

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public
Inspection

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">HAWAII FOODBANK, INC.</div> <div style="border: 1px solid black; padding: 2px;">Doing business as</div> <div style="border: 1px solid black; padding: 2px;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</div> <div style="border: 1px solid black; padding: 2px;">2611 KILIHU STREET</div> <div style="border: 1px solid black; padding: 2px;">City or town, state or province, country, and ZIP or foreign postal code</div> <div style="border: 1px solid black; padding: 2px;">HONOLULU, HI 96819</div> <div style="border: 1px solid black; padding: 2px;"> F Name and address of principal officer: AMY MILLER SAME AS C ABOVE </div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">99-0220699</div> E Telephone number <div style="border: 1px solid black; padding: 2px;">(808) 836-3600</div> G Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">51,591,341.</div> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.HAWAIIFOODBANK.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1982
M State of legal domicile: HI		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	88
6	Total number of volunteers (estimate if necessary)	6	7273
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	40,634,331.
9	Program service revenue (Part VIII, line 2g)	9	748,568.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	784,043.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	143,928.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	42,310,870.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	32,980,107.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	5,702,214.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.
16b	Total fundraising expenses (Part IX, column (D), line 25)	16b	1,962,411.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	4,316,291.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	42,998,612.
19	Revenue less expenses. Subtract line 18 from line 12	19	-687,742.
20	Total assets (Part X, line 16)	20	32,487,166.
21	Total liabilities (Part X, line 26)	21	1,720,920.
22	Net assets or fund balances. Subtract line 21 from line 20	22	30,766,246.

Part II Signature Block

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

Sign Here	Signature of officer AMY MILLER, PRESIDENT/CEO	Date		
Paid Preparer Use Only	Print/Type preparer's name RODNEY M. HARANO	Preparer's signature RODNEY M. HARANO	Date 03/17/25	Check if self-employed <input type="checkbox"/> PTIN P00389596
	Firm's name CW ASSOCIATES, CPAS	Firm's EIN 26-1659234		
	Firm's address 700 BISHOP STREET, SUITE 1040 HONOLULU, HI 96813	Phone no. 808-531-1040		

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

- 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
- ☒
- No

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

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

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

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

- 4a**
- (Code:) (Expenses \$
- 43,776,069.
- including grants of \$
- 37,325,204.
-) (Revenue \$
- 37,720.
-)

THE HAWAII FOODBANK ("HFB") HAS BEEN COLLECTING, WAREHOUSING AND DISTRIBUTING FOOD TO THE HUNGRY ON OAHU AND THE NEIGHBOR ISLANDS FOR OVER 40 YEARS. HFB DISTRIBUTED OVER 21.2 MILLION POUNDS OF FOOD IN FISCAL YEAR 2024, INCLUDING 5.8 MILLION POUNDS OF FRESH PRODUCE. FOOD WAS DISTRIBUTED THROUGH OVER 250 MEMBER AGENCIES ON OAHU AND KAUAI. IN FY 2024, HFB DISTRIBUTED ALMOST 1.76 MILLION POUNDS OF FOOD PER MONTH.

- 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
- 43,776,069.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	44
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 88		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders N/A 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? N/A	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17	
If "Yes," complete Form 6069.		

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

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	24			
b Enter the number of voting members included on line 1a, above, who are independent		24		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed HI

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ 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
CURTIS LEONG - (808)836-3600
2611 KILIHU STREET, HONOLULU, HI 96819

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AMY MILLER PRESIDENT/CEO	40.00	X		X				290,284.	0.	38,300.
(2) CURTIS LEONG VICE PRESIDENT/CFO	40.00			X				155,062.	0.	21,709.
(3) LAURA KAY RAND VICE PRESIDENT/CHIEF IMPACT OFFICER	40.00			X				144,323.	0.	20,205.
(4) GENE CALIWAG FORMER VICE PRESIDENT/CHIEF OPERATIO	40.00			X				139,282.	0.	18,498.
(5) MARIELLE TERBIO VICE PRESIDENT STRATEGY AND PROGRAMS	40.00			X				90,660.	0.	14,193.
(6) KILIKINA MAHI FORMER VICE PRESIDENT STRATEGY AND P	40.00			X				71,948.	0.	7,915.
(7) CHRISTINA HAUSE CHAIR	2.00	X		X				0.	0.	0.
(8) KATHRYN ELLMAN 1ST VICE CHAIR	2.00	X		X				0.	0.	0.
(9) JEFF VIGILLA 2ND VICE CHAIR	2.00	X		X				0.	0.	0.
(10) CRAIG SHIKUMA SECRETARY	2.00	X		X				0.	0.	0.
(11) DARIN SHIGETA TREASURER	2.00	X		X				0.	0.	0.
(12) JEREMIAH ANA DIRECTOR	0.50	X						0.	0.	0.
(13) DEAN DUQUE DIRECTOR	0.50	X						0.	0.	0.
(14) WILLIAM FROELICH DIRECTOR	0.50	X						0.	0.	0.
(15) RONA FUKUMOTO DIRECTOR	0.50	X						0.	0.	0.
(16) SCOTT GAMBLE DIRECTOR	0.50	X						0.	0.	0.
(17) ELIZABETH RICE GROSSMAN 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PETER HEILMANN DIRECTOR	0.50	X						0.	0.	0.
(19) JENNIFER LAM DIRECTOR	0.50	X						0.	0.	0.
(20) MYLES SHIBATA DIRECTOR	0.50	X						0.	0.	0.
(21) LARRY SIAFUAFU DIRECTOR	0.50	X						0.	0.	0.
(22) TOBY TAMAYE DIRECTOR	0.50	X						0.	0.	0.
(23) SONIA TOPENIO DIRECTOR	0.50	X						0.	0.	0.
(24) JENNIFER WALKER DIRECTOR	0.50	X						0.	0.	0.
(25) JAMES WATARU DIRECTOR	0.50	X						0.	0.	0.
(26) JASON WONG DIRECTOR	0.50	X						0.	0.	0.
1b Subtotal								891,559.	0.	120,820.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								891,559.	0.	120,820.

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

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EDWARD ENTERPRISES INC. P. O. BOX 30468, HONOLULU, HI 96820	PRINTING SERVICES	255,619.
PENSKE TRUCKING LEASING CO. P. O. BOX 7429, PASADENA, CA 91110	TRUCK RENTAL AND LEASING	224,807.
MATSON NAVIGATION CO., INC. P. O. BOX 31000, HONOLULU, HI 96849	OCEAN FREIGHT	205,898.

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

3

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

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

[illegible]

Part VIII Statement of RevenueCheck 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	153,188.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	10,285,928.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	35,815,145.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 28,938,541.			
	h	Total. Add lines 1a-1f		46,254,261.			
Program Service Revenue	2 a			Business Code			
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			911,209.	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	6a	(i) Real	(ii) Personal		
b		Less: rental expenses ...	6b				
c		Rental income or (loss)	6c				
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
b		Less: cost or other basis and sales expenses	7b	4,190,151.	5,652.		
c		Gain or (loss)	7c	4,140,366.	-5,652.		
d		Net gain or (loss)			44,133.		44,133.
8 a		Gross income from fundraising events (not including \$ 153,188. of contributions reported on line 1c). See Part IV, line 18	8a	198,000.			
b		Less: direct expenses	8b	55,416.			
c		Net income or (loss) from fundraising events			142,584.		142,584.
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code	900099	37,720.	37,720.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		37,720.			
	12	Total revenue. See instructions			47,389,907.	37,720.	0.

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	37,325,204.	37,325,204.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	996,846.	409,505.	447,257.	140,084.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,074,890.	2,858,311.	304,445.	912,134.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	152,709.	125,227.	27,482.	
9 Other employee benefits	836,150.	548,959.	126,278.	160,913.
10 Payroll taxes	364,815.	248,724.	56,726.	59,365.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,500.		2,500.	
c Accounting	48,091.		48,091.	
d Lobbying	24,000.		24,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	114,045.		114,045.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	770,229.	430,196.	185,927.	154,106.
12 Advertising and promotion	287,388.	61,770.	13,882.	211,736.
13 Office expenses	713,153.	390,014.	189,552.	133,587.
14 Information technology				
15 Royalties				
16 Occupancy	551,669.	509,874.	18,498.	23,297.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	152,203.	55,714.	55,576.	40,913.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	428,468.	396,425.	13,930.	18,113.
23 Insurance	113,309.	104,835.	3,684.	4,790.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a TRANSPORTATION	258,156.	248,510.	9,646.	
b FUNDRAISING EVENT DIREC	128,229.	22,882.	3,798.	101,549.
c VOLUNTEER EXPENSE	43,146.	39,919.	1,403.	1,824.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	47,385,200.	43,776,069.	1,646,720.	1,962,411.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,787,760.	1	2,150,760.
	2 Savings and temporary cash investments	2,028,702.	2	928,985.
	3 Pledges and grants receivable, net	2,252,855.	3	3,299,516.
	4 Accounts receivable, net	53,628.	4	50,000.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,509,750.	8	2,006,689.
	9 Prepaid expenses and deferred charges	90,525.	9	67,166.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,295,258.		
	b Less: accumulated depreciation	10b 5,677,088.		
		5,371,906.	10c	6,618,170.
	11 Investments - publicly traded securities	17,189,227.	11	18,084,355.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,202,813.	15	1,021,878.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	32,487,166.	16	34,227,519.	
Liabilities	17 Accounts payable and accrued expenses	686,287.	17	2,520,205.
	18 Grants payable	46,625.	18	282.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	988,008.	25	787,412.
	26 Total liabilities. Add lines 17 through 25	1,720,920.	26	3,307,899.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	27,113,108.	27	28,054,644.
	28 Net assets with donor restrictions	3,653,138.	28	2,864,976.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	30,766,246.	32	30,919,620.
	33 Total liabilities and net assets/fund balances	32,487,166.	33	34,227,519.

Form 990 (2023)

Part XI Reconciliation of Net AssetsCheck 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	47,389,907.
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,385,200.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,707.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,766,246.
5	Net unrealized gains (losses) on investments	5	148,667.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	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	30,919,620.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	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 _____	3b	X

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

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

f Enter the number of supported organizations _____

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	48269095.	54510832.	42447326.	40634331.	46254261.	232115845
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	48269095.	54510832.	42447326.	40634331.	46254261.	232115845
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						16161891.
6 Public support. Subtract line 5 from line 4.						215953954

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	48269095.	54510832.	42447326.	40634331.	46254261.	232115845
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	408,223.	409,755.	869,548.	746,214.	911,209.	3344949.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	31,684.	70,948.	31,973.	143,928.	37,720.	316,253.
11 Total support. Add lines 7 through 10						235777047
12 Gross receipts from related activities, etc. (see instructions)					12	2,986,651.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	91.59	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	91.23	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			
			<input type="checkbox"/>

Schedule A (Form 990) 2023

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Part VI

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

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

2019 AMOUNT: \$ 31,684.

2020 AMOUNT: \$ 70,948.

2021 AMOUNT: \$ 31,973.

2022 AMOUNT: \$ 143,928.

2023 AMOUNT: \$ 37,720.

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

HAWAII FOODBANK, INC.

