

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

B Check if applicable: C Name of organization: HAWAII FOODBANK, INC. D Employer identification number: 99-0220699 E Telephone number: (808) 836-3600 G Gross receipts \$: 69,854,030. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.HAWAIIFOODBANK.ORG K Form of organization: L Year of formation: 1982 M State of legal domicile: HI

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

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: Preparer's name: RODNEY M. HARANO Preparer's signature: RODNEY M. HARANO Date: 04/28/26 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 [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

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 \$ 44,320,890. including grants of \$ 36,498,147.) (Revenue \$ 33,032.)

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 22.1 MILLION POUNDS OF FOOD IN FISCAL YEAR 2025, INCLUDING 7.1 MILLION POUNDS OF FRESH PRODUCE. FOOD WAS DISTRIBUTED THROUGH OVER 250 MEMBER AGENCIES ON OAHU AND KAUAI. IN FY 2025, HFB DISTRIBUTED ALMOST 1.84 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 44,320,890.

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> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | 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> | | 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> | | 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> | | 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> | | 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> | | 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> | | 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> | | 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> | 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> | | 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> | | 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> | | 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> | 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> | 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> | 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> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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> | | 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> | | 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> | | 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.</i> See instructions | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 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> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 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> | 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> | | 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> | 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> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 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> | | 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> | | 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> | | 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> | | 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> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | 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> | | X |
| 29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> | 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> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | 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> | | 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> | | 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> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | 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> | | |
| 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> | | 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> | | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | X | |

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (29); 1b Enter the number of voting members included on line 1a, above, who are independent (29); 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? (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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (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 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (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 (X); b Other officers or key employees of the organization (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? (X); 16b 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? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed HI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain 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 KILIHOU STREET, HONOLULU, HI 96819

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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 | | | | 392,149. | 0. | 36,979. |
| (2) CURTIS LEONG VICE PRESIDENT/CFO | 40.00 | | | X | | | | 173,114. | 0. | 23,676. |
| (3) LAURA KAY RAND FORMER VICE PRESIDENT/CHIEF IMPACT O | 40.00 | | | X | | | | 155,708. | 0. | 21,239. |
| (4) JOHN KLOSTERMAN VICE PRESIDENT/CHIEF OPERATIONS OFFI | 40.00 | | | X | | | | 152,811. | 0. | 20,669. |
| (5) MARIELLE TERBIO VICE PRESIDENT STRATEGY AND PROGRAMS | 40.00 | | | X | | | | 128,101. | 0. | 17,374. |
| (6) GENE CALIWAG FORMER VICE PRESIDENT/CHIEF OPERATIO | 40.00 | | | X | | | | 45,203. | 0. | 6,251. |
| (7) ROWENA BROWNE VICE PRESIDENT/DEVELOPMENT | 40.00 | | | X | | | | 13,127. | 0. | 1,444. |
| (8) CHRISTINA HAUSE CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (9) KATHRYN ELLMAN 1ST VICE CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (10) JEFF VIGILLA 2ND VICE CHAIR | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (11) CRAIG SHIKUMA SECRETARY | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (12) DARIN SHIGETA TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (13) JEREMIAH ANA DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (14) T. KIMO BLAISDELL DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (15) JASON BRAND DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (16) DIANA BROWN DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (17) DEAN DUQUE 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) WILLIAM FROELICH DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (19) RONA FUKUMOTO DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (20) SCOTT GAMBLE DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (21) ELIZABETH RICE GROSSMAN DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (22) PETER HEILMANN DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (23) JOSEPH KEAWE'AIMOKU KAHOLOKULA DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (24) JENNIFER LAM DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (25) MYLES SHIBATA DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| (26) LARRY SIAFUAFU DIRECTOR | 0.50 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,060,213. | 0. | 127,632. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,060,213. | 0. | 127,632. |

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 5

| | Yes | No |
|--|-----|----|
| 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 | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | 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 |
|--|--------------------------------|---------------------|
| PENSKE TRUCKING LEASING CO. P. O. BOX 7429, PASADENA, CA 91110-7429 | TRUCK RENTAL AND LEASING | 295,079. |
| MATSON NAVIGATION CO., INC. P. O. BOX 31000, HONOLULU, HI 96849-5054 | OCEAN FREIGHT | 236,531. |
| EDWARD ENTERPRISES INC. P. O. BOX 30468, HONOLULU, HI 96820 | PRINTING SERVICES | 222,419. |
| RIM ARCHITECTS, LLC, 55 MERCHANT ST, SUITE 1400, HONOLULU, HI 96813 | ARCHITECT SERVICES | 199,069. |
| SHOBU'S REFRIGERATION & AIR CONDITIONING PO BOX 4444, KANEOHE, HI 96744 | REPAIR & MAINTENANCE, INSTALL | 138,573. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 157,483. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 26,321,743. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 35,209,691. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 29,206,391. | | | | |
| | h Total. Add lines 1a-1f | | 61,688,917. | | | | |
| 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) | | 815,618. | | | 815,618. | |
| | 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 | 7,118,671. | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 6,906,918. | 6,069. | | | |
| | c Gain or (loss) | 7c | 211,753. | -6,069. | | | |
| | d Net gain or (loss) | | 205,684. | | | 205,684. | |
| 8 a Gross income from fundraising events (not including \$ 157,483. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 197,792. | | | | |
| | | | 101,357. | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | 96,435. | | | 96,435. | | |
| 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 | 33,032. | 33,032. | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | 33,032. | | | | |
| 12 Total revenue. See instructions | | 62,839,686. | 33,032. | 0. | 1117737. | | |

