300 - HONOLULU, HI 96813	99-0140622	501(C)(3)	0.	393,606.	APR	FOOD	FIGHT HUNGER
HINA MAUKA - TOTAL 45-845 PO'OKELA ST KANEHOE, HI 96744	99-0173356	501(C)(3)	0.	15,841.	APR	FOOD	FIGHT HUNGER
HOPE CHAPEL KAHUKU (HOPE CHAPEL TOTAL) - 56-565 KAMEHAMEHA HWY - KAHUKU, HI 96731	95-1684062	501(C)(3)	0.	539,228.	APR	FOOD	FIGHT HUNGER
HUI O HAU'ULA 54-101 KUKUNA RD HAUULA, HI 96717	47-1756958	501(C)(3)	0.	182,041.	APR	FOOD	FIGHT HUNGER
INSTITUTE OF HUMAN SERVICES 546 KAAHI STREET HONOLULU, HI 96817	99-0199107	501(C)(3)	0.	739,683.	APR	FOOD	FIGHT HUNGER
JESUS IS ALIVE FELLOWSHIP 66-405 WAIALUA BEACH ROAD HALEIWA, HI 96712	99-0159250	501(C)(3)	0.	55,595.	APR	FOOD	FIGHT HUNGER
KALIHI-PALAMA HEALTH CENTER 904 KOHOU ST STE 307 HONOLULU, HI 96817	99-0161221	501(C)(3)	0.	29,654.	APR	FOOD	FIGHT HUNGER
KALIHI UNION CHURCH 2214 NO. KING STREET HONOLULU, HI 96819	99-6000168	501(C)(3)	0.	295,984.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

**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	(h) Purpose of grant or assistance
KAUAI NORTH SHORE FOOD PANTRY PO BOX 1172 KILAUEA, HI 96754	81-4748610	501(C)(3)	0.	140,552.	APR	FOOD	FIGHT HUNGER
KAUMAKAPILI CHURCH 766 NORTH KING STREET HONOLULU, HI 96817	13-5563020	501(C)(3)	0.	123,956.	APR	FOOD	FIGHT HUNGER
KAWAIKINI NCPCS 3-1821 J KAUMUALII HWY LIHUE, HI 96766	20-4088998	501(C)(3)	0.	11,083.	APR	FOOD	FIGHT HUNGER
KEY PROJECT 47-200 WAIHEE RD KANEHOE, HI 96744	99-0118209	501(C)(3)	0.	163,301.	APR	FOOD	FIGHT HUNGER
KING'S CATHEDRAL - TOTAL 5740 KALANIANAOLE HIGHWAY HONOLULU, HI 96821	99-0196904	501(C)(3)	0.	638,702.	APR	FOOD	FIGHT HUNGER
KOKUA KALIHI VALLEY COMP FAMILY SERVICES TOTAL - 2239 NORTH SCHOOL STREET - HONOLULU, HI 96819	99-0149797	501(C)(3)	0.	68,842.	APR	FOOD	FIGHT HUNGER
LABOR'S COMMUNITY SERVICES LIAISON 200 N. VINEYARD BLVD., #700 HONOLULU, HI 96817	23-7365077	501(C)(3)	0.	233,743.	APR	FOOD	FIGHT HUNGER
LANAKILA PACIFIC REHABILITATION CENTER - 1809 BACHELOT STREET - HONOLULU, HI 96817	99-0103922	501(C)(3)	0.	25,412.	APR	FOOD	FIGHT HUNGER
LIGHT AND SALVATION CHURCH 2065 S. BERETANIA ST. HONOLULU, HI 96826	27-1082889	501(C)(3)	0.	16,682.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