Employer identification number

99-0220699

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

HAWAII FOODBANK, INC.**99-0220699****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>2,296,399.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,578,579.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>6,705,689.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>1,456,323.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,013,653.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>1,920,208.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,554,760.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,207,089.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 1,256,087.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 1,306,312.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 1,190,798.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

HAWAII FOODBANK, INC.

99-0220699

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>1</u>	FOOD _____ _____ _____	\$ <u>2,296,399.</u>	<u>06/30/24</u>
<u>2</u>	FOOD _____ _____ _____	\$ <u>1,578,579.</u>	<u>06/30/24</u>
<u>3</u>	FOOD _____ _____ _____	\$ <u>6,705,689.</u>	<u>06/30/24</u>
<u>4</u>	FOOD _____ _____ _____	\$ <u>1,456,323.</u>	<u>06/30/24</u>
<u>5</u>	FOOD _____ _____ _____	\$ <u>1,013,653.</u>	<u>06/30/24</u>
<u>7</u>	FOOD _____ _____ _____	\$ <u>1,554,760.</u>	<u>06/30/24</u>

Name of organization

Employer identification number

HAWAII FOODBANK, INC.

99-0220699

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	FOOD _____ _____ _____	\$ 1,207,089.	06/30/24
9	FOOD _____ _____ _____	\$ 1,256,087.	06/30/24
10	FOOD _____ _____ _____	\$ 1,306,312.	06/30/24
11	FOOD _____ _____ _____	\$ 1,190,798.	06/30/24
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

HAWAII FOODBANK, INC.

Employer identification number

99-0220699

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2023

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
not over \$500,000,	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000,	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No
4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		24,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			24,000.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

HAWAII FOODBANK'S PRESIDENT & CEO AND ADVOCACY STAFF WORK WITH THIRD

PARTY LOBBYISTS TO ENGAGE IN DISCUSSIONS WITH STATE LEGISLATORS

REGARDING HFB'S GRANT-IN-AID PROPOSALS SUBMITTED FOR VARIOUS PROGRAMS

AND FUNDING CAPITAL PROJECTS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2023

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0.	0.	9,077.	809,077.	807,857.
b Contributions					
c Net investment earnings, gains, and losses				8,648.	15,788.
d Grants or scholarships					
e Other expenditures for facilities and programs			9,077.	808,648.	14,568.
f Administrative expenses					
g End of year balance				9,077.	809,077.

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

a Board designated or quasi-endowment _____%

b Permanent endowment _____%

c Term endowment _____%

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

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

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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		7,283,656.	4,141,390.	3,142,266.
c Leasehold improvements				
d Equipment		2,586,432.	1,535,698.	1,050,734.
e Other		2,425,170.		2,425,170.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				6,618,170.

Schedule D (Form 990) 2023

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)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	787,412.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	787,412.

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 ... ☒

Schedule D (Form 990) 2023

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

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

1	Total revenue, gains, and other support per audited financial statements	1	49,834,451.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	148,667.
b	Donated services and use of facilities	2b	1,621,760.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	788,162.
e	Add lines 2a through 2d	2e	2,558,589.
3	Subtract line 2e from line 1	3	47,275,862.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	114,045.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	114,045.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	47,389,907.

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

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

1	Total expenses and losses per audited financial statements	1	48,892,915.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,621,760.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,621,760.
3	Subtract line 2e from line 1	3	47,271,155.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	114,045.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	114,045.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	47,385,200.

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 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

POSITIONS AS OF JUNE 30, 2024 AND 2023 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 2D - OTHER ADJUSTMENTS:

INCREASE (DECREASE) IN NET ASSETS WITH DONOR RESTRICTIONS

788,162.

Part XIII	Supplemental Information <i>(continued)</i>
------------------	--

[illegible]

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

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.

[illegible]

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))
		GREAT CHEFS (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	351,188.			351,188.
	2 Less: Contributions	153,188.			153,188.
	3 Gross income (line 1 minus line 2)	198,000.			198,000.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	55,416.			55,416.
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				55,416.
	11 Net income summary. Subtract line 10 from line 3, column (d)				142,584.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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 <i>(continued)</i>
----------------	--

[illegible]

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 for the latest information.

OMB No. 1545-0047

2023

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABANDONED & FERAL CAT FRIENDS PO BOX 240052 HONOLULU, HI 96824	99-0347808	501(C)(3)	0.	69,308.	APR	FOOD	FIGHT HUNGER
ABUNDANT GRACE CHURCH 702 PUUHALE ROAD HONOLULU, HI 96819	46-1897612	501(C)(3)	0.	1,366,138.	APR	FOOD	FIGHT HUNGER
ACHIEVE ZERO PO BOX 860277 WAHIAWA, HI 96786	81-1201416	501(C)(3)	0.	9,848.	APR	FOOD	FIGHT HUNGER
AFTER SCHOOL ALL STARS - WAIANAE INTERMEDIATE - 2611 KILIHAW STREET - HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	8,305.	APR	FOOD	FIGHT HUNGER
AGAPE CHRISTIAN FELLOWSHIP OAHU 98-1228 KAAMILO STREET AIEA, HI 96701	45-5504686	501(C)(3)	0.	24,721.	APR	FOOD	FIGHT HUNGER
AIEA SEVENTH DAY ADVENTIST CHURCH P. O. BOX 248 AIEA, HI 96701	99-0202195	501(C)(3)	0.	103,304.	APR	FOOD	FIGHT HUNGER