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 | 36,498,147. | 36,498,147. | | |
| 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 | 1,123,469. | 426,313. | 501,335. | 195,821. |
| 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 | 4,699,623. | 3,354,870. | 243,878. | 1,100,875. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 169,727. | 137,727. | 32,000. | |
| 9 Other employee benefits | 884,446. | 585,466. | 115,416. | 183,564. |
| 10 Payroll taxes | 463,337. | 317,896. | 64,821. | 80,620. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 32,642. | | 32,642. | |
| c Accounting | 53,114. | | 53,114. | |
| d Lobbying | 24,000. | | 24,000. | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 121,473. | | 121,473. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 524,233. | 4,499. | 189,340. | 330,394. |
| 12 Advertising and promotion | 322,512. | 70,186. | 8,806. | 243,520. |
| 13 Office expenses | 896,660. | 457,514. | 283,733. | 155,413. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 982,446. | 509,304. | 442,971. | 30,171. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 123,957. | 43,248. | 56,803. | 23,906. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 376,369. | 337,233. | 19,160. | 19,976. |
| 23 Insurance | 160,791. | 144,071. | 8,186. | 8,534. |
| 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 UNCOLLECTIBLE ACCOUNTS | 800,000. | 800,000. | | |
| b TRANSPORTATION AND SHIP | 595,824. | 576,204. | 17,812. | 1,808. |
| c FUNDRAISING COSTS | 137,539. | 22,012. | 736. | 114,791. |
| d VOLUNTEER EXPENSE | 39,554. | 36,200. | 1,255. | 2,099. |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 49,029,863. | 44,320,890. | 2,217,481. | 2,491,492. |
| 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 Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 2,150,760. | 1 | 1,023,069. |
| | 2 Savings and temporary cash investments | 928,985. | 2 | 933,464. |
| | 3 Pledges and grants receivable, net | 3,299,516. | 3 | 2,872,102. |
| | 4 Accounts receivable, net | 50,000. | 4 | 0. |
| | 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 | 2,006,689. | 8 | 1,794,655. |
| | 9 Prepaid expenses and deferred charges | 67,166. | 9 | 104,792. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 25,959,551. | | |
| | b Less: accumulated depreciation | 10b 5,706,293. | 10c | 20,253,258. |
| | 11 Investments - publicly traded securities | 18,084,355. | 11 | 20,119,372. |
| | 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 | 1,021,878. | 15 | 1,137,266. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 34,227,519. | 16 | 48,237,978. | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,520,205. | 17 | 1,501,357. |
| | 18 Grants payable | 282. | 18 | 0. |
| | 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 | 787,412. | 25 | 929,162. |
| | 26 Total liabilities. Add lines 17 through 25 | 3,307,899. | 26 | 2,430,519. |
| 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 | 28,054,644. | 27 | 29,610,817. |
| | 28 Net assets with donor restrictions | 2,864,976. | 28 | 16,196,642. |
| | 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 | 30,919,620. | 32 | 45,807,459. |
| | 33 Total liabilities and net assets/fund balances | 34,227,519. | 33 | 48,237,978. |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 62,839,686. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 49,029,863. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 13,809,823. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 30,919,620. |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,078,016. |
| 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 | 45,807,459. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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 | | X |
| 2b | 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 | X | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | 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? _____ | X | |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | X | |

Form 990 (2024)

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 54510832. | 42447326. | 40634331. | 46254261. | 61688917. | 245535667 |
| 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 | 54510832. | 42447326. | 40634331. | 46254261. | 61688917. | 245535667 |
| 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) | | | | | | 14195445. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 231340222 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 54510832. | 42447326. | 40634331. | 46254261. | 61688917. | 245535667 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 409,755. | 869,548. | 746,214. | 911,209. | 815,618. | 3752344. |
| 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.) | 70,948. | 31,973. | 143,928. | 37,720. | 33,032. | 317,601. |
| 11 Total support. Add lines 7 through 10 | | | | | | 249605612 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 2,513,650. |
| 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-----------|-------|-------------------------------------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 92.68 | % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 91.59 | % |
| 16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 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) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (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 2024 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2023 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2023 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2024. 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 - 2023. 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | 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 (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 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). | | |

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

Schedule A (Form 990) 2024

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Table with 2 columns: Name of the organization (HAWAII FOODBANK, INC.) and Employer identification number (99-0220699)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(3) (enter number) organization, [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [] 527 political organization
Form 990-PF: [] 501(c)(3) exempt private foundation, [] 4947(a)(1) nonexempt charitable trust treated as a private foundation, [] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- [X] 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).

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ <u>2,429,649.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ <u>1,945,586.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ <u>8,253,163.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ <u>1,659,543.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ <u>1,612,576.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ <u>1,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization HAWAII FOODBANK, INC. | Employer identification number 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>2,429,649.</u> | <u>12/31/24</u> |
| <u>2</u> | FOOD _____ _____ _____ | \$ <u>1,945,586.</u> | <u>12/31/24</u> |
| <u>3</u> | FOOD _____ _____ _____ | \$ <u>8,253,163.</u> | <u>12/31/24</u> |
| <u>4</u> | FOOD _____ _____ _____ | \$ <u>1,659,543.</u> | <u>12/31/24</u> |
| <u>5</u> | FOOD _____ _____ _____ | \$ <u>1,612,576.</u> | <u>12/31/24</u> |
| | _____ _____ _____ | \$ _____ | |

| | |
|--|---|
| Name of organization HAWAII FOODBANK, INC. | Employer identification number 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 | |
| | | | |
| (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 | |
| | | | |
| (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 | |
| | | | |
| (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 | |
| | | | |

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

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. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | IF the amount on line 1e, column (a) or (b), is: | THEN 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. | | |
| IF the amount on line 1e, column (a) or (b), is: | THEN 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (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 | | | | | |

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)? .. | X | | |
| 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 | | 29,827. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1i | | | 29,827. |
| 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)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

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?

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)?

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 \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) (Rev. 12-2024)

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 | | | | 9,077. | 809,077. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | 8,648. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | 9,077. | 808,648. |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | 9,077. |

- 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:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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. | 4,338,036. | 2,945,620. |
| c Leasehold improvements | | | | |
| d Equipment | | 3,262,365. | 1,368,257. | 1,894,108. |
| e Other | | 15,413,530. | | 15,413,530. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 20,253,258. |

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 | 877,467. |
| (3) ASSET RETIREMENT OBLIGATION | 51,695. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 929,162. |

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

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 52,392,570. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 1,078,016. |
| b | Donated services and use of facilities | 2b | 1,928,007. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 3,006,023. |
| 3 | Subtract line 2e from line 1 | 3 | 49,386,547. |
| 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 | 121,473. |
| b | Other (Describe in Part XIII.) | 4b | 13,331,666. |
| c | Add lines 4a and 4b | 4c | 13,453,139. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 62,839,686. |

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 | 50,836,397. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 1,928,007. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 1,928,007. |
| 3 | Subtract line 2e from line 1 | 3 | 48,908,390. |
| 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 | 121,473. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 121,473. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 49,029,863. |

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, 2025 AND 2024 AND FOR THE YEARS THEN ENDED, AND DETERMINED THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS REQUIRED TO BE REPORTED IN ACCORDANCE WITH U.S. GAAP. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS IN PROGRESS FOR ANY OPEN TAX PERIODS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INCREASE (DECREASE) IN NET ASSETS WITH DONOR RESTRICTIONS 13,331,666.

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 | 355,275. | | | 355,275. |
| | 2 Less: Contributions | 157,483. | | | 157,483. |
| | 3 Gross income (line 1 minus line 2) | 197,792. | | | 197,792. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 101,357. | | | 101,357. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 101,357. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | 96,435. | |

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: _____

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

HAWAII FOODBANK, INC.