**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	(h) Purpose of grant or assistance
LIVING THE WORD 985 DILLINGHAM BLVD, #100 HONOLULU, HI 96817	56-2639791	501(C)(3)	0.	23,352.	APR	FOOD	FIGHT HUNGER
MALAMA KAUAI PO BOX 1414 KILAUEA, HI 96754	20-5137488	501(C)(3)	0.	113,275.	APR	FOOD	FIGHT HUNGER
MALAMA POPOKI 95-202 AUHAELE LOOP MILILANI, HI 96789	77-0644941	501(C)(3)	0.	39,314.	APR	FOOD	FIGHT HUNGER
MESSAGE OF PEACE MINISTRY OUTREACH 91-429 FORT WEAVER RD EWA BEACH, HI 96706	83-2705175	501(C)(3)	0.	148,362.	APR	FOOD	FIGHT HUNGER
MUTUAL HOUSING ASSOCIATION - TOTAL 2170 AHE STREET HONOLULU, HI 96816	99-0308739	501(C)(3)	0.	394,458.	APR	FOOD	FIGHT HUNGER
NANAIAKAPONO PROTESTANT CHURCH 89-235 PUA LANE WAIANA, HI 96792	23-7383586	501(C)(3)	0.	133,020.	APR	FOOD	FIGHT HUNGER
NEW HOPE CHRISTIAN FELLOWSHIP - TOTAL - 290 SAND ISLAND ACCESS RD. - HONOLULU, HI 96819	99-0348925	501(C)(3)	0.	81,046.	APR	FOOD	FIGHT HUNGER
NEW LIFE BODY OF CHRIST CHRISTIAN CHURCH - 74 S. KAMEHAMEHA HWY. - WAHIAWA, HI 96786	99-0346717	501(C)(3)	0.	120,249.	APR	FOOD	FIGHT HUNGER
NORTH SHORE CHRISTIAN FELLOWSHIP 67-437 KAMEHAMEHA HWY. #101 HALEIWA, HI 96712	51-0195258	501(C)(3)	0.	80,025.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

**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	(h) Purpose of grant or assistance
OHANA CHRISTIAN FELLOWSHIP PO BOX 3736 LIHUE, HI 96766	56-2483993	501(C)(3)	0.	8,654.	APR	FOOD	FIGHT HUNGER
ONCE-A-MONTH CHURCH PO BOX 1117 HALEIWA, HI 96712	26-0503178	501(C)(3)	0.	180,114.	APR	FOOD	FIGHT HUNGER
PARENTS AND CHILDREN TOGETHER (PACT) - TOTAL - 1485 LINAPUNI STREET - HONOLULU, HI 96819	99-0119678	501(C)(3)	0.	40,901.	APR	FOOD	FIGHT HUNGER
PALAMA SETTLEMENT 810 N. VINEYARD BOULEVARD HONOLULU, HI 96817	99-0074140	501(C)(3)	5,000.	276,467.	APR	FOOD	FIGHT HUNGER
PARADISE CHAPEL (SOCIAL SERVICE) 87-125 MAIPALAOA ROAD WAIANAE, HI 96792	99-6010795	501(C)(3)	0.	32,992.	APR	FOOD	FIGHT HUNGER
PARISH OF ST. CLEMENT 1515 WILDER AVENUE HONOLULU, HI 96822	99-0085402	501(C)(3)	0.	20,154.	APR	FOOD	FIGHT HUNGER
PARTNERS IN DEVELOPMENT FOUNDATION 2040 BACHELOT ST. HONOLULU, HI 96817	94-3271325	501(C)(3)	0.	49,819.	APR	FOOD	FIGHT HUNGER
PRIVATE SECTOR - HAWAII 59-495 ALAPIO ROAD HALEIWA, HI 96712	68-0041276	501(C)(3)	0.	85,754.	APR	FOOD	FIGHT HUNGER
RESIDENTIAL YOUTH SERVICES & EMPOWERMENT - PO BOX 11662 - HONOLULU, HI 96828	81-2102826	501(C)(3)	0.	31,533.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