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **262.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANAHOLA BEACH PARK PO BOX 223154 PRINCEVILLE, HI 96722	99-0076034	501(C)(3)	0.	81,904.	APR	FOOD	FIGHT HUNGER
ANGEL NETWORK CHARITIES 5339 KALANIANA'OLE HWY. HONOLULU, HI 96821	99-0290412	501(C)(3)	0.	1,607,309.	APR	FOOD	FIGHT HUNGER
ARMED SERVICES (SCHOFIELD/WHEELER) 1260 PIERCE ST., STE. 145 JBPHH, HI 96860	99-0075037	501(C)(3)	0.	230,606.	APR	FOOD	FIGHT HUNGER
ARMED SERVICES YMCA - MCBH 1260 PIERCE ST., STE. 145 JBPHH, HI 96860	99-0075037	501(C)(3)	0.	148,017.	APR	FOOD	FIGHT HUNGER
ARMED SERVICES YMCA (JBPHH) 1260 PIERCE ST., STE. 145 JBPHH, HI 96860	99-0075037	501(C)(3)	0.	125,961.	APR	FOOD	FIGHT HUNGER
ARMED SERVICES YMCA (MCBH) 1260 PIERCE ST., STE. 145 JBPHH, HI 96860	99-0075037	501(C)(3)	0.	11,207.	APR	FOOD	FIGHT HUNGER
ARMED SERVICES YMCA (SCHOFIELD/WHEELER) - 1260 PIERCE STREET - PEARL HARBOR, HI 96860	99-0075037	501(C)(3)	0.	8,416.	APR	FOOD	FIGHT HUNGER
ARMED SERVICES YMCA JBPHH (DANIEL K. AKAKA VA CLINIC) - 100 MCCHORD ST., BLDG. 1859 - HICKAM AFB, HI 96853	99-0075037	501(C)(3)	0.	20,618.	APR	FOOD	FIGHT HUNGER
BANQUET SOLUTIONS HAWAII 3049 UALENA ST HONOLULU, HI 96819	82-3587586	501(C)(3)	0.	22,184.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB (EWA BEACH) 91-884 FORT WEAVER RD EWA BEACH, HI 96706	99-6005407	501(C)(3)	0.	26,040.	APR	FOOD	FIGHT HUNGER
BOYS AND GIRLS CLUB (HONOLULU) 1704 WAIOLA ST. HONOLULU, HI 96826	99-6005407	501(C)(3)	0.	8,139.	APR	FOOD	FIGHT HUNGER
BOYS AND GIRLS CLUB HAWAII- SPALDING CLUBHOUSE - 1704 WAIOLA ST - HONOLULU, HI 96826	99-6005407	501(C)(3)	0.	7,257.	APR	FOOD	FIGHT HUNGER
BRETHREN OF CHRIST INTERNATIONAL 94-133 PAHU ST. WAIPAHU, HI 96797	99-0293419	501(C)(3)	0.	25,329.	APR	FOOD	FIGHT HUNGER
CALVARY ASSEMBLY OF GOD 961 IO LANE HONOLULU, HI 96817	99-6012292	501(C)(3)	0.	101,450.	APR	FOOD	FIGHT HUNGER
CALVARY CHAPEL PEARL HARBOR 94-1044 WAIPIO UKA ST WAIPAHU, HI 96797	99-0312556	501(C)(3)	0.	403,299.	APR	FOOD	FIGHT HUNGER
CEDAR ASSEMBLY OF GOD 620 WAIPA LN HONOLULU, HI 96817	44-0577787	501(C)(3)	0.	71,658.	APR	FOOD	FIGHT HUNGER
CENTRAL CALIFORNIA FOOD BANK 4010 E AMENDOLA DR FRENSEN, CA 93725	77-0320851	501(C)(3)	0.	44,016.	APR	FOOD	FIGHT HUNGER
CENTRAL UNION CHURCH (WINDWARD) 38 KANEOHE BAY DRIVE KAILUA, HI 96734	99-0076013	501(C)(3)	0.	47,335.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL UNION CHURCH OF HONOLULU 1660 S BERETANIA STREET HONOLULU, HI 96826	99-0076013	501(C)(3)	0.	1,599,495.	APR	FOOD	FIGHT HUNGER
CFS - NANA'S HOUSE 2970 KELE STREET SUITE 203 LIHUE, HI 96766	99-0073483	501(C)(3)	0.	53,887.	APR	FOOD	FIGHT HUNGER
CFS-HALE HO'OMALU 2970 KELE STREET SUITE 203 LIHUE, HI 96766	99-0073483	501(C)(3)	0.	36,492.	APR	FOOD	FIGHT HUNGER
CHILD AND FAMILY SERVICES - DOMESTIC ABUSE SHELTER - 91-1841 FORT WEAVER RD - EWA BEACH, HI 96706	99-0073483	501(C)(3)	0.	22,251.	APR	FOOD	FIGHT HUNGER
CHRIST UNITED METHODIST CHURCH 1639 KEEAMOKU ST HONOLULU, HI 96822	99-0077812	501(C)(3)	0.	68,215.	APR	FOOD	FIGHT HUNGER
CHURCH OF CHRIST AT PEARL HARBOR 515 MAIN ST. HONOLULU, HI 96818	99-0161316	501(C)(3)	0.	68,746.	APR	FOOD	FIGHT HUNGER
CHURCH OF GOD OF PROPHECY (KANEOME) - 45-416 KAMEHAMEHA HWY. - KANEOME, HI 96744	99-0324042	501(C)(3)	0.	6,380.	APR	FOOD	FIGHT HUNGER
CHURCH OF THE PACIFIC 4520 KAPAKA RD PRINCEVILLE, HI 96722	99-0226183	501(C)(3)	0.	97,110.	APR	FOOD	FIGHT HUNGER
CHURCH OF THE PACIFIC- HO'OMANA MULTI-SERVICE - PO BOX 223154 - PRINCEVILLE, HI 96722	99-0076034	501(C)(3)	0.	103,714.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF THE PACIFIC KAPAA UNITED CHURCH OF CHRIST- PANTRY - 1315 ULU STREET - KAPAA, HI 96746	99-0076034	501(C)(3)	0.	120,465.	APR	FOOD	FIGHT HUNGER
CHURCH OF THE PACIFIC PO BOX 223154 PRINCEVILLE, HI 96722	99-0076034	501(C)(3)	0.	155,600.	APR	FOOD	FIGHT HUNGER
CITY OF JOY ASSEMBLY OF GOD P.O. BOX 2872 WAIANAE, HI 96792	99-6010795	501(C)(3)	0.	140,351.	APR	FOOD	FIGHT HUNGER
CITY OF REFUGE CHRISTIAN CHURCH PO BOX 971057 WAIPAHU, HI 96797	99-0204880	501(C)(3)	0.	274,829.	APR	FOOD	FIGHT HUNGER
CO-CATHEDRAL OF ST. THERESA 712 N. SCHOOL STREET HONOLULU, HI 96817	99-0222900	501(C)(3)	0.	331,010.	APR	FOOD	FIGHT HUNGER
COK KUPUNA PRODUCE PROGRAM II 4241 HANAHAO PLACE, STE 101 LIHUE, HI 96766	99-0220699	501(C)(3)	0.	29,822.	APR	FOOD	FIGHT HUNGER
COMMUNITY PEOPLE MINISTRIES 2227 GREENVIEW DRIVE CARROLLTON, TX 75010	47-5334011	501(C)(3)	0.	192,963.	APR	FOOD	FIGHT HUNGER
COMMUNITY PEOPLE MINISTRIES (EWA BEACH) - 2227 GREENVIEW DRIVE - CARROLLTON, TX 75010	47-5334011	501(C)(3)	0.	125,525.	APR	FOOD	FIGHT HUNGER
COMMUNITY PEOPLE MINISTRIES (WAIANAE) - 2227 GREENVIEW DRIVE - CARROLLTON, TX 75010	47-5334011	501(C)(3)	0.	127,538.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DCIA-WAIMANALO 2611 KILIHAW STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	20,466.	APR	FOOD	FIGHT HUNGER
DYNAMIC COMPASSION IN ACTION PO BOX 712 WAIMANALO, HI 96795	46-2192346	501(C)(3)	0.	726,381.	APR	FOOD	FIGHT HUNGER
ELEELE BAPTIST CHURCH 339 MEHANA RD ELEELE, HI 96705	99-0271515	501(C)(3)	0.	68,056.	APR	FOOD	FIGHT HUNGER
ELEELE BAPTIST CHURCH P.O. BOX 307 ELEELE, HI 96705	99-0104101	501(C)(3)	0.	57,804.	APR	FOOD	FIGHT HUNGER
ELEELE ELEMENTARY SCHOOL 4241 HANAHAW PLACE, STE 101 LIHUE, HI 96766	99-0220699	501(C)(3)	0.	6,623.	APR	FOOD	FIGHT HUNGER
ELEPAIO SOCIAL SERVICES 86-260 FARRINGTON HWY WAIANAE, HI 96792	99-0148164	501(C)(3)	0.	1,597,274.	APR	FOOD	FIGHT HUNGER
'ELEPAIO SOCIAL SERVICES (KA WAIHONA O KA NA'AUAO PCS) - 86-260 FARRINGTON HWY - WAIANAE, HI 96792	99-0148164	501(C)(3)	0.	11,908.	APR	FOOD	FIGHT HUNGER
ELEPAIO SOCIAL SERVICES (KAMAILE ACADEMY) - 86-260 FARRINGTON HWY. - WAIANAE, HI 96792	99-0148164	501(C)(3)	0.	15,215.	APR	FOOD	FIGHT HUNGER
ELEPAIO SOCIAL SERVICES (LEIHOKU ELEMENTARY) - 86-260 FARRINGTON HIGHWAY - WAIANAE, HI 96792	99-0148164	501(C)(3)	0.	11,666.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELEPAIO SOCIAL SERVICES (MAILI EL) 87-360 KULUAAUPUNI ST. WAIANAE, HI 96792	99-0148164	501(C)(3)	0.	15,573.	APR	FOOD	FIGHT HUNGER
ELEPAIO SOCIAL SERVICES (MAKAHA EL.) - 86-260 FARRINGTON HWY. - WAIANAE, HI 96792	99-0148164	501(C)(3)	0.	15,610.	APR	FOOD	FIGHT HUNGER
ELEPAIO SOCIAL SERVICES (NANAIAKAPONO ELEMENTARY) - 86-260 FARRINGTON HWY - WAIANAE, HI 96792	99-0148164	501(C)(3)	0.	36,639.	APR	FOOD	FIGHT HUNGER
ELEPAIO SOCIAL SERVICES (NANAKULI ELEMENTARY) - 86-260 FARRINGTON HWY - WAIANAE, HI 96792	99-0148164	501(C)(3)	0.	11,967.	APR	FOOD	FIGHT HUNGER
ELEPAIO SOCIAL SERVICES (WAIANAE EL) - 86-260 FARRINGTON HWY. - WAIANAE, HI 96792	99-0148164	501(C)(3)	0.	15,835.	APR	FOOD	FIGHT HUNGER
ELEPAIO SOCIAL SERVICES (WAIANAE MALL) - 86-260 FARRINGTON HWY. - WAIANAE, HI 96792	99-0148164	501(C)(3)	0.	48,695.	APR	FOOD	FIGHT HUNGER
FAMILY PROMISE OF HAWAII 245 N. KUKUI ST., STE. 101 HONOLULU, HI 96817	20-2645489	501(C)(3)	0.	9,337.	APR	FOOD	FIGHT HUNGER
FIRST ASSEMBLY OF GOD (CENTRAL WAHIAWA) - 3400 MOANALUA ROAD - HONOLULU, HI 96819	99-0079322	501(C)(3)	0.	56,116.	APR	FOOD	FIGHT HUNGER
FIRST ASSEMBLY OF GOD (RED HILL) 3400 MOANALUA RD. HONOLULU, HI 96819	99-0079322	501(C)(3)	0.	168,608.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST ASSEMBLY OF GOD (WAHIAWA) 300 WILIKINA DR. WAHIAWA, HI 96786	99-0079322	501(C)(3)	0.	51,441.	APR	FOOD	FIGHT HUNGER
FIRST ASSEMBLY OF GOD (WINDWARD) 3400 MOANALUA RD HONOLULU, HI 96819	99-0079322	501(C)(3)	0.	51,079.	APR	FOOD	FIGHT HUNGER
FIRST UNITED METHODIST CHURCH - MEALS MINISTRY - 1020 S. BERTANIA ST. - HONOLULU, HI 96814	36-2167731	501(C)(3)	0.	15,924.	APR	FOOD	FIGHT HUNGER
FIRST UNITED METHODIST CHURCH 1020 S. BERETANIA ST. HONOLULU, HI 96814	36-2167731	501(C)(3)	0.	77,589.	APR	FOOD	FIGHT HUNGER
FOSLIC-FOUNDATION OF SPIRITUAL LIBERTY - 94-1181 KA UKA BLVD, BOX B - WAIPAHU, HI 96797	26-3945478	501(C)(3)	0.	6,271.	APR	FOOD	FIGHT HUNGER
FOUNTAINS OF THE LIVING WATER 2412 ROSE ST., UNIT 100 HONOLULU, HI 96819	20-3160523	501(C)(3)	0.	15,762.	APR	FOOD	FIGHT HUNGER
FRANCISCAN VISTAS EWA 91-1471 MIULA STREET EWA BEACH, HI 96706	99-0220699	501(C)(3)	0.	14,026.	APR	FOOD	FIGHT HUNGER
FULL GOSPEL CHURCH OF OAHU 1680 KAPIOLANI BLVD., STE. F9 HONOLULU, HI 96814	99-0349540	501(C)(3)	0.	18,177.	APR	FOOD	FIGHT HUNGER
GIVING HOPE HAWAII 46-158 KAHUHIPA ST KANEOTE, HI 96744	46-3449360	501(C)(3)	0.	1,062,551.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREGORY HOUSE PROGRAMS 200 N VINEYARD BLVD., STE. A310 HONOLULU, HI 96817	94-3259311	501(C)(3)	25,000.	551,959.	APR	FOOD	FIGHT HUNGER