Employer identification number

99-0220699

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. | 42,077. | APR | FOOD | FIGHT HUNGER |
| AFTER SCHOOL ALL STARS - WASHINGTON MIDDLE - 2611 KILIIHAU ST - HONOLULU, HI 96819 | 99-0220699 | 501(C)(3) | 0. | 8,996. | APR | FOOD | FIGHT HUNGER |
| AIEA SEVENTH DAY ADVENTIST CHURCH P. O. BOX 248 AIEA, HI 96701 | 99-0202195 | 501(C)(3) | 0. | 95,783. | APR | FOOD | FIGHT HUNGER |
| ALA WAI ELEMENTARY 2611 KILIIHAU ST HONOLULU, HI 96819 | 99-0220699 | 501(C)(3) | 0. | 5,931. | APR | FOOD | FIGHT HUNGER |
| ALOHA CHURCH 4534 UAHU STREET LIHUE, HI 96766 | 44-0577787 | 501(C)(3) | 0. | 10,988. | APR | FOOD | FIGHT HUNGER |
| ALOHA DIAPER BANK 454 EHAKE PLACE HONOLULU, HI 96817 | 85-2359096 | 501(C)(3) | 0. | 18,776. | APR | FOOD | FIGHT HUNGER |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 181.

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) (Rev. 12-2024)