**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	(h) Purpose of grant or assistance
RIVER OF LIFE MISSION P.O. BOX 37939 HONOLULU, HI 96837	99-0253651	501(C)(3)	1,417.	95,341.	APR	FOOD	FIGHT HUNGER
SALVATION ARMY - HAWAII 2950 MANOA RD HONOLULU, HI 96822	99-0082003	501(C)(3)	5,000.	852,166.	APR	FOOD	FIGHT HUNGER
SEVENTH DAY ADVENTIST CHURCH OF HAWAII - 2313 NUUANU AVENUE - HONOLULU, HI 93817	99-0152812	501(C)(3)	0.	225,582.	APR	FOOD	FIGHT HUNGER
SHRINERS HOSPITALS FOR CHILDREN HONOLULU - 1310 PUNAHOU ST - HONOLULU, HI 96826	36-2193608	501(C)(3)	0.	21,944.	APR	FOOD	FIGHT HUNGER
SPIRIT FILLED CHRISTIAN FELLOWSHIP 94-946 MAPALA PLACE WAIPAHU, HI 96797	48-1287722	501(C)(3)	0.	42,963.	APR	FOOD	FIGHT HUNGER
ST. MARK LUTHERAN CHURCH 45-725 KAMEHAMEHA HWY KANEHOE, HI 96744	99-0090474	501(C)(3)	0.	8,803.	APR	FOOD	FIGHT HUNGER
EPISCOPAL DIOCESE OF HAWAII - TOTAL - 229 QUEEN EMMA SQUARE - HONOLULU, HI 96813	99-0073522	501(C)(3)	0.	448,157.	APR	FOOD	FIGHT HUNGER
CATHOLIC CHURCH OF HAWAII - TOTAL 1184 BISHOP ST HONOLULU, HI 96813	99-0222900	501(C)(3)	17,520.	2,626,094.	APR	FOOD	FIGHT HUNGER
SU GRAN ALABANZA 775 MCCULLY STREET HONOLULU, HI 96826	99-0319851	501(C)(3)	0.	28,362.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)



**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	(h) Purpose of grant or assistance
SUNSET BEACH CHRISTIAN CHURCH 59-578 KAMEHAMEHA HWY HALEIWA, HI 96712	20-1206338	501(C)(3)	0.	73,817.	APR	FOOD	FIGHT HUNGER
SURFING THE NATIONS P.O. BOX 860366 WAHIAWA, HI 96786	20-0245026	501(C)(3)	0.	1,077,775.	APR	FOOD	FIGHT HUNGER
SUSANNAH WESLEY COMMUNITY CENTER 1117 KAILI STREET HONOLULU, HI 96819	99-0073528	501(C)(3)	0.	52,170.	APR	FOOD	FIGHT HUNGER
TENRIKYO TAIHEIYO CHURCH 844 WILIWILI STREET HONOLULU, HI 96826	99-0744372	501(C)(3)	0.	20,326.	APR	FOOD	FIGHT HUNGER
VOICE OF GOD MINISTRIES PO BOX 296 HALEIWA, HI 96712	80-0877885	501(C)(3)	0.	152,849.	APR	FOOD	FIGHT HUNGER
WAIANAEO COAST COMMUNITY FOUNDATION PO BOX 2308 WAIANAEO, HI 96792	47-4391579	501(C)(3)	0.	168,093.	APR	FOOD	FIGHT HUNGER
WAIANAEO COAST COMPREHENSIVE HEALTH CARE - 94-830 HIKIMOE ST - WAIPAHU, HI 96797	99-0148164	501(C)(3)	8,000.	2,749,603.	APR	FOOD	FIGHT HUNGER
WAIKIKI COMMUNITY CENTER 310 PAOKALANI AVENUE HONOLULU, HI 96815	99-0179392	501(C)(3)	0.	31,264.	APR	FOOD	FIGHT HUNGER
YMCA OF HONOLULU - HONOLULU BRANCH 1441 PALI HWY HONOLULU, HI 96813	99-0073533	501(C)(3)	0.	139,176.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