HABILITAT, INC. P.O. BOX 801 KANEEOHE, HI 96744	99-0146306	501(C)(3)	0.	62,478.	APR	FOOD	FIGHT HUNGER
HALE O HAUOLI 2611 KILIIHAU STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	18,295.	APR	FOOD	FIGHT HUNGER
HALE O HONOLULU 1700 LANAKILA AVE. HONOLULU, HI 96817	99-0325672	501(C)(3)	0.	16,489.	APR	FOOD	FIGHT HUNGER
HALE OPIO KAUAI 2959 UMI STREET LIHUE, HI 96766	99-0155279	501(C)(3)	0.	19,766.	APR	FOOD	FIGHT HUNGER
HALE WAI VISTA 2611 KILIIHAU STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	25,099.	APR	FOOD	FIGHT HUNGER
HAWAII CEDAR CHURCH 1545 KAMEHAMEHA IV RD. HONOLULU, HI 96819	68-0509399	501(C)(3)	0.	431,066.	APR	FOOD	FIGHT HUNGER
HAWAII CEDAR CHURCH (WAIANAE FARM) 1545 KAMEHAMEHA IV RD. HONOLULU, HI 96819	68-0509399	501(C)(3)	0.	267,832.	APR	FOOD	FIGHT HUNGER
HAWAII FOODBANK 2611 KILIIHAU STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	31,824.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAII FOODBANK (ALA WAI ELEMENTARY) - 2611 KILIHOU STREET - HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	33,446.	APR	FOOD	FIGHT HUNGER
HAWAII FOODBANK (BLANCHE POPE ELEMENTARY) - 2611 KILIHOU STREET - HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	31,390.	APR	FOOD	FIGHT HUNGER
HAWAII FOODBANK (DOLE MIDDLE) 2611 KILIHOU STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	52,653.	APR	FOOD	FIGHT HUNGER
HAWAII FOODBANK (KAALA ELEMENTARY) 1313 CALIFORNIA AVE. WAHIAWA, HI 96786	99-0220699	501(C)(3)	0.	35,276.	APR	FOOD	FIGHT HUNGER
HAWAII FOODBANK (KAHUKU ELEMENTARY) - 56-170 PUALALEA ST - KAHUKU, HI 96731	99-0220699	501(C)(3)	0.	19,850.	APR	FOOD	FIGHT HUNGER
HAWAII FOODBANK (KAILUA ELEMENTARY) - 315 KUULEI RD - KAILUA, HI 96734	99-0220699	501(C)(3)	0.	22,419.	APR	FOOD	FIGHT HUNGER
HAWAII FOODBANK (KALIHI ELEMENTARY) - 2471 KULA KOLEA DRIVE - HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	7,649.	APR	FOOD	FIGHT HUNGER
HAWAII FOODBANK (KAMALANI ACADEMY) 2611 KILIHOU STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	12,790.	APR	FOOD	FIGHT HUNGER
HAWAII FOODBANK (OLOMANA SCHOOL) 2611 KILIHOU STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	6,634.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAII FOODBANK (WAHIAWA EL) 2611 KILIHU STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	19,666.	APR	FOOD	FIGHT HUNGER
HAWAII FOODBANK (WAHIAWA MIDDLE) 2611 KILIHU STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	15,641.	APR	FOOD	FIGHT HUNGER
HAWAII FOODBANK (WAIMANALO ELEMENTARY & INTERMEDIATE SCHOOL) - 41-1330 KALANIANA'OLE HWY - WAIMANALO, HI 96795	99-0220699	501(C)(3)	0.	29,718.	APR	FOOD	FIGHT HUNGER
HAWAII FOODBANK (WAIPAHU EL) 2611 KILIHU STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	7,798.	APR	FOOD	FIGHT HUNGER
HAWAII FOODBANK KAUA'I 4241 HANAHAO PLACE, STE 101 LIHUE, HI 96766	99-0220699	501(C)(3)	0.	81,185.	APR	FOOD	FIGHT HUNGER
HAWAII HEALTH & HARM REDUCTION CENTER - 677 ALA MOANA BLVD. - HONOLULU, HI 96813	99-0284222	501(C)(3)	0.	33,911.	APR	FOOD	FIGHT HUNGER
HAWAII HEALTH AND HARM REDUCTION CENTER (HHHRC) - 677 ALA MOANA BLVD., STE. 226 - HONOLULU, HI 96813	99-0284222	501(C)(3)	0.	22,658.	APR	FOOD	FIGHT HUNGER
HAWAII HEALTH AND HARM REDUCTION CENTER (KAKA'AKO) - 677 ALA MOANA BLVD., #226 - HONOLULU, HI 96813	99-0284222	501(C)(3)	0.	116,966.	APR	FOOD	FIGHT HUNGER
HAWAII HEALTH AND HARM REDUCTION CENTER (UH MANOA) - 677 ALA MOANA BLVD., STE. 226 - HONOLULU, HI 96813	99-0284222	501(C)(3)	0.	123,381.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAII LITERACY 245 N KUKUI ST., STE. 202 HONOLULU, HI 96817	23-7198698	501(C)(3)	0.	6,354.	APR	FOOD	FIGHT HUNGER
HE ALA HOU O KE OLA INC 1824 HART ST HONOLULU, HI 96819	46-0870581	501(C)(3)	0.	41,078.	APR	FOOD	FIGHT HUNGER
HEALTHY MOTHERS HEALTHY BABIES COALITION OF HAWAII - 245 N KUKUI ST, SUITE #102A - HONOLULU, HI 96817	99-0299264	501(C)(3)	0.	19,374.	APR	FOOD	FIGHT HUNGER
HFB KAUAI EMERGENCY FOOD 4241 HANAHAO PLACE, STE 101 LIHUE, HI 96766	99-0220699	501(C)(3)	0.	70,856.	APR	FOOD	FIGHT HUNGER
HINA MAUKA 45-845 PO'OKELA ST. KANEEOHE, HI 96744	99-0173356	501(C)(3)	0.	38,627.	APR	FOOD	FIGHT HUNGER
HOLY CROSS / SACRED HEART PO BOX 487 KALAHEO, HI 96741	53-0196617	501(C)(3)	0.	35,004.	APR	FOOD	FIGHT HUNGER
HOLY CROSS/SACRED HEARTS 2-2370 KAUMUALII HWY KALAHEO, HI 96741	53-0196617	501(C)(3)	0.	79,518.	APR	FOOD	FIGHT HUNGER
HONOLULU BIBLE CHURCH 1844 PALOLO AVENUE HONOLULU, HI 96816	99-0181487	501(C)(3)	0.	140,780.	APR	FOOD	FIGHT HUNGER
HONOLULU FIL-AM SEVENTH DAY ADVENTIST CHURCH - 2322 KANEALII AVE. - HONOLULU, HI 96813	99-0335397	501(C)(3)	0.	234,948.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HONUAKAHA 2611 KILIHAI STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	8,582.	APR	FOOD	FIGHT HUNGER
HOPE CHAPEL (KAHUKU) P.O. BOX 482 KAHUKU, HI 96731	95-1684062	501(C)(3)	0.	147,352.	APR	FOOD	FIGHT HUNGER
HUGS 3636 KILAUEA AVE HONOLULU, HI 96816	99-0213597	501(C)(3)	0.	15,408.	APR	FOOD	FIGHT HUNGER
HUI MAHIAI AINA 41-902 OLUOLU ST. WAIMANALO, HI 96795	82-2039190	501(C)(3)	0.	148,586.	APR	FOOD	FIGHT HUNGER
HUI O HAUULA P.O. BOX 264 HAUULA, HI 96717	47-1756958	501(C)(3)	0.	148,561.	APR	FOOD	FIGHT HUNGER
HUI O HAUULA 54-10 KUKUNA RD. HAUULA, HI 96717	47-1756958	501(C)(3)	0.	123,808.	APR	FOOD	FIGHT HUNGER
HUI O HAUULA-HAUULA 2611 KILIHAI STREET HONOLULU, HI 96819	47-1756958	501(C)(3)	0.	36,963.	APR	FOOD	FIGHT HUNGER
IMMACULATE CONCEPTION CHURCH 91-1298 RENTON RD EWA BEACH, HI 96706	99-0222900	501(C)(3)	0.	134,308.	APR	FOOD	FIGHT HUNGER
IMMACULATE CONCEPTION CHURCH 4453 KAPAIA ROAD LIHUE, HI 96766	99-0222900	501(C)(3)	0.	9,343.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMMANUEL CHRISTIAN CHURCH 45-525 ALOKAHI ST KANEEOHE, HI 96744	99-0284626	501(C)(3)	0.	229,174.	APR	FOOD	FIGHT HUNGER
INSPIRE CHURCH 94-877 LUMIAINA ST, BLDG 12 WAIPAHU, HI 96797	46-2778796	501(C)(3)	0.	158,975.	APR	FOOD	FIGHT HUNGER
INSPIRE CHURCH 94-877 LUMIAINA STREET WAIPAHU, HI 96797	46-2778796	501(C)(3)	0.	39,032.	APR	FOOD	FIGHT HUNGER
INSTITUTE FOR HUMAN SERVICES 546 KA'AAHI ST. HONOLULU, HI 96817	99-0199107	501(C)(3)	20,000.	479,302.	APR	FOOD	FIGHT HUNGER
INSTITUTE FOR HUMAN SERVICES - TUTU BERT HOUSE - 546 KA'AAHI ST. - HONOLULU, HI 96817	99-0199107	501(C)(3)	0.	48,215.	APR	FOOD	FIGHT HUNGER
INSTITUTE FOR HUMAN SERVICES - WILSON HOUSE (VET HOUSE) - 2352 WILSON ST - HONOLULU, HI 96819	99-0199107	501(C)(3)	0.	44,127.	APR	FOOD	FIGHT HUNGER
INSTITUTE FOR HUMAN SERVICES (KAHAUIKI VILLAGE) - 546 KA'AAHI ST - HONOLULU, HI 96817	99-0199107	501(C)(3)	0.	114,097.	APR	FOOD	FIGHT HUNGER
JESUS IS ALIVE FELLOWSHIP 66-405 WAIALUA BEACH RD. HALEIWA, HI 96712	99-0159250	501(C)(3)	0.	107,673.	APR	FOOD	FIGHT HUNGER
JESUS REIGNS MINISTRIES 2611 KILIHU STREET HONOLULU, HI 96819	72-1207424	501(C)(3)	0.	60,827.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JESUS REIGNS MINISTRIES 94-325 MOKIOLA ST WAIPAHU, HI 96797	72-1207424	501(C)(3)	0.	66,789.	APR	FOOD	FIGHT HUNGER
K007A ST. WILLIAM CHURCH ST. CATHERINE PARISH - 5021 A KAWAIIHAU ROAD - KAPAA, HI 96746	53-0196617	501(C)(3)	0.	90,556.	APR	FOOD	FIGHT HUNGER
KA HANA O KE AKUA UCC P.O. BOX 4026 WAIANAE, HI 96792	99-0256939	501(C)(3)	0.	9,487.	APR	FOOD	FIGHT HUNGER
KALAKAUA HOMES 2611 KILIHU STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	71,391.	APR	FOOD	FIGHT HUNGER
KALIHU UNION CHURCH 2214 N KING ST. HONOLULU, HI 96819	99-6000168	501(C)(3)	0.	923,474.	APR	FOOD	FIGHT HUNGER
KANUIKAPONO CHARTER SCHOOL 4241 HANAHAO PLACE, STE 101 LIHUE, HI 96766	99-0220699	501(C)(3)	0.	5,065.	APR	FOOD	FIGHT HUNGER
KAPAA ELEMENTARY SCHOOL 4241 HANAHAO PLACE, STE 101 LIHUE, HI 96766	99-0220699	501(C)(3)	0.	5,678.	APR	FOOD	FIGHT HUNGER
KAPA'A MIDDLE SCHOOL 4241 HANAHAO PLACE, STE 101 LIHUE, HI 96766	99-0220699	501(C)(3)	0.	20,182.	APR	FOOD	FIGHT HUNGER
KAPAA MISSIONARY CHURCH 4-758 KUHIO HWY KAPAA, HI 96746	99-6004957	501(C)(3)	0.	148,394.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KAPAA UNITED CHURCH OF CHRIST 1315 ULU STREET KAPAA, HI 96746	99-0076034	501(C)(3)	0.	58,507.	APR	FOOD	FIGHT HUNGER
KAPOLEI-SFSP 2611 KILIHAI STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	35,439.	APR	FOOD	FIGHT HUNGER
KAUAI BIBLE CHURCH PO BOX 570 LAWAII, HI 96765	91-0168565	501(C)(3)	0.	11,394.	APR	FOOD	FIGHT HUNGER