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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ALTERNATIVE STRUCTURES INTERNATIONAL (ASI) - 86-704 LUALUALEI HOMESTEAD ROAD - WAIANA, HI 96792 | 99-0196090 | 501(C)(3) | 0. | 13,360. | APR | FOOD | FIGHT HUNGER |
| ANGEL NETWORK CHARITIES 5339 KALANIANA'OLE HWY HONOLULU, HI 96821 | 99-0290412 | 501(C)(3) | 3,000. | 1,549,899. | APR | FOOD | FIGHT HUNGER |
| ARMED SERVICES YMCA 1260 PIERCE ST., STE. 145 JBPBH, HI 96860 | 99-0075037 | 501(C)(3) | 0. | 824,914. | APR | FOOD | FIGHT HUNGER |
| BOYS AND GIRLS CLUB HAWAII PO BOX 143 LIHUE, HI 96766 | 99-6005407 | 501(C)(3) | 0. | 94,265. | APR | FOOD | FIGHT HUNGER |
| BRETHREN OF CHRIST INTERNATIONAL 94-133 PAHU ST. WAIPA, HI 96797 | 99-0293419 | 501(C)(3) | 0. | 13,318. | APR | FOOD | FIGHT HUNGER |
| CALVARY ASSEMBLY OF GOD 961 IO LANE HONOLULU, HI 96817 | 99-6012292 | 501(C)(3) | 0. | 82,310. | APR | FOOD | FIGHT HUNGER |
| CALVARY CHAPEL PEARL HARBOR 94-1044 WAIPIO UKA ST WAIPA, HI 96797 | 99-0312556 | 501(C)(3) | 0. | 441,340. | APR | FOOD | FIGHT HUNGER |
| CEDAR ASSEMBLY OF GOD 620 WAIPA LN HONOLULU, HI 96817 | 44-0577787 | 501(C)(3) | 0. | 82,314. | APR | FOOD | FIGHT HUNGER |
| CENTRAL UNION CHURCH 1660 S BERETANIA STREET HONOLULU, HI 96826 | 99-0076013 | 501(C)(3) | 0. | 1,474,931. | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| CHILD AND FAMILY SERVICE 2970 KELE STREET SUITE 203 LIHUE, HI 96766 | 99-0073483 | 501(C)(3) | 0. | 90,990. | APR | FOOD | FIGHT HUNGER |
| CHRIST UNITED METHODIST CHURCH 1639 KEEAMOKU ST HONOLULU, HI 96822 | 99-0077812 | 501(C)(3) | 0. | 11,874. | APR | FOOD | FIGHT HUNGER |
| CHURCH OF CHRIST AT PEARL HARBOR 515 MAIN ST. HONOLULU, HI 96818 | 99-0161316 | 501(C)(3) | 0. | 66,429. | APR | FOOD | FIGHT HUNGER |
| CHURCH OF GOD OF PROPHECY (KANEHOE) - 45-416 KAMEHAMEHA HWY. - KANEHOE, HI 96744 | 99-0324042 | 501(C)(3) | 0. | 6,359. | APR | FOOD | FIGHT HUNGER |
| CHURCH OF THE PACIFIC PO BOX 223154 PRINCEVILLE, HI 96722 | 99-0076034 | 501(C)(3) | 3,000. | 563,406. | APR | FOOD | FIGHT HUNGER |
| CITY OF JOY ASSEMBLY OF GOD P.O. BOX 2872 WAIANAЕ, HI 96792 | 99-6010795 | 501(C)(3) | 0. | 158,723. | APR | FOOD | FIGHT HUNGER |
| CITY OF REFUGE CHRISTIAN CHURCH PO BOX 971057 WAIPAHU, HI 96797 | 99-0204880 | 501(C)(3) | 0. | 424,359. | APR | FOOD | FIGHT HUNGER |
| CO-CATHEDRAL OF ST. THERESA 712 N. SCHOOL STREET HONOLULU, HI 96817 | 99-0222900 | 501(C)(3) | 0. | 363,955. | APR | FOOD | FIGHT HUNGER |
| COMMUNITY PEOPLE MINISTRIES 2227 GREENVIEW DRIVE CARROLLTON, TX 75010 | 47-5334011 | 501(C)(3) | 3,250. | 404,054. | 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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| COUNTY OF KAUAI (ELDERLY AFFAIRS) 4444 RICE STREET, SUITE #330 LIHUE, HI 96766 | 99-0220699 | 501(C)(3) | 0. | 29,659. | APR | FOOD | FIGHT HUNGER |
| DYNAMIC COMPASSION IN ACTION PO BOX 712 WAIMANALO, HI 96795 | 46-2192346 | 501(C)(3) | 3,250. | 922,224. | APR | FOOD | FIGHT HUNGER |
| ELEELE BAPTIST CHURCH P.O. BOX 307 ELEELE, HI 96705 | 99-0104101 | 501(C)(3) | 2,250. | 77,968. | APR | FOOD | FIGHT HUNGER |
| ELEELE ELEMENTARY SCHOOL 4241 HANAHAO PLACE, STE 101 LIHUE, HI 96766 | 99-0220699 | 501(C)(3) | 0. | 9,308. | APR | FOOD | FIGHT HUNGER |
| ELEPAIO SOCIAL SERVICES 86-120 FARRINGTON HWY WAIANAE, HI 96792 | 99-0148164 | 501(C)(3) | 260,799. | 2,215,226. | APR | FOOD | FIGHT HUNGER |
| FAMILY PROMISE OF HAWAII 245 N. KUKUI ST., STE. 101 HONOLULU, HI 96817 | 20-2645489 | 501(C)(3) | 0. | 16,367. | APR | FOOD | FIGHT HUNGER |
| FIRST ASSEMBLY OF GOD 300 WILIKINA DR. WAHIAWA, HI 96786 | 99-0079322 | 501(C)(3) | 0. | 509,201. | APR | FOOD | FIGHT HUNGER |
| FIRST UNITED METHODIST CHURCH 1020 S. BERETANIA ST. HONOLULU, HI 96814 | 36-2167731 | 501(C)(3) | 0. | 113,659. | 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. | 7,471. | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| FRANCISCAN VISTAS EWA 91-1471 MIULA STREET EWA BEACH, HI 96706 | 99-0220699 | 501(C)(3) | 0. | 16,808. | APR | FOOD | FIGHT HUNGER |
| FULL GOSPEL CHURCH OF OAHU 1680 KAPIOLANI BLVD., STE. F9 HONOLULU, HI 96814 | 99-0349540 | 501(C)(3) | 0. | 18,619. | APR | FOOD | FIGHT HUNGER |
| GIVING HOPE HAWAII 46-158 KAHUHIPA ST KANEOTE, HI 96744 | 46-3449360 | 501(C)(3) | 0. | 1,199,227. | APR | FOOD | FIGHT HUNGER |
| GRACE & FAVOR DBA FAITH HOUSE OF HOPE - 702 PUUHALE ROAD - HONOLULU, HI 96819 | 46-1897612 | 501(C)(3) | 0. | 1,306,226. | APR | FOOD | FIGHT HUNGER |
| GRACE BIBLE CHURCH P.O. BOX 11128 HONOLULU, HI 96826 | 99-0169244 | 501(C)(3) | 0. | 19,943. | APR | FOOD | FIGHT HUNGER |
| GREGORY HOUSE PROGRAMS 200 N VINEYARD BLVD., STE. A310 HONOLULU, HI 96817 | 94-3259311 | 501(C)(3) | 0. | 592,015. | APR | FOOD | FIGHT HUNGER |
| HABILITAT, INC. P.O. BOX 801 KANEOTE, HI 96744 | 99-0146306 | 501(C)(3) | 0. | 20,535. | APR | FOOD | FIGHT HUNGER |
| HALE HO'MALU KAPAA MISSIONARY CHURCH - 4-758 KUHIO HWY - KAPAA, HI 96746 | 99-6004957 | 501(C)(3) | 0. | 7,550. | APR | FOOD | FIGHT HUNGER |
| HALE KIPA PREVENTION & OUTREACH SERVICES - 91-2128 OLD FORT WEAVER ROAD - EWA BEACH, HI 96706 | 23-7061499 | 501(C)(3) | 0. | 5,564. | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| HALE MALAMA (KAUAI COMMUNITY COLLEGE) - 3-1901 KAUMUALII HWY - LIHUE, HI 96766 | 99-0220699 | 501(C)(3) | 0. | 27,666. | APR | FOOD | FIGHT HUNGER |
| HALE O HAUOLI 2611 KILIIHAU STREET HONOLULU, HI 96819 | 99-0220699 | 501(C)(3) | 0. | 19,015. | APR | FOOD | FIGHT HUNGER |
| HALE O HONOLULU 1700 LANAKILA AVE. HONOLULU, HI 96817 | 99-0325672 | 501(C)(3) | 0. | 23,864. | APR | FOOD | FIGHT HUNGER |
| HALE OPIO KAUAI 2959 UMI STREET LIHUE, HI 96766 | 99-0155279 | 501(C)(3) | 0. | 24,618. | APR | FOOD | FIGHT HUNGER |
| HALE WAI VISTA 2611 KILIIHAU STREET HONOLULU, HI 96819 | 99-0220699 | 501(C)(3) | 0. | 30,923. | APR | FOOD | FIGHT HUNGER |
| HANAHAUOLI SCHOOL- THE SKILLS WE NEED - 2611 KILIIHAU ST - HONOLULU, HI 96819 | 99-0220699 | 501(C)(3) | 0. | 5,857. | APR | FOOD | FIGHT HUNGER |
| HAWAII CEDAR CHURCH 1545 KAMEHAMEHA IV RD. HONOLULU, HI 96819 | 68-0509399 | 501(C)(3) | 0. | 607,867. | APR | FOOD | FIGHT HUNGER |
| HAWAII FOODBANK 4241 HANAHAO PLACE, STE 101 LIHUE, HI 96766 | 99-0220699 | 501(C)(3) | 0. | 641,631. | APR | FOOD | FIGHT HUNGER |
| HAWAII HEALTH & HARM REDUCTION CENTER - 677 ALA MOANA BLVD., #226 - HONOLULU, HI 96813 | 99-0284222 | 501(C)(3) | 2,250. | 266,137. | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| HE ALA HOU O KE OLA INC P.O. BOX 372122 HONOLULU, HI 96837 | 46-0870581 | 501(C)(3) | 0. | 56,078. | 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. | 11,876. | APR | FOOD | FIGHT HUNGER |
| HINA MAUKA 45-845 PO'OKELA ST KANEEOHE, HI 96744 | 99-0173356 | 501(C)(3) | 0. | 39,467. | APR | FOOD | FIGHT HUNGER |
| HOLY CROSS / SACRED HEART PO BOX 487 KALAHEO, HI 96741 | 53-0196617 | 501(C)(3) | 750. | 88,546. | APR | FOOD | FIGHT HUNGER |
| HONOLULU FIL-AM SEVENTH DAY ADVENTIST CHURCH - 2322 KANEALII AVE. - HONOLULU, HI 96813 | 99-0335397 | 501(C)(3) | 0. | 169,015. | APR | FOOD | FIGHT HUNGER |
| HONUAKAHA 2611 KILIHAI STREET HONOLULU, HI 96819 | 99-0220699 | 501(C)(3) | 0. | 8,235. | APR | FOOD | FIGHT HUNGER |
| HOPE CHAPEL (KAHUKU) P.O. BOX 482 KAHUKU, HI 96731 | 95-1684062 | 501(C)(3) | 0. | 153,906. | APR | FOOD | FIGHT HUNGER |
| HUGS 3636 KILAUEA AVE HONOLULU, HI 96816 | 99-0213597 | 501(C)(3) | 0. | 8,544. | APR | FOOD | FIGHT HUNGER |
| HUI MAHIAI AINA 41-902 OLUOLU ST. WAIMANALO, HI 96795 | 82-2039190 | 501(C)(3) | 750. | 110,534. | 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.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| HUI O HAUULA P.O. BOX 264 HAUULA, HI 96717 | 47-1756958 | 501(C)(3) | 7,850. | 426,763. | APR | FOOD | FIGHT HUNGER |
| IMMACULATE CONCEPTION CHURCH 91-1298 RENTON RD EWA BEACH, HI 96706 | 99-0222900 | 501(C)(3) | 3,000. | 297,962. | APR | FOOD | FIGHT HUNGER |
| IMMANUEL CHRISTIAN CHURCH 45-525 ALOKAHI ST KANEEOHE, HI 96744 | 99-0284626 | 501(C)(3) | 0. | 261,270. | APR | FOOD | FIGHT HUNGER |
| INSPIRE CHURCH 94-877 LUMIAINA ST, BLDG 12 WAIPAHU, HI 96797 | 46-2778796 | 501(C)(3) | 0. | 218,941. | APR | FOOD | FIGHT HUNGER |
| INSTITUTE FOR HUMAN SERVICES 546 KA'AAHI ST. HONOLULU, HI 96817 | 99-0199107 | 501(C)(3) | 0. | 706,165. | APR | FOOD | FIGHT HUNGER |
| ISLAND FAMILY CHRISTIAN CHURCH 3375 SALT LAKE BLVD HONOLULU, HI 96818 | 99-0241875 | 501(C)(3) | 0. | 30,775. | APR | FOOD | FIGHT HUNGER |
| JESUS IS ALIVE FELLOWSHIP 66-405 WAIALUA BEACH RD. HALEIWA, HI 96712 | 99-0159250 | 501(C)(3) | 0. | 50,819. | APR | FOOD | FIGHT HUNGER |
| JESUS REIGNS MINISTRIES 94-325 MOKIOLA ST WAIPAHU, HI 96797 | 72-1207424 | 501(C)(3) | 0. | 125,414. | APR | FOOD | FIGHT HUNGER |
| KA HANA O KE AKUA UCC P.O. BOX 4026 WAIANAE, HI 96792 | 99-0256939 | 501(C)(3) | 0. | 11,221. | 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.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| KALAHEO ELEMENTARY SCHOOL 4241 HANAHAO PLACE, STE 101 LIHUE, HI 96766 | 99-0220699 | 501(C)(3) | 0. | 5,388. | APR | FOOD | FIGHT HUNGER |
| KALAKAUA HOMES 2611 KILIHU STREET HONOLULU, HI 96819 | 99-0220699 | 501(C)(3) | 0. | 82,443. | APR | FOOD | FIGHT HUNGER |
| KALIHI UNION CHURCH 2214 N KING ST. HONOLULU, HI 96819 | 99-6000168 | 501(C)(3) | 0. | 939,133. | APR | FOOD | FIGHT HUNGER |
| KANUIKAPONO CHARTER SCHOOL 4241 HANAHAO PLACE, STE 101 LIHUE, HI 96766 | 99-0220699 | 501(C)(3) | 0. | 6,470. | APR | FOOD | FIGHT HUNGER |
| KAPAA ELEMENTARY SCHOOL 4241 HANAHAO PL. LIHUE, HI 96766 | 99-0220699 | 501(C)(3) | 0. | 5,112. | APR | FOOD | FIGHT HUNGER |
| KAPA'A MIDDLE SCHOOL 4241 HANAHAO PLACE, STE 101 LIHUE, HI 96766 | 99-0220699 | 501(C)(3) | 0. | 17,107. | APR | FOOD | FIGHT HUNGER |
| KAPAA MISSIONARY CHURCH 4-758 KUHIO HWY KAPAA, HI 96746 | 99-6004957 | 501(C)(3) | 1,500. | 161,129. | APR | FOOD | FIGHT HUNGER |
| KAPAA UNITED CHURCH OF CHRIST 1315 ULU STREET KAPAA, HI 96746 | 99-0076034 | 501(C)(3) | 0. | 116,382. | APR | FOOD | FIGHT HUNGER |
| KAPOLEI SAMOA-TONGA SEVENTH DAY ADVENTIST CHURCH - 91-1037 LEXINGTON ST - KAPOLEI, HI 96707 | 33-2007677 | 501(C)(3) | 0. | 17,293. | 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.)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| KAUAI BIBLE CHURCH PO BOX 570 LAWAII, HI 96765 | 91-0168565 | 501(C)(3) | 0. | 13,771. | APR | FOOD | FIGHT HUNGER |
| KAUAI HIGH SCHOOL 3577 LALA RD. LIHUE, HI 96766 | 99-0220699 | 501(C)(3) | 0. | 6,215. | APR | FOOD | FIGHT HUNGER |
| KAUAI NORTH SHORE FOOD PANTRY PO BOX 1172 KILAUEA, HI 96754 | 81-4748610 | 501(C)(3) | 0. | 79,628. | APR | FOOD | FIGHT HUNGER |
| KAUMAKAPILI CHURCH 766 NORTH KING STREET HONOLULU, HI 96817 | 13-5563020 | 501(C)(3) | 0. | 207,436. | APR | FOOD | FIGHT HUNGER |
| KEALA FOUNDATION 3-3131 KUHIO HWY LIHUE, HI 96766 | 81-3600755 | 501(C)(3) | 0. | 12,247. | APR | FOOD | FIGHT HUNGER |
| KEKAHA ELEMENTARY SCHOOL 4241 HANAHAO PLACE, STE 101 LIHUE, HI 96766 | 99-0220699 | 501(C)(3) | 0. | 8,563. | APR | FOOD | FIGHT HUNGER |
| KEOLA HOONANEA 2611 KILIHU STREET HONOLULU, HI 96819 | 99-0220699 | 501(C)(3) | 0. | 27,671. | APR | FOOD | FIGHT HUNGER |
| KEY PROJECT 47-200 WAIHEE RD. KANEOTE, HI 96744 | 99-0118209 | 501(C)(3) | 3,250. | 316,932. | APR | FOOD | FIGHT HUNGER |
| KING KAUMUALI'I ELEMENTARY SCHOOL 4380 HANAMAULU RD. LIHUE, HI 96766 | 99-0220699 | 501(C)(3) | 0. | 8,814. | 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.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| KING'S CATHEDRAL & CHAPELS 549 HALEMAUMAU ST. HONOLULU, HI 96821 | 99-0196904 | 501(C)(3) | 0. | 773,036. | APR | FOOD | FIGHT HUNGER |
| KOLOA ELEMENTARY 4241 HANAHAO PLACE, STE 101 LIHUE, HI 96766 | 99-0220699 | 501(C)(3) | 0. | 6,816. | APR | FOOD | FIGHT HUNGER |
| KOREAN SEVENTH DAY ADVENTIST CHURCH - 2142 ALGAROPA ST - HONOLULU, HI 96826 | 99-0082407 | 501(C)(3) | 0. | 128,736. | APR | FOOD | FIGHT HUNGER |
| KUALOA RANCH 2611 KILIIHAU STREET HONOLULU, HI 96819 | 99-0220699 | 501(C)(3) | 0. | 79,880. | APR | FOOD | FIGHT HUNGER |
| KUKUI TOWER 2611 KILIIHAU STREET HONOLULU, HI 96819 | 99-0220699 | 501(C)(3) | 0. | 21,584. | APR | FOOD | FIGHT HUNGER |
| LABOR COMMUNITY SERVICES PROGRAM 888 MILILANI STREET HONOLULU, HI 96813 | 23-7365077 | 501(C)(3) | 0. | 88,182. | APR | FOOD | FIGHT HUNGER |
| LAIOLA APARTMENTS 2611 KILIIHAU STREET HONOLULU, HI 96819 | 99-0220699 | 501(C)(3) | 0. | 37,142. | APR | FOOD | FIGHT HUNGER |
| LANAKILA PACIFIC 1809 BACHELOT ST HONOLULU, HI 96817 | 99-0103922 | 501(C)(3) | 0. | 10,478. | APR | FOOD | FIGHT HUNGER |
| LEEWARD COMMUNITY CHURCH 1860 KOMO MAI DRIVE PEARL CITY, HI 96782 | 13-1623940 | 501(C)(3) | 0. | 196,417. | APR | FOOD | FIGHT HUNGER |