**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	(h) Purpose of grant or assistance
BAPTIST CHURCH - TOTAL PO BOX 836 WAIANAE, HI 96792	99-0104371	501(C)(3)	8,000.	595,328.	APR	FOOD	FIGHT HUNGER
UNITED CHURCH OF CHRIST - TOTAL 1848 NUUANU AVENUE HONOLULU, HI 96817	99-0076034	501(C)(3)	0.	565,080.	APR	FOOD	FIGHT HUNGER
MISSIONARY CHURCH - TOTAL PO BOX 395 KALAHEO, HI 96741	35-1161320	501(C)(3)	0.	155,500.	APR	FOOD	FIGHT HUNGER
U-TURN FOR CHRIST KAUAI INC PO BOX 1781 KAPAA, HI 96746	20-8090926	501(C)(3)	0.	14,413.	APR	FOOD	FIGHT HUNGER
KAUAI BIBLE CHURCH PO BOX 571 LAWAI, HI 96765	91-0168565	501(C)(3)	0.	26,325.	APR	FOOD	FIGHT HUNGER
KAUAI ECONOMIC OPPORTUNITY 2804 WEHE ROAD LIHUE, HI 96766	99-0112851	501(C)(3)	0.	11,895.	APR	FOOD	FIGHT HUNGER
MOBILE MUNCHIES COMMUNITY OUTREACH 4602 HO'OMANA RD LIHUE, HI 96766	99-0170032	501(C)(3)	0.	14,421.	APR	FOOD	FIGHT HUNGER

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

RECIPIENT AGENCIES MUST SUBMIT PERIODIC PROGRESS REPORTS AS A REQUIREMENT FOR RECEIVING FUNDS. IN ADDITION, SITE VISITS ARE DONE TO MONITOR AGENCIES TO ASSURE THE OPERATION OF THE PROGRAMS COMPLY WITH REQUIREMENTS. REPORTING TO GRANTORS IS DONE AS REQUIRED BY THE DONORS, TO ENSURE THAT THE FUNDS ARE USED ACCORDING TO DONOR'S INTENT FOR THE GIFTS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2019**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**HAWAII FOODBANK, INC.**

Employer identification number

**99-0220699**

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

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

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

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

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

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RON MIZUTANI PRESIDENT/CEO	(i)	166,092.	20,000.	9,150.	0.	8,694.	203,936.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MALCOLM INAMINE VICE PRESIDENT/COO	(i)	125,578.	6,183.	150.	0.	25,143.	157,054.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LILLIAN RODOLFICH VICE PRESIDENT/CFO	(i)	117,497.	3,428.	150.	0.	33,684.	154,759.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	36,962.	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	20276339	33,552,663.	\$1.65 AVG PER POUND
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **5**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019

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

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: 20,276,339 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**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

HAWAII FOODBANK, INC.

Employer identification number  
99-0220699

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 III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MILLION.

PART OF THE INCREASE IN SUPPORT WAS USED THIS YEAR TO RESPOND TO THE ECONOMIC IMPACT OF THE PANDEMIC. WE DISTRIBUTED 28% MORE FOOD, SERVING AN INCREASE OF 87% MORE PEOPLE IN THE LAST FOUR MONTHS OF THE YEAR, AS COMPARED TO THE PREVIOUS YEAR. WE EXPECT TO USE MOST OF THE CURRENT SURPLUS WITHIN THE NEXT FISCAL YEAR, FOR INCREASED FOOD PURCHASES AND DISTRIBUTION THROUGHOUT OUR NETWORK. THE CONCERN REMAINS ON FUNDING THE ANTICIPATED HIGHER NEED IN THE YEARS BEYOND. THE PREVIOUS DOWNTURN TOOK NEARLY A DECADE TO SEE AN ECONOMIC RECOVERY FOR OUR CLIENT POPULATION.

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

PRIOR TO FILING WITH THE IRS, THE FORM 990 IS REVIEWED IN DETAIL BY THE VP/CFO AND CONTROLLER, WHO ARE 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

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

HAWAII FOODBANK, INC.

Employer identification number

99-0220699

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 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, AND WAS APPROVED BY THE BOARD OF DIRECTORS AND DOCUMENTED IN THE PRESIDENT/CEO'S PERSONNEL FILE.