KAUAI ECONOMIC OPPORTUNITY 2804 WEHE ROAD LIHUE, HI 96766	99-0112851	501(C)(3)	0.	6,702.	APR	FOOD	FIGHT HUNGER
KAUAI NORTH SHORE FOOD PANTRY PO BOX 1172 KILAUEA, HI 96754	81-4748610	501(C)(3)	0.	60,393.	APR	FOOD	FIGHT HUNGER
KAUMAKAPILI CHURCH 766 NORTH KING STREET HONOLULU, HI 96817	13-5563020	501(C)(3)	0.	131,658.	APR	FOOD	FIGHT HUNGER
KAUMAKAPILI CHURCH (PRINCESS KAIULANI EL) - 766 NORTH KING STREET - HONOLULU, HI 96817	13-5563020	501(C)(3)	0.	5,845.	APR	FOOD	FIGHT HUNGER
KCC HALE MALAMA 3-1901 KAUMUALII HWY LIHUE, HI 96766	99-0220699	501(C)(3)	0.	15,895.	APR	FOOD	FIGHT HUNGER
KEOLA HOONANEA 2611 KILIHAI STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	22,403.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KING KAUMUALI'I ELEMENTARY SCHOOL 4380 HANAMAULU RD. LIHUE, HI 96766	99-0220699	501(C)(3)	0.	5,057.	APR	FOOD	FIGHT HUNGER
KING'S CATHEDRAL 549 HALEMAUMAU ST. HONOLULU, HI 96821	99-0196904	501(C)(3)	0.	666,909.	APR	FOOD	FIGHT HUNGER
KING'S CATHEDRAL 777 MAUI VETERANS HIGHWAY KAHULUI, HI 96732	99-0196904	501(C)(3)	0.	20,991.	APR	FOOD	FIGHT HUNGER
KING'S CHAPEL 777 MAUI VETERANS HIGHWAY KAHULUI,, HI 96732	99-0196904	501(C)(3)	0.	29,529.	APR	FOOD	FIGHT HUNGER
KOREAN SEVENTH DAY ADVENTIST CHURCH - 2142 ALGAROA ST - HONOLULU, HI 96826	99-0082407	501(C)(3)	0.	88,561.	APR	FOOD	FIGHT HUNGER
KUALOA-HEEIA ECUMENICAL YOUTH (KEY) PROJECT - 47-200 WAIHEE RD. - KANEOHE, HI 96744	99-0118209	501(C)(3)	0.	218,607.	APR	FOOD	FIGHT HUNGER
KUALOA-HEEIA ECUMENICAL YOUTH (KEY) PROJECT (KAHUKU) - 47-200 WAIHEE RD - KANEOHE, HI 96744	99-0118209	501(C)(3)	0.	32,166.	APR	FOOD	FIGHT HUNGER
KUKUI TOWER 2611 KILIHU STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	19,761.	APR	FOOD	FIGHT HUNGER
LABOR COMMUNITY SERVICES PROGRAM 888 MILILANI STREET HONOLULU, HI 96813	23-7365077	501(C)(3)	0.	16,166.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAIOLA APARTMENTS 2611 KILIHU STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	32,997.	APR	FOOD	FIGHT HUNGER
LEEWARD COMMUNITY CHURCH 1860 KOMO MAI DRIVE PEARL CITY, HI 96782	13-1623940	501(C)(3)	0.	195,373.	APR	FOOD	FIGHT HUNGER
LIFE CHRISTIAN CHURCH 2010 NUUANU AVENUE HONOLULU, HI 96817	27-0537440	501(C)(3)	0.	128,606.	APR	FOOD	FIGHT HUNGER
LIGHT AND SALVATION CHURCH 45-459 MOKULELE DR., UNIT A KANELOHE, HI 96744	27-1082889	501(C)(3)	0.	26,428.	APR	FOOD	FIGHT HUNGER
LIGHTHOUSE OUTREACH CENTER 94-230 LEOKANE ST. WAIPAHU, HI 96797	44-0577787	501(C)(3)	0.	341,289.	APR	FOOD	FIGHT HUNGER
LIHUE MISSIONARY CHURCH 4383 RICE ST LIHUE, HI 96766	35-1161320	501(C)(3)	0.	5,036.	APR	FOOD	FIGHT HUNGER
LOVE & LIGHT MINISTRIES 1412 HOOHULU STREET PEARL CITY, HI 96782	82-1458964	501(C)(3)	0.	54,388.	APR	FOOD	FIGHT HUNGER
MAKANA O KE AKUA 92-365 MALAHUNA PLACE KAPOLEI, HI 96707	51-0480712	501(C)(3)	0.	15,413.	APR	FOOD	FIGHT HUNGER
MALAMA KAUAI PO BOX 1414 KILAUEA, HI 96754	20-5137488	501(C)(3)	0.	16,220.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MALAMA POPOKI P.O. BOX 1237 HALEIWA, HI 96712	77-0644941	501(C)(3)	0.	124,026.	APR	FOOD	FIGHT HUNGER
MAUI COUNTY (HAWAII FOODSERVICE ALLIANCE) - 2611 KILIHOU STREET - HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	1,507,013.	APR	FOOD	FIGHT HUNGER
MAUI FOOD BANK 760 KOLU ST WAILUKU, HI 96763	99-0315110	501(C)(3)	0.	307,461.	APR	FOOD	FIGHT HUNGER
MESSAGE OF PEACE MINISTRY OUTREACH 91-429 FORT WEAVER RD EWA BEACH, HI 96706	83-2705175	501(C)(3)	0.	204,909.	APR	FOOD	FIGHT HUNGER
MOBILE MUNCHIES COMMUNITY OUTREACH 4602 HO'OMANA ROAD LIHUE, HI 96766	41-1568278	501(C)(3)	0.	19,721.	APR	FOOD	FIGHT HUNGER
MUTUAL HOUSING (LIHUE COURT TOWNHOMES) - 4160 HOALA STREET #221 - LIHUE, HI 96766	31-1688648	501(C)(3)	0.	15,657.	APR	FOOD	FIGHT HUNGER
MUTUAL HOUSING ASSOCIATION 2170 AHE ST HONOLULU, HI 96816	99-0308739	501(C)(3)	0.	91,706.	APR	FOOD	FIGHT HUNGER
MUTUAL HOUSING-LIHUE COURT TOWNHOMES - 4160 HOALA ST, #221 - LIHUE, HI 96766	31-1688648	501(C)(3)	0.	5,485.	APR	FOOD	FIGHT HUNGER
NANAIAKAPONO PROTESTANT CHURCH 89-235 PUA AVE. WAIANAE, HI 96792	35-1161320	501(C)(3)	0.	27,652.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NANAIAKAPONO PROTESTANT CHURCH 89-235 PUA AVE. WAIANAE, HI 96792	35-1161320	501(C)(3)	0.	6,129.	APR	FOOD	FIGHT HUNGER
NANAIAKAPONO PROTESTANT CHURCH 89-235 PUA AVE WAIANAE, HI 96792	35-1161320	501(C)(3)	0.	105,708.	APR	FOOD	FIGHT HUNGER
NEW HOPE (KAPOLEI) 94-199 LEONUI ST., #4 WAIPAHU, HI 96797	95-1684062	501(C)(3)	0.	55,704.	APR	FOOD	FIGHT HUNGER
NEW HOPE INTERNATIONAL MINISTRIES 290 SAND ISLAND ACCESS RD. HONOLULU, HI 96819	99-0348925	501(C)(3)	0.	7,151.	APR	FOOD	FIGHT HUNGER
NEW LIFE BODY OF CHRIST CHRISTIAN CHURCH - 74 S KAMEHAMEHA HWY. - WAHIAWA, HI 96786	99-0346717	501(C)(3)	0.	104,133.	APR	FOOD	FIGHT HUNGER
NIIHAU HIGH & ELEMENTARY SCHOOL 4241 HANAHAO PLACE, STE 101 LIHUE, HI 96766	99-0220699	501(C)(3)	0.	7,841.	APR	FOOD	FIGHT HUNGER
OHANA CHRISTIAN FELLOWSHIP PO BOX 3736 LIHUE, HI 96766	56-2483993	501(C)(3)	0.	18,962.	APR	FOOD	FIGHT HUNGER
OLIVET BAPTIST CHURCH 1775 S. BERETANIA ST. HONOLULU, HI 96826	99-0079728	501(C)(3)	0.	96,465.	APR	FOOD	FIGHT HUNGER
ONCE A MONTH CHURCH PO BOX 117 HALEIWA, HI 96712	26-0503178	501(C)(3)	0.	220,877.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR LADY OF KEA'AU P.O. BOX 1475 WAIANAE, HI 96792	99-0222900	501(C)(3)	0.	14,966.	APR	FOOD	FIGHT HUNGER
OUR LADY OF MT. CARMEL CHURCH P.O. BOX 6581 KANEEOHE, HI 96744	99-0222900	501(C)(3)	0.	51,598.	APR	FOOD	FIGHT HUNGER
OUR LADY OF PERPETUAL HELP 91-1004 NORTH RD. EWA BEACH, HI 96706	99-0222900	501(C)(3)	0.	72,184.	APR	FOOD	FIGHT HUNGER
OUR LADY OF SORROWS CHURCH 1403-A CALIFORNIA AVE. WAHIAWA, HI 96786	99-0222900	501(C)(3)	0.	232,684.	APR	FOOD	FIGHT HUNGER
PACT - KPT FAMILY CENTER 1485 LINAPUNI ST., #105 HONOLULU, HI 96819	99-0119678	501(C)(3)	0.	25,026.	APR	FOOD	FIGHT HUNGER
PACT - KPT YOUTH PROGRAM 1485 LINAPUNI ST., RM. 105 HONOLULU, HI 96819	99-0119678	501(C)(3)	0.	11,177.	APR	FOOD	FIGHT HUNGER
PACT - OHIA SHELTER 1300 HALONA ST HONOLULU, HI 96817	99-0119678	501(C)(3)	12,000.	11,194.	APR	FOOD	FIGHT HUNGER
PALAMA SETTLEMENT 810 N VINEYARD BLVD HONOLULU, HI 96817	99-0074140	501(C)(3)	0.	16,461.	APR	FOOD	FIGHT HUNGER
PARADISE CHAPEL P. O. BOX 840 WAIANAE, HI 96792	99-6010795	501(C)(3)	0.	129,443.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS IN DEVELOPMENT FOUNDATION - NA PONO - 41-1537 KALANIANA'OLE HWY, #201 - WAIMANALO, HI 96795	94-3271325	501(C)(3)	0.	11,975.	APR	FOOD	FIGHT HUNGER
PD- K009 KAPAA MISSIONARY CHURCH 4-758 KUHIO HWY KAPAA, HI 96746	99-6004957	501(C)(3)	0.	10,566.	APR	FOOD	FIGHT HUNGER
PD K1001 LIHUE COURT TOWNHOMES 4160 HOALA STREET LIHUE, HI 96766	31-1688648	501(C)(3)	0.	57,753.	APR	FOOD	FIGHT HUNGER
PEARLSIDE CHURCH 98-751 KUAHAO PLACE AIEA, HI 96701	99-0315879	501(C)(3)	0.	177,468.	APR	FOOD	FIGHT HUNGER
PRIVATE SECTOR (HAWAII) PO BOX 1109 HALAEIWA, HI 96712	68-0041276	501(C)(3)	0.	58,828.	APR	FOOD	FIGHT HUNGER
REALITY CHURCH 44-124 KALENAKAI PLACE KANE OHE, HI 96744	82-2653924	501(C)(3)	0.	94,030.	APR	FOOD	FIGHT HUNGER
REALITY CHURCH OF HONOLULU 44-124 KALENAKAI PLACE KANE OHE, HI 96744	82-2653924	501(C)(3)	0.	49,348.	APR	FOOD	FIGHT HUNGER
RESIDENTIAL YOUTH SERVICES & EMPOWERMENT (RYSE) - 42-470 KALANIANA'OLE HIGHWAY - KAILUA, HI 96734	81-2102826	501(C)(3)	0.	79,862.	APR	FOOD	FIGHT HUNGER
RIVER OF LIFE MISSION P.O. BOX 37939 HONOLULU, HI 96837	99-0253651	501(C)(3)	0.	134,020.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT MICHAEL AND ALL ANGELS CHURCH - 4364 HARDY STREET - LIHUE, HI 96766	99-0073522	501(C)(3)	0.	114,827.	APR	FOOD	FIGHT HUNGER
SAINT RAPHAEL'S CATHOLIC CHURCH 3011 HAPA ROAD KOLOA, HI 96756	53-0196617	501(C)(3)	0.	57,614.	APR	FOOD	FIGHT HUNGER
SAINT WILLIAM CHURCH 5021 A KAWAIHAU ROAD KAPAA, HI 96746	53-0196617	501(C)(3)	0.	219,347.	APR	FOOD	FIGHT HUNGER
SALVATION ARMY (HANAPEPE CORPS) PO BOX 540 HANAPEPE, HI 96716	99-0082003	501(C)(3)	0.	9,394.	APR	FOOD	FIGHT HUNGER
SALVATION ARMY (LIHUE CORPS) PO BOX 1431 LIHUE, HI 96766	99-0082003	501(C)(3)	0.	19,158.	APR	FOOD	FIGHT HUNGER
SALVATION ARMY SILVERCREST 2611 KILIHOU STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	22,147.	APR	FOOD	FIGHT HUNGER
SENIOR RESIDENCE AT IWILEI 2611 KILIHOU STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	28,169.	APR	FOOD	FIGHT HUNGER
SENIOR RESIDENCE AT KAPOLEI 2611 KILIHOU STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	0.	8,552.	APR	FOOD	FIGHT HUNGER