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| LIFE CHRISTIAN CHURCH 2010 NUUANU AVENUE HONOLULU, HI 96817 | 27-0537440 | 501(C)(3) | 0. | 149,537. | APR | FOOD | FIGHT HUNGER |
| LIGHT AND SALVATION CHURCH 45-459 MOKULELE DR., UNIT A KANEHOE, HI 96744 | 27-1082889 | 501(C)(3) | 0. | 30,297. | APR | FOOD | FIGHT HUNGER |
| LIGHTHOUSE OUTREACH CENTER 94-230 LEOKANE ST. WAIPAHAU, HI 96797 | 44-0577787 | 501(C)(3) | 0. | 423,413. | APR | FOOD | FIGHT HUNGER |
| LIHUE GARDENS SAINT MICHAEL AND ALL ANGELS CHURCH - 4364 HARDY STREET - LIHUE, HI 96766 | 99-0073522 | 501(C)(3) | 0. | 11,233. | APR | FOOD | FIGHT HUNGER |
| LIHUE MISSIONARY CHURCH 4383 RICE ST LIHUE, HI 96766 | 35-1161320 | 501(C)(3) | 0. | 8,135. | APR | FOOD | FIGHT HUNGER |
| LOVE & LIGHT MINISTRIES 1412 HOOHULU STREET PEARL CITY, HI 96782 | 82-1458964 | 501(C)(3) | 0. | 42,264. | APR | FOOD | FIGHT HUNGER |
| MAKANA O KE AKUA 92-365 MALAHUNA PL KAPOLEI, HI 96707 | 51-0480712 | 501(C)(3) | 0. | 26,397. | APR | FOOD | FIGHT HUNGER |
| MALAMA POPOKI P.O. BOX 1237 HALEIWA, HI 96712 | 77-0644941 | 501(C)(3) | 0. | 38,858. | APR | FOOD | FIGHT HUNGER |
| MANA PONO HOLOMUA 2888 ALA ILIMA ST #1201 HONOLULU, HI 96818 | 87-3067993 | 501(C)(3) | 0. | 19,411. | 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.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| MESSAGE OF PEACE MINISTRY OUTREACH 91-429 FORT WEAVER RD EWA BEACH, HI 96706 | 83-2705175 | 501(C)(3) | 0. | 216,994. | APR | FOOD | FIGHT HUNGER |
| MOBILE MUNCHIES COMMUNITY OUTREACH 4602 HO'OMANA ROAD LIHUE, HI 96766 | 41-1568278 | 501(C)(3) | 0. | 24,605. | APR | FOOD | FIGHT HUNGER |
| MUTUAL HOUSING ASSOCIATION - LIHUE COURT TOWNHOMES - 4160 HOALA STREET #221 - LIHUE, HI 96766 | 31-1688648 | 501(C)(3) | 0. | 111,519. | APR | FOOD | FIGHT HUNGER |
| MUTUAL HOUSING ASSOCIATION - PALOLO HOMES - 2170 AHE ST - HONOLULU, HI 96816 | 99-0308739 | 501(C)(3) | 0. | 109,744. | APR | FOOD | FIGHT HUNGER |
| NANAIAKAPONO PROTESTANT CHURCH 89-235 PUA AVE WAIANAЕ, HI 96792 | 35-1161320 | 501(C)(3) | 3,250. | 152,405. | APR | FOOD | FIGHT HUNGER |
| NANA'S HOUSE ELEELE BAPTIST CHURCH 339 MEHANA RD ELEELE, HI 96705 | 99-0271515 | 501(C)(3) | 0. | 7,202. | APR | FOOD | FIGHT HUNGER |
| NEW HOPE INTERNATIONAL MINISTRIES 290 SAND ISLAND ACCESS RD. HONOLULU, HI 96819 | 99-0348925 | 501(C)(3) | 0. | 7,213. | APR | FOOD | FIGHT HUNGER |
| NEW HOPE KAPOLEI 94-199 LEONUI ST., #4 WAIPAУ, HI 96797 | 95-1684062 | 501(C)(3) | 0. | 37,537. | APR | FOOD | FIGHT HUNGER |
| NEW LIFE BODY OF CHRIST CHRISTIAN CHURCH - 74 S KAMEHAMEHA HWY. - WAHIAWA, HI 96786 | 99-0346717 | 501(C)(3) | 3,000. | 108,187. | 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.)