THE COMPENSATION REVIEW PROCESS IS ALSO FOLLOWED FOR KEY EMPLOYEES, SUCH AS THE 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

Name of the organization HAWAII FOODBANK, INC.	Employer identification number 99-0220699
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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 BASED ON THE RESULTS OF A PRODUCT VALUATION SURVEY PROVIDED BY FEEDING AMERICA.

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2020

<b>Prepared for</b>	HAWAII FOODBANK, INC. 2611 KILIHOU STREET HONOLULU, HI 96819
<b>Prepared by</b>	CW ASSOCIATES, CPAS 700 BISHOP STREET, SUITE 1040 HONOLULU, HI 96813
<b>Amount due or refund</b>	NO AMOUNT IS DUE.
<b>Make check payable to</b>	NO AMOUNT IS DUE.
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	MAY 17, 2021
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

## 2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year 0.</p>	<b>Print or Type</b>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>HAWAII FOODBANK, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>2611 KILIHOU STREET</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>HONOLULU, HI 96819</b></p> <p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>99-0220699</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)</p>
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**H** Enter the number of the organization's unrelated trades or businesses. ▶ Describe the only (or first) unrelated trade or business here ▶ . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **LILLIAN RODOLFICH** Telephone number ▶ **(808) 836-3600**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances				
c Balance	▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 <b>Total.</b> Combine lines 3 through 12		13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)		18	
19 Taxes and licenses		19	
20 Depreciation (attach Form 4562)	20		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22 Depletion		22	
23 Contributions to deferred compensation plans		23	
24 Employee benefit programs		24	
25 Excess exempt expenses (Schedule I)		25	
26 Excess readership costs (Schedule J)		26	
27 Other deductions (attach schedule)		27	
28 <b>Total deductions.</b> Add lines 14 through 27		28	0.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	0.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30	0.
31 Unrelated business taxable income. Subtract line 30 from line 29		31	0.

<b>Part III Total Unrelated Business Taxable Income</b>	
32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 0.
33 Amounts paid for disallowed fringes	33
34 Charitable contributions (see instructions for limitation rules)	34 0.
35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35
36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36
37 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37
38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.
39 <b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39 0.

<b>Part IV Tax Computation</b>	
40 <b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	40 0.
41 <b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41
42 <b>Proxy tax.</b> See instructions	42
43 <b>Alternative minimum tax (trusts only)</b>	43
44 <b>Tax on Noncompliant Facility Income.</b> See instructions	44
45 <b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.

<b>Part V Tax and Payments</b>	
46a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a
b Other credits (see instructions)	46b
c General business credit. Attach Form 3800	46c
d Credit for prior year minimum tax (attach Form 8801 or 8827)	46d
e <b>Total credits.</b> Add lines 46a through 46d	46e
47 Subtract line 46e from line 45	47 0.
48 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48
49 <b>Total tax.</b> Add lines 47 and 48 (see instructions)	49 0.
50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
51a Payments: A 2018 overpayment credited to 2019	51a
b 2019 estimated tax payments	51b
c Tax deposited with Form 8868	51c
d Foreign organizations: Tax paid or withheld at source (see instructions)	51d
e Backup withholding (see instructions)	51e
f Credit for small employer health insurance premiums (attach Form 8941)	51f
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g
52 <b>Total payments.</b> Add lines 51a through 51g	52
53 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53
54 <b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54
55 <b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55
56 Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	56

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)		
57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
		X
58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

Sign Here	Signature of officer <i>Melanie King</i> Date <i>05/17/2021</i>		Treasurer _____ Title _____		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Print/Type preparer's name <b>MELANIE A KING</b>	Preparer's signature <i>Melanie King</i>	Date <b>05/17/2021</b>	Check <input type="checkbox"/> if self-employed	
Paid Preparer Use Only	Firm's name <b>CW ASSOCIATES, CPAS</b>		Firm's EIN <b>26-1659234</b>		
	Firm's address <b>700 BISHOP STREET, SUITE 1040 HONOLULU, HI 96813</b>		Phone no. <b>808-531-1040</b>		