SHRINERS HOSPITALS FOR CHILDREN HONOLULU - 1310 PUNAHOU ST. - HONOLULU, HI 96826	36-2193608	501(C)(3)	0.	22,368.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. ELIZABETH CATHOLIC CHURCH 99-312 MOANALUA RD. AIEA, HI 96701	99-0222900	501(C)(3)	0.	18,715.	APR	FOOD	FIGHT HUNGER
ST. ELIZABETH'S EPISCOPAL CHURCH 720 N. KING ST. HONOLULU, HI 96817	99-0073522	501(C)(3)	0.	220,728.	APR	FOOD	FIGHT HUNGER
ST. JOHN THE BAPTIST 2324 OMILO LN. HONOLULU, HI 96819	99-0222900	501(C)(3)	0.	80,835.	APR	FOOD	FIGHT HUNGER
ST. JOHN THE BAPTIST CATHOLIC 2324 OMILO LN. HONOLULU, HI 96819	99-0222900	501(C)(3)	0.	275,598.	APR	FOOD	FIGHT HUNGER
ST. JOSEPH CHURCH - WAIPAHU 94-675 FARRINGTON HWY WAIPAHU, HI 96797	53-0196617	501(C)(3)	0.	7,205.	APR	FOOD	FIGHT HUNGER
ST. JUDE CATHOLIC CHURCH 92-455 MAKAKILO DR. KAPOLEI, HI 96707	99-0222900	501(C)(3)	0.	662,169.	APR	FOOD	FIGHT HUNGER
ST. MARK LUTHERAN CHURCH 45-725 KAMEHAMEHA HWY. KANEEOHE, HI 96744	99-0090474	501(C)(3)	0.	5,236.	APR	FOOD	FIGHT HUNGER
ST. MATTHEW'S EPISCOPAL CHURCH P.O. BOX 70 WAIMANALO, HI 96795	99-0073522	501(C)(3)	0.	94,365.	APR	FOOD	FIGHT HUNGER
ST. MICHAEL PARISH OUTREACH 67-390 GOODALE AVE. WAIALUA, HI 96791	99-0222900	501(C)(3)	0.	24,169.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. MICHAEL'S OUTREACH 67-390 GOODALE AVE. WAIALUA, HI 96791	99-0222900	501(C)(3)	0.	6,888.	APR	FOOD	FIGHT HUNGER
ST. PIUS X PARISH 2821 LOWREY AVE. HONOLULU, HI 96822	99-0222900	501(C)(3)	0.	112,964.	APR	FOOD	FIGHT HUNGER
ST. RAPHAEL CHURCH 3011 HAPA RD KOLOA, HI 96756	53-0196617	501(C)(3)	0.	74,736.	APR	FOOD	FIGHT HUNGER
ST. RAPHAEL'S CHURCH 3011 HAPA RD KOLOA, HI 96756	53-0196617	501(C)(3)	0.	14,201.	APR	FOOD	FIGHT HUNGER
ST. RITA'S CHURCH 89-318 FARRINGTON HIGHWAY WAIANAE, HI 96792	99-0222900	501(C)(3)	0.	41,929.	APR	FOOD	FIGHT HUNGER
ST. STEPHEN'S EPISCOPAL CHURCH 1679 CALIFORNIA AVE. WAHIAWA, HI 96786	99-0073522	501(C)(3)	0.	330,629.	APR	FOOD	FIGHT HUNGER
ST. STEPHEN'S EPISCOPAL CHURCH (KPT HOUSING BLDG B) - 1679 CALIFORNIA AVE - WAHIAWA, HI 96786	99-0073522	501(C)(3)	0.	21,279.	APR	FOOD	FIGHT HUNGER
ST. STEPHEN'S EPISCOPAL CHURCH (WAHIAWA UMC) - 1679 CALIFORNIA AVE - WAHIAWA, HI 96786	99-0222900	501(C)(3)	0.	24,540.	APR	FOOD	FIGHT HUNGER
ST. STEPHEN'S EPISCOPAL CHURCH @ WHITMORE COMMUNITY CENTER - 1679 CALIFORNIA AVE. - WAHIAWA, HI 96786	99-0073522	501(C)(3)	0.	91,815.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. TIMOTHY'S EPISCOPAL CHURCH 98-939 MOANALUA RD. AIEA, HI 96701	99-0073522	501(C)(3)	0.	96,176.	APR	FOOD	FIGHT HUNGER
ST. WILLIAM CHURCH 5292A KUHIO HWY HANAIEI, HI 96714	53-0196617	501(C)(3)	0.	167,116.	APR	FOOD	FIGHT HUNGER
STS. PETER AND PAUL CHURCH 800 KAHEKA STREET HONOLULU, HI 96814	99-0222900	501(C)(3)	0.	224,346.	APR	FOOD	FIGHT HUNGER
SU GRAN ALABANZA 775 MCCULLY STREET HONOLULU, HI 96826	99-0319851	501(C)(3)	0.	38,186.	APR	FOOD	FIGHT HUNGER
SUNSET BEACH CHRISTIAN CHURCH 59-578 KAMEHAMEHA HWY. HALEIWA, HI 96712	20-1206338	501(C)(3)	0.	74,162.	APR	FOOD	FIGHT HUNGER
SURFING THE NATIONS P.O. BOX 860366 WAHIAWA, HI 96786	20-0245026	501(C)(3)	0.	8,926.	APR	FOOD	FIGHT HUNGER
SURFING THE NATIONS (WAHIAWA) P.O. BOX 860366 WAHIAWA, HI 96786	20-0245026	501(C)(3)	0.	533,323.	APR	FOOD	FIGHT HUNGER
SUSANNAH WESLEY COMMUNITY CENTER 1117 KAILI ST. HONOLULU, HI 96819	99-0073528	501(C)(3)	0.	131,200.	APR	FOOD	FIGHT HUNGER
TANF-K1010 ELEELE BAPTIST CHURCH PO BOX 307 ELEELE, HI 96705	99-0271515	501(C)(3)	0.	5,894.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FOOD BASKET - PDO 40 HOLOMUA ST. HILO, HI 96720	26-0349475	501(C)(3)	0.	33,628.	APR	FOOD	FIGHT HUNGER
THE PANTRY BY FEEDING HAWAII TOGETHER - 2522 ROSE ST. - HONOLULU, HI 96819	47-0901806	501(C)(3)	0.	1,562,894.	APR	FOOD	FIGHT HUNGER
THE PARISH OF ST. CLEMENT 1515 WILDER AVE. HONOLULU, HI 96822	99-0073522	501(C)(3)	0.	36,001.	APR	FOOD	FIGHT HUNGER
THE PARISH OF ST. CLEMENT'S EPISCOPAL CHURCH - 1515 WILDER AVE. - HONOLULU, HI 96822	99-0073522	501(C)(3)	0.	54,022.	APR	FOOD	FIGHT HUNGER
THE SALVATION ARMY - ADULT REHABILITATION CENTER (ARC) - 322 SUMNER ST - HONOLULU, HI 96817	99-0082003	501(C)(3)	0.	151,317.	APR	FOOD	FIGHT HUNGER
THE SALVATION ARMY - ATS 3624 WAOKANAKA ST. HONOLULU, HI 96817	99-0082003	501(C)(3)	0.	48,475.	APR	FOOD	FIGHT HUNGER
THE SALVATION ARMY - CAMP HOMELANI 68-243 OLOHIO ST. WAIALUA, HI 96791	99-0082003	501(C)(3)	0.	10,915.	APR	FOOD	FIGHT HUNGER
THE SALVATION ARMY - KANEOHE 45-175 WAIKALUA ROAD KANEOHE, HI 96744	99-0082003	501(C)(3)	0.	27,231.	APR	FOOD	FIGHT HUNGER
THE SALVATION ARMY - KAULUWELA MISSION CORPS - ATTN: DIONETTE CADAY - HONOLULU, HI 96822	99-0082003	501(C)(3)	0.	198,352.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY - KROC CENTER 91-3257 KUALAKAI PARKWAY EWA BEACH, HI 96706	99-0082003	501(C)(3)	0.	6,683.	APR	FOOD	FIGHT HUNGER
TRINITY MISSIONARY BAPTIST CHURCH P.O. BOX 31182 HONOLULU, HI 96820	99-0152496	501(C)(3)	0.	79,323.	APR	FOOD	FIGHT HUNGER
UNITED STATES VETERAN INITIATIVE (U.S. VETS) - 91-1039 SHANGRILA ST, BLDG. 37 - KAPOLEI, HI 96707	95-4382752	501(C)(3)	0.	22,132.	APR	FOOD	FIGHT HUNGER
U-TURN FOR CHRIST PO BOX 1781 KAPAA, HI 96746	20-8090926	501(C)(3)	0.	27,365.	APR	FOOD	FIGHT HUNGER
VOICE OF GOD MINISTRIES P.O. BOX 296 HALEIWA, HI 96712	80-0877885	501(C)(3)	0.	196,007.	APR	FOOD	FIGHT HUNGER
WAHIAWA 7TH DAY ADVENTIST CHURCH 1313 CALIFORNIA AVE. WAHIAWA, HI 96786	99-0203417	501(C)(3)	0.	100,273.	APR	FOOD	FIGHT HUNGER
WAHIAWA SEVENTH DAY ADVENTIST- WAHIAWA - 2611 KILIHOU STREET - HONOLULU, HI 96819	99-0203417	501(C)(3)	0.	33,206.	APR	FOOD	FIGHT HUNGER
WAIANAE BAPTIST CHURCH P.O. BOX 836 WAIANAE, HI 96792	99-0104101	501(C)(3)	0.	610,598.	APR	FOOD	FIGHT HUNGER
WAIANAE COAST COMPREHENSIVE HEALTH CENTER (MALAMA RECOVERY SERVICES) - 86-260 FARRINGTON HIGHWAY - WAIANAE, HI 96792	99-0148164	501(C)(3)	277,500.	9,029.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAIANAE WAGS 85-786 FARRINGTON HWY WAIANAE, HI 96792	85-2745799	501(C)(3)	0.	29,915.	APR	FOOD	FIGHT HUNGER
WAIKIKI COMMUNITY CENTER 310 PAOKALANI AVE. HONOLULU, HI 96815	99-0179392	501(C)(3)	0.	23,308.	APR	FOOD	FIGHT HUNGER
WAIKIKI COMMUNITY CENTER (KCC) 310 PAOKALANI AVE. HONOLULU, HI 96815	99-0179392	501(C)(3)	0.	10,541.	APR	FOOD	FIGHT HUNGER
WAIMEA HUAKA'I - PANTRY PO BOX 760 WAIMEA, HI 96796	99-0112851	501(C)(3)	0.	10,329.	APR	FOOD	FIGHT HUNGER
WAIPAHU SEVENTH-DAY ADVENTIST P.O. BOX 970205 WAIPAHU, HI 96797	99-0280531	501(C)(3)	0.	27,664.	APR	FOOD	FIGHT HUNGER
WESTSIDE CHRISTIAN CENTER 8041 KEKAHA RD KEKAHA, HI 96752	99-6006405	501(C)(3)	0.	85,798.	APR	FOOD	FIGHT HUNGER
WESTSIDE CHRISTIAN CENTER - KEKAHA ELDERLY HOUSING - 8041 KEKAHA ROAD - KEKAHA, HI 96752	99-0073483	501(C)(3)	0.	10,990.	APR	FOOD	FIGHT HUNGER
WESTSIDE CHRISTIAN CENTER AOG PO BOX 459 KEKAHA, HI 96752	44-0577787	501(C)(3)	0.	20,617.	APR	FOOD	FIGHT HUNGER
WINDWARD BAPTIST CHURCH 47-528 A KAMEHAMEHA HWY. KANE OHE, HI 96744	99-0323207	501(C)(3)	0.	30,045.	APR	FOOD	FIGHT HUNGER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINDWARD BAPTIST- KUALOA 2611 KILIHU STREET HONOLULU, HI 96819	99-0323207	501(C)(3)	0.	30,692.	APR	FOOD	FIGHT HUNGER
WOMEN IN NEED 3136 ELUA STREET LIHUE, HI 96766	94-3266305	501(C)(3)	0.	9,665.	APR	FOOD	FIGHT HUNGER
YMCA OF HONOLULU- MILILANI BRANCH 95-1190 HIKIKIKAULIA ST MILILANI, HI 96789	99-0073533	501(C)(3)	0.	14,139.	APR	FOOD	FIGHT HUNGER
YOUTH WITH A MISSION (YWAM) 2707 HIPAWAI PL HONOLULU, HI 96822	99-0310825	501(C)(3)	0.	44,975.	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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) AMY MILLER PRESIDENT/CEO	(i)	201,549.	81,115.	7,620.	8,709.	29,591.	328,584.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CURTIS LEONG VICE PRESIDENT/CFO	(i)	154,062.	1,000.	0.	4,652.	17,057.	176,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LAURA KAY RAND VICE PRESIDENT/CHIEF IMPACT OFFICER	(i)	143,323.	1,000.	0.	4,330.	15,875.	164,528.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GENE CALIWAG FORMER VICE PRESIDENT/CHIEF OPERATIO	(i)	138,282.	1,000.	0.	4,178.	14,320.	157,780.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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	11	76,232.	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	16704817	28,824,623.	AVG PER LB-SEE PT II
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (VARIOUS)	X	26	37,686.	FMV
26 Other ()				
27 Other ()				
28 Other ()				