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| NIIHAU HIGH & ELEMENTARY SCHOOL 4241 HANAHAO PLACE, STE 101 LIHUE, HI 96766 | 99-0220699 | 501(C)(3) | 0. | 13,460. | APR | FOOD | FIGHT HUNGER |
| OHANA CHRISTIAN FELLOWSHIP PO BOX 3736 LIHUE, HI 96766 | 56-2483993 | 501(C)(3) | 0. | 20,881. | APR | FOOD | FIGHT HUNGER |
| OLIVET BAPTIST CHURCH 1775 S. BERETANIA ST. HONOLULU, HI 96826 | 99-0079728 | 501(C)(3) | 0. | 95,904. | APR | FOOD | FIGHT HUNGER |
| ONCE A MONTH CHURCH PO BOX 117 HALEIWA, HI 96712 | 26-0503178 | 501(C)(3) | 0. | 151,734. | APR | FOOD | FIGHT HUNGER |
| OUR LADY OF KEA'AU P.O. BOX 1475 WAIANAЕ, HI 96792 | 99-0222900 | 501(C)(3) | 3,250. | 19,353. | APR | FOOD | FIGHT HUNGER |
| OUR LADY OF MT. CARMEL CHURCH P.O. BOX 6581 KANE0HE, HI 96744 | 99-0222900 | 501(C)(3) | 0. | 73,787. | APR | FOOD | FIGHT HUNGER |
| OUR LADY OF PERPETUAL HELP 91-1004 NORTH RD. EWA BEACH, HI 96706 | 99-0222900 | 501(C)(3) | 750. | 72,755. | APR | FOOD | FIGHT HUNGER |
| OUR LADY OF SORROWS CHURCH 1403-A CALIFORNIA AVE. WAHIAWA, HI 96786 | 99-0222900 | 501(C)(3) | 0. | 275,050. | APR | FOOD | FIGHT HUNGER |
| PALAMA SETTLEMENT 810 N. VINEYARD BLVD. HONOLULU, HI 96817 | 99-0074140 | 501(C)(3) | 0. | 190,355. | APR | FOOD | FIGHT HUNGER |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| PARADISE CHAPEL P. O. BOX 840 WAIANA, HI 96792 | 99-6010795 | 501(C)(3) | 3,000. | 135,152. | APR | FOOD | FIGHT HUNGER |
| PARENTS AND CHILDREN TOGETHER 1485 LINAPUNI ST., RM. 105 HONOLULU, HI 96819 | 99-0119678 | 501(C)(3) | 0. | 148,719. | APR | FOOD | FIGHT HUNGER |
| PEARLSIDE CHURCH 98-751 KUAHAO PLACE AIEA, HI 96701 | 99-0315879 | 501(C)(3) | 0. | 192,261. | APR | FOOD | FIGHT HUNGER |
| PO'AILANI 45-567 PAHIA RD KANEHOE, HI 96744 | 99-0185750 | 501(C)(3) | 0. | 9,048. | APR | FOOD | FIGHT HUNGER |
| PORT ALLEN ELEELE BAPTIST CHURCH 339 MEHANA RD ELEELE, HI 96705 | 99-0271515 | 501(C)(3) | 0. | 10,530. | APR | FOOD | FIGHT HUNGER |
| PRIVATE SECTOR (HAWAII) PO BOX 1109 HALAEIWA, HI 96712 | 68-0041276 | 501(C)(3) | 0. | 48,941. | APR | FOOD | FIGHT HUNGER |
| PROJECT NEHEMIAH - KAPOLEI 2611 KILIHU STREET HONOLULU, HI 96819 | 99-0220699 | 501(C)(3) | 0. | 105,506. | APR | FOOD | FIGHT HUNGER |
| REALITY CHURCH OF HONOLULU 44-124 KALENAKAI PLACE KANEHOE, HI 96744 | 82-2653924 | 501(C)(3) | 0. | 215,153. | APR | FOOD | FIGHT HUNGER |
| RESIDENTIAL YOUTH SERVICES & EMPOWERMENT (RYSE) - 42-470 KALANIANA'OLE HIGHWAY - KAILUA, HI 96734 | 81-2102826 | 501(C)(3) | 3,250. | 59,139. | APR | FOOD | FIGHT HUNGER |

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|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| RICE CAMP SAINT MICHAEL AND ALL ANGELS CHURCH - 4364 HARDY STREET - LIHUE, HI 96766 | 99-0073522 | 501(C)(3) | 0. | 10,443. | APR | FOOD | FIGHT HUNGER |
| RIVER OF LIFE MISSION P.O. BOX 37939 HONOLULU, HI 96837 | 99-0253651 | 501(C)(3) | 3,250. | 152,105. | APR | FOOD | FIGHT HUNGER |
| SAINT MICHAEL AND ALL ANGELS CHURCH - PO BOX 572 - LIHUE, HI 96766 | 99-0073522 | 501(C)(3) | 0. | 108,147. | APR | FOOD | FIGHT HUNGER |
| SAINT RAPHAEL'S CATHOLIC CHURCH 5021 A KAWAIHAU ROAD KAPAA, HI 96746 | 53-0196617 | 501(C)(3) | 0. | 123,635. | APR | FOOD | FIGHT HUNGER |
| SAINT WILLIAM CHURCH 5021 A KAWAIHAU ROAD KAPAA, HI 96746 | 53-0196617 | 501(C)(3) | 3,050. | 202,101. | APR | FOOD | FIGHT HUNGER |
| SENIOR RESIDENCE AT IWILEI 2611 KILIHOU STREET HONOLULU, HI 96819 | 99-0220699 | 501(C)(3) | 0. | 34,181. | APR | FOOD | FIGHT HUNGER |
| SENIOR RESIDENCE AT KAPOLEI 2611 KILIHOU STREET HONOLULU, HI 96819 | 99-0220699 | 501(C)(3) | 0. | 12,412. | APR | FOOD | FIGHT HUNGER |
| SHRINERS HOSPITALS FOR CHILDREN HONOLULU - 1310 PUNAHOU ST. - HONOLULU, HI 96826 | 36-2193608 | 501(C)(3) | 0. | 13,380. | APR | FOOD | FIGHT HUNGER |
| ST. CATHERINE PARISH 5021-A KAWAIHAU ROAD KAPAA, HI 96746 | 53-0196617 | 501(C)(3) | 0. | 108,647. | APR | FOOD | FIGHT HUNGER |

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| ST. ELIZABETH CATHOLIC CHURCH 99-312 MOANALUA RD. AIEA, HI 96701 | 99-0222900 | 501(C)(3) | 0. | 11,808. | APR | FOOD | FIGHT HUNGER |
| ST. ELIZABETH'S EPISCOPAL CHURCH 720 N. KING ST. HONOLULU, HI 96817 | 99-0073522 | 501(C)(3) | 0. | 255,751. | APR | FOOD | FIGHT HUNGER |
| ST. JOHN THE BAPTIST CATHOLIC CHURCH - 2324 OMILO LN. - HONOLULU, HI 96819 | 99-0222900 | 501(C)(3) | 0. | 151,656. | APR | FOOD | FIGHT HUNGER |
| ST. JOSEPH CHURCH - WAIPAHAU 94-675 FARRINGTON HWY WAIPAHAU, HI 96797 | 53-0196617 | 501(C)(3) | 0. | 6,296. | APR | FOOD | FIGHT HUNGER |
| ST. JUDE CATHOLIC CHURCH 92-455 MAKAKILO DR. KAPOLEI, HI 96707 | 99-0222900 | 501(C)(3) | 0. | 530,431. | APR | FOOD | FIGHT HUNGER |
| ST. MARK LUTHERAN CHURCH 45-725 KAMEHAMEHA HWY. KANEOHE, HI 96744 | 99-0090474 | 501(C)(3) | 0. | 6,828. | APR | FOOD | FIGHT HUNGER |
| ST. MATTHEW'S EPISCOPAL CHURCH P.O. BOX 70 WAIMANALO, HI 96795 | 99-0073522 | 501(C)(3) | 0. | 54,499. | APR | FOOD | FIGHT HUNGER |
| ST. MICHAEL'S OUTREACH 67-390 GOODALE AVE. WAIALUA, HI 96791 | 99-0222900 | 501(C)(3) | 0. | 5,404. | APR | FOOD | FIGHT HUNGER |
| ST. PIUS X PARISH 2821 LOWREY AVE. HONOLULU, HI 96822 | 99-0222900 | 501(C)(3) | 0. | 123,935. | 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. RITA'S CHURCH 89-318 FARRINGTON HIGHWAY WAIANA, HI 96792 | 99-0222900 | 501(C)(3) | 0. | 34,365. | APR | FOOD | FIGHT HUNGER |
| ST. STEPHEN'S EPISCOPAL CHURCH 1679 CALIFORNIA AVENUE WAHIWA, HI 96786 | 99-0073522 | 501(C)(3) | 0. | 710,686. | APR | FOOD | FIGHT HUNGER |
| ST. TIMOTHY'S EPISCOPAL CHURCH 98-939 MOANALUA RD. AIEA, HI 96701 | 99-0073522 | 501(C)(3) | 0. | 83,008. | APR | FOOD | FIGHT HUNGER |
| ST. WILLIAM CHURCH 5021 A KAWAIHAU ROAD KAPAA, HI 96746 | 53-0196617 | 501(C)(3) | 0. | 234,118. | APR | FOOD | FIGHT HUNGER |
| STS. PETER AND PAUL CHURCH 800 KAHEKA STREET HONOLULU, HI 96814 | 99-0222900 | 501(C)(3) | 0. | 229,937. | APR | FOOD | FIGHT HUNGER |
| SU GRAN ALABANZA 775 MCCULLY STREET HONOLULU, HI 96826 | 99-0319851 | 501(C)(3) | 0. | 41,419. | APR | FOOD | FIGHT HUNGER |
| SUNSET BEACH CHRISTIAN CHURCH 59-578 KAMEHAMEHA HWY. HALEIWA, HI 96712 | 20-1206338 | 501(C)(3) | 750. | 71,389. | APR | FOOD | FIGHT HUNGER |
| SURFING THE NATIONS P.O. BOX 860366 WAHIWA, HI 96786 | 20-0245026 | 501(C)(3) | 0. | 523,516. | APR | FOOD | FIGHT HUNGER |
| SUSANNAH WESLEY COMMUNITY CENTER 1117 KAILI ST. HONOLULU, HI 96819 | 99-0073528 | 501(C)(3) | 0. | 183,760. | 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 PANTRY BY FEEDING HAWAII TOGETHER - 2522 ROSE ST. - HONOLULU, HI 96819 | 47-0901806 | 501(C)(3) | 3,000. | 1,850,035. | APR | FOOD | FIGHT HUNGER |
| THE PARISH OF ST. CLEMENT'S EPISCOPAL CHURCH - 1515 WILDER AVE. - HONOLULU, HI 96822 | 99-0073522 | 501(C)(3) | 0. | 108,652. | APR | FOOD | FIGHT HUNGER |
| THE RADICAL HALE 1050 QUEENS STREET HONOLULU, HI 96814 | 86-1209035 | 501(C)(3) | 0. | 115,935. | APR | FOOD | FIGHT HUNGER |
| THE SALVATION ARMY 2950 MANOA ROAD HONOLULU, HI 96822 | 99-0082003 | 501(C)(3) | 0. | 430,820. | APR | FOOD | FIGHT HUNGER |
| TRINITY MISSIONARY BAPTIST CHURCH P.O. BOX 31182 HONOLULU, HI 96820 | 99-0152496 | 501(C)(3) | 0. | 71,090. | APR | FOOD | FIGHT HUNGER |
| UNITED STATES VETERAN INITIATIVE (U.S. VETS) WAIANAE - 800 WEST 6TH STREET - LOS ANGELES, CA 90017 | 95-4382752 | 501(C)(3) | 0. | 24,716. | APR | FOOD | FIGHT HUNGER |
| VOICE OF GOD MINISTRIES P.O. BOX 296 HALEIWA, HI 96712 | 80-0877885 | 501(C)(3) | 240. | 253,389. | APR | FOOD | FIGHT HUNGER |
| WAHIAWA 7TH DAY ADVENTIST CHURCH 1313 CALIFORNIA AVE. WAHIAWA, HI 96786 | 99-0203417 | 501(C)(3) | 0. | 129,552. | APR | FOOD | FIGHT HUNGER |
| WAHIAWA FRESHWATER PARK 2611 KILIHOU STREET HONOLULU, HI 96819 | 99-0220699 | 501(C)(3) | 0. | 95,323. | 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 BAPTIST CHURCH 85-131 ALA HEMA ST WAIANAE, HI 96792 | 99-0104101 | 501(C)(3) | 3,250. | 634,812. | APR | FOOD | FIGHT HUNGER |
| WAIANAE COAST COMPREHENSIVE HEALTH CENTER (MALAMA RECOVERY SERVICES) - 86-260 FARRINGTON HIGHWAY - WAIANAE, HI 96792 | 99-0148164 | 501(C)(3) | 0. | 13,882. | APR | FOOD | FIGHT HUNGER |
| WAIANAE WAGS 85-786 FARRINGTON HWY WAIANAE, HI 96792 | 85-2745799 | 501(C)(3) | 0. | 17,133. | APR | FOOD | FIGHT HUNGER |
| WAIKIKI COMMUNITY CENTER 310 PAOKALANI AVE. HONOLULU, HI 96815 | 99-0179392 | 501(C)(3) | 0. | 79,044. | APR | FOOD | FIGHT HUNGER |
| WAIMEA CANYON MIDDLE SCHOOL 4241 HANAHAO PLACE, STE 101 LIHUE, HI 96766 | 99-0220699 | 501(C)(3) | 0. | 6,697. | APR | FOOD | FIGHT HUNGER |
| WAIMEA HIGH SCHOOL 4241 HANAHAO PLACE, STE 101 LIHUE, HI 96766 | 99-0220699 | 501(C)(3) | 0. | 6,683. | APR | FOOD | FIGHT HUNGER |
| WAIMEA HUAKA'I PO BOX 760 WAIMEA, HI 96796 | 99-0112851 | 501(C)(3) | 0. | 6,681. | APR | FOOD | FIGHT HUNGER |
| WAIPAHAU SEVENTH-DAY ADVENTIST P.O. BOX 970205 WAIPAHAU, HI 96797 | 99-0280531 | 501(C)(3) | 0. | 21,021. | APR | FOOD | FIGHT HUNGER |
| WESTSIDE CHRISTIAN CENTER 8041 KEKAHA RD KEKAHA, HI 96752 | 99-6006405 | 501(C)(3) | 3,000. | 123,729. | 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 |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| WOMEN IN NEED 3136 ELUA STREET LIHUE, HI 96766 | 94-3266305 | 501(C)(3) | 0. | 17,145. | APR | FOOD | FIGHT HUNGER |
| YMCA OF HONOLULU- MILILANI BRANCH 95-1190 HIKIKIKAULIA ST MILILANI, HI 96789 | 99-0073533 | 501(C)(3) | 0. | 26,155. | APR | FOOD | FIGHT HUNGER |
| YOUTH WITH A MISSION (YWAM) 2707 HIPAWAI PL HONOLULU, HI 96822 | 99-0310825 | 501(C)(3) | 0. | 31,857. | APR | FOOD | FIGHT HUNGER |
| YWCA OF KAUAI 3094 ELUA STREET LIHUE, HI 96766 | 99-0073504 | 501(C)(3) | 0. | 7,600. | APR | FOOD | FIGHT HUNGER |
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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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
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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)**

(Rev. December 2024)
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

Open to Public
Inspection

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

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|----------|
| 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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 | 1b | |
| 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? | 2 | |
| 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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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? | 4a | X |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | X |
| 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? | 5a | X |
| b Any related organization? | 5b | X |
| 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? | 6a | X |
| b Any related organization? | 6b | X |
| 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 | 7 | X |
| 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 | 8 | X |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

Schedule J (Form 990) (Rev. 12-2024)

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) | 336,546. | 47,983. | 7,620. | 8,428. | 28,551. | 429,128. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) CURTIS LEONG VICE PRESIDENT/CFO | (i) | 171,114. | 2,000. | 0. | 5,073. | 18