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

29

1

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2023

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):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

PART I, LINE 19, COLUMN B:

NUMBER OF CONTRIBUTIONS IS BASED ON POUNDS OF FOOD RECEIVED.

FOOD CONTRIBUTIONS RECEIVED FROM THE USDA ARE VALUED BASED ON A
WEIGHTED AVERAGE OF THE MOST RECENTLY PUBLISHED COST-PER-POUND PRICED
IN THE USDA DONATED FOODS CATALOG AND THE COST PER POUND FROM THE PRIOR
YEAR. THE AVERAGE PRICE PER POUND FOR FOOD CONTRIBUTIONS RECEIVED FROM
THE USDA WAS \$1.74.

FOOD CONTRIBUTIONS FROM NON-USDA SOURCES ARE VALUED USING THE AVERAGE
PRICE PER POUND BASED ON THE MOST RECENT TWO PERIODS OF THE FEEDING
AMERICA PRODUCT VALUATION METHODOLOGY SURVEY. THE AVERAGE PRICE PER
POUND FOR FOOD NON-USDA CONTRIBUTIONS WAS \$1.97.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

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 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
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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

HAWAII FOODBANK, INC.

Employer identification number

99-0220699

RECORDED. THIS IS REVIEWED AND APPROVED BY THE EXECUTIVE BOARD'S PERSONNEL COMMITTEE. COMPENSATION IS COMPARED TO SIMILAR POSITIONS IN THE INDUSTRY AND THE RESULTS OF THE PAST YEAR. THIS PROCESS WAS LAST CONDUCTED IN DECEMBER 2023, 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 OCTOBER 2023 AND SALARY ADJUSTMENTS WERE MADE IN NOVEMBER 2023 AND DOCUMENTED IN THE KEY EMPLOYEES' PERSONNEL FILES.

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

THE ORGANIZATION'S BY-LAWS, INCORPORATION PAPERS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY REQUEST. THE FORM 990 AND THE AUDITED FINANCIAL STATEMENTS ARE PUBLISHED ON THE ORGANIZATION'S WEBSITE.

SCHEDULE B, PART I, COLUMN C:

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

SCHEDULE B, PART II, COLUMN C:

FOOD CONTRIBUTIONS ARE VALUED BASED ON MANAGEMENT'S ESTIMATE OF THE AVERAGE WHOLESALE VALUE PER POUND OF FOOD. MANAGEMENT'S ESTIMATE IS

Name of the organization

HAWAII FOODBANK, INC.

Employer identification number

99-0220699

BASED ON THE RESULTS OF A PRODUCT VALUATION SURVEY PROVIDED BY FEEDING
AMERICA.

Form 8879-TE

IRS E-file Signature Authorization
for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

HAWAII FOODBANK, INC.

EIN or SSN

99-0220699

Name and title of officer or person subject to tax AMY MILLER
PRESIDENT/CEO

Part I Type of Return and Return Information

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

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b 0.
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize CW ASSOCIATES, CPAS to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Public Disclosure Copy

Date

Part III Certification and Authentication

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

99073412345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature CW ASSOCIATES, CPAS Date 03/17/25

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

2023

For calendar year 2023 or other tax year beginning JUL 1, 2023, and ending JUN 30, 2024.

Department of the Treasury
Internal Revenue Service

Go to 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).

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

A <input type="checkbox"/> Check box if address changed. 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) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) HAWAII FOODBANK, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 2611 KILIHOU STREET City or town, state or province, country, and ZIP or foreign postal code HONOLULU, HI 96819 C Book value of all assets at end of year 34,227,519.	D Employer identification number 99-0220699 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
G 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 <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			
H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
L The books are in care of CURTIS LEONG Telephone number (808) 836-3600			

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		0.
3a Amount due from Form 4255	3a		
b Amount due from Form 8611	3b		
c Amount due from Form 8697	3c		
d Amount due from Form 8866	3d		
e Other amounts due (see instructions)	3e		
f Total amounts due. Add lines 3a through 3e	3f		0.
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.

Part III Tax and Payments (continued)

6 a	Payments: Preceding year's overpayment credited to the current year	6a		
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	Total payments. Add lines 6a through 6j	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2023 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
2	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
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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.			
	Signature of officer	Date	Title	
			PRESIDENT/CEO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	RODNEY M. HARANO	RODNEY M. HARANO	03/17/25	PTIN
	Firm's name	CW ASSOCIATES, CPAS		Firm's EIN
	700 BISHOP STREET, SUITE 1040	26-1659234		
	Firm's address	HONOLULU, HI 96813		Phone no. 808-531-1040

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

Form **990-T** (2023)

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to 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).

1
OMB No. 1545-0047

2023

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

A Name of the organization HAWAII FOODBANK, INC.	B Employer identification number 99-0220699
C Unrelated business activity code (see instructions) 624210	D Sequence: 1 of 1

E Describe the unrelated trade or business **UNRELATED BUSINESS ACTIVITIES**

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 (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. 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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	0.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
		0.		0.

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2023

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

B ☐C ☐D ☐

Enter amounts for each periodical listed above in the corresponding column.

A

B

C

D

2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)	0.			

a

3	Direct advertising costs by periodical				
----------	--	--	--	--	--

a

a Add columns A through D. Enter here and on Part I, line 11, column (B) 0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on

Part II, line 13 0.

Part X	Compensation of Officers, Directors, and Trustees (see instructions)
---------------	---

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1	0.
---	----

Part XI	Supplemental Information (see instructions)
----------------	--

STATE OF HAWAII-DEPARTMENT OF TAXATION
**EXEMPT ORGANIZATION BUSINESS
INCOME TAX RETURN**

THIS SPACE FOR DATE RECEIVED STAMP

For calendar year **2023**

or other taxable year beginning JULY 1, 2023
and ending JUNE 30, 2024

N70NP_T 2023A 01 VID15

Final Return

Amended Return (Attach Sch AMD)

IRS Adjustment

NOL Carryback

PRINT OR TYPE	Name of organization HAWAII FOODBANK, INC.		A Federal Employer I.D. No. 99-0220699	
	Dba or C/O		B Unrelated business activity code(s) 624210	
	Mailing Address (number and street) 2611 KILIHAW STREET		C Hawaii Tax I.D. No. GE-122-787-8400-01	
	City or town, State and Postal/ZIP code. If this is a foreign address, see Instructions. HONOLULU, HI 96819		D This organization is a (check one): <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Charitable Trust	
Taxable Income	ENTER APPROPRIATE AMOUNTS FROM FEDERAL FORM 990-T. Note: The sum of lines 1 - 5 DO NOT equal line 6.			
	1	Gross receipts or sales		1
	2	Returns and allowances		2
	3	Cost of goods sold and/or operations		3
	4	Capital gain net income (see Instructions)		4
	5	Other income		5
	6	Total unrelated trade or business income		6
	7	Total deductions		7
8	Unrelated business taxable income		8	
Tax Computation	9	Tax - From TAX COMPUTATION SCHEDULE on page 2, Part I, line 9		9
	10	Tax - From TAX COMPUTATION SCHEDULE on page 2, Part II, line 14		10
	11	Recapture of Capital Goods Excise Tax Credit from Form N-312, Part II (attach Form N-312)		11
	12	Recapture of Low-Income Housing Tax Credit from Form N-586, Part III (attach Form N-586)		12
	13	Recapture of Tax Credit for Flood Victims from Form N-338 (attach Form N-338)		13
	14	Recapture of Important Agricultural Land Qualified Agricultural Cost Tax Credit (attach Form N-344)		14
	15	Recapture of Capital Infrastructure Tax Credit (attach Form N-348)		15
Total Income Tax	16	Total tax (add lines 9 or 10 and 11, 12, 13, 14, and 15)		16
	17	Total refundable tax credits from Schedule CR, line 10		17
	18	ADJUSTED TAX LIABILITY - Line 16 minus line 17. If line 18 is zero or less, see Instructions		18
	19	Total nonrefundable credits from Schedule CR, line 32		19
	20	Line 18 minus line 19		20
	21	Credits and payments:		
		(a) 2022 overpayment credited to 2023	21(a)	
		(b) Estimated tax payments	21(b)	
		(c) Tax paid with automatic extension of time to file	21(c)	
		(d) Total credits and payments (add lines 21(a) through 21(c))	21(d)	
	22	Estimated tax penalty (see Instructions). Check if Form N-220 is attached		22
	23	TAX DUE - If line 21(d) is smaller than the total of lines 20 and 22, enter amount owed (see Instructions)		23
	24	OVERPAYMENT - If line 21(d) is larger than the total of lines 20 and 22, enter amount overpaid (see Instructions)		24
25	(a) Enter the amount of line 24 you want Credited to 2024 estimated tax	25(a)		
25	(b) Enter the amount of line 24 you want Refunded to you (line 24 minus line 25(a))	25(b)		
26	Enter AMOUNT PAID with this return	26		
Amended Return	27	Amount paid (overpaid) on original return - AMENDED RETURN ONLY (see Instructions)	27	
	28	BALANCE DUE (REFUND) with amended return (see Instructions)	28	
Please Sign Here	I declare, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer Public Disclosure Copy		Name and title of officer	
	★ May the Hawaii Department of Taxation discuss this return with the preparer shown below? (See Instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No This designation does not replace Form N-848, Power of Attorney.			
Paid Preparer's Information	Preparer's signature Print Preparer's Name	RODNEY M. HARANO RODNEY M. HARANO	Date 03/17/25	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) Address and ZIP Code	CW ASSOCIATES, CPAS HONOLULU, HI 96813	Federal E.I. No. 26-1659234	PTIN P00389596 Phone no. 808-531-1040



N70NP_T 2023A 02 VID15

Name as shown on return
HAWAII FOODBANK, INC.

Federal Employer Identification Number
99-0220699

TAX COMPUTATION SCHEDULE

PART I - Organizations Taxable as CORPORATIONS (See Instructions for Tax Computation)

1	Enter the amount of unrelated business taxable income as shown on page 1, line 8	1	
2	Enter the total of other deductions (see Instructions, attach schedule)	2	
3	Difference - line 1 minus line 2	3	
4	Hawaii additions to income (see Instructions, attach schedule)	4	
5	Sum of lines 3 and 4	5	
6	Enter the amount of taxable net capital gain from line 18, Schedule D (Form N-30/N-70NP)	6	
7	Difference - line 5 minus line 6 (if zero or less, enter zero)	7	0
8	(a) Tax on net capital gain - 4% of the amount on line 6	8(a)	
	(b) Tax on all other taxable income - If the amount on line 7 is:		
	(i) Not over \$25,000 - Enter 4.4% of line 7	8(b)(i)	
	(ii) Over \$25,000 but not over \$100,000 - Enter 5.4% of line 7 \$ Subtract \$250 and enter the difference	8(b)(ii)	
	(iii) Over \$100,000 - Enter 6.4% of line 7 \$ Subtract \$1,250 and enter the difference	8(b)(iii)	
	(c) Total of lines 8(a) and 8(b)	8(c)	
	(d) Using the rates listed on line 8(b), compute the tax on the amount on line 5 above	8(d)	
9	Total tax (enter the smaller of line 8(c) or line 8(d)). Also, enter this amount on page 1, line 9	9	

PART II - TRUSTS Taxable at Trust Rates (See Instructions for Tax Computation)

1	Enter the amount of unrelated business taxable income as shown on page 1, line 8	1	
2	Enter the total of other deductions (see Instructions, attach schedule)	2	
3	Difference - line 1 minus line 2	3	
4	Hawaii additions to income (see Instructions, attach schedule)	4	
5	Sum of lines 3 and 4	5	
6	Net capital gain taxable to the trust. Enter the smaller of line 16 or 17, col. (b), Schedule D (Form N-40)	6	
7	Difference - line 5 minus line 6 (if zero or less, enter zero)	7	
8	Enter the greater of line 7 or \$20,000	8	
9	Using the Trust Tax Rates below, compute the tax on the amount on line 8. If line 8 is \$20,000, enter \$1,128	9	
10	Difference - line 5 minus line 8 (if zero or less, enter zero)	10	
11	Multiply the amount on line 10 by 7.25%	11	
12	Total of lines 9 and 11	12	
13	Using the Trust Tax Rates below, compute the tax on the amount on line 5 above	13	
14	Total tax (enter the smaller of line 12 or line 13). Also, enter this amount on page 1, line 10	14	

TRUST TAX RATES FOR PERIODS AFTER 12/31/01

If the taxable income is:	The tax shall be:
Not over \$2,000	1.4% of taxable income
Over \$2,000 but not over \$4,000	\$28.00 plus 3.20% of excess over \$2,000
Over \$4,000 but not over \$8,000	\$92.00 plus 5.50% of excess over \$4,000
Over \$8,000 but not over \$12,000	\$312.00 plus 6.40% of excess over \$8,000
Over \$12,000 but not over \$16,000	\$568.00 plus 6.80% of excess over \$12,000
Over \$16,000 but not over \$20,000	\$840.00 plus 7.20% of excess over \$16,000
Over \$20,000 but not over \$30,000	\$1,128.00 plus 7.60% of excess over \$20,000
Over \$30,000 but not over \$40,000	\$1,888.00 plus 7.90% of excess over \$30,000
Over \$40,000	\$2,678.00 plus 8.25% of excess over \$40,000

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

2023

For calendar year 2023 or other tax year beginning JUL 1, 2023, and ending JUN 30, 2024.

Department of the Treasury
Internal Revenue Service

Go to 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).

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

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) HAWAII FOODBANK, INC.		D Employer identification number 99-0220699	
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) <input type="checkbox"/> 529A		Print or Type Number, street, and room or suite no. If a P.O. box, see instructions. 2611 KILIHOU STREET City or town, state or province, country, and ZIP or foreign postal code HONOLULU, HI 96819		E Group exemption number (see instructions)	
		C Book value of all assets at end of year 34,227,519.		F <input type="checkbox"/> Check box if an amended return.	
G 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 <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity					

H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800	
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>	
J Enter the number of attached Schedules A (Form 990-T) 1	
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation	
L The books are in care of CURTIS LEONG Telephone number (808) 836-3600	

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1	0.
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2	0.	
3a	Amount due from Form 4255	3a		
b	Amount due from Form 8611	3b		
c	Amount due from Form 8697	3c		
d	Amount due from Form 8866	3d		
e	Other amounts due (see instructions)	3e		
f	Total amounts due. Add lines 3a through 3e	3f	0.	
4	Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0.	
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.	

Part III Tax and Payments (continued)

6 a	Payments: Preceding year's overpayment credited to the current year	6a		
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	Total payments. Add lines 6a through 6j	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2023 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
2	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
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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.			
	<i>Public Disclosure Copy</i>	PRESIDENT/CEO		
	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	RODNEY M. HARANO	RODNEY M. HARANO	03/17/25	P00389596
	Firm's name	Firm's EIN		
	CW ASSOCIATES, CPAS	26-1659234		
	Firm's address		Phone no.	
	700 BISHOP STREET, SUITE 1040 HONOLULU, HI 96813		808-531-1040	

Form **990-T** (2023)

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

Go to 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).

1
OMB No. 1545-0047

2023

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

A Name of the organization HAWAII FOODBANK, INC.		B Employer identification number 99-0220699	
C Unrelated business activity code (see instructions) 624210		D Sequence: 1 of 1	

E Describe the unrelated trade or business UNRELATED BUSINESS ACTIVITIES

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 (Part III, line 8)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. 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

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement)	14	
15	Total deductions. Add lines 1 through 14	15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	0.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2023

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	
B	
C	
D	

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a

3 Direct advertising costs by periodical					
a Add columns A through D. Enter here and on Part I, line 11, column (B)		0.			

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8.

5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on
Part II, line 13 0.

Part X	Compensation of Officers, Directors, and Trustees (see instructions)
---------------	---

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1 0.

Part XI	Supplemental Information (see instructions)
----------------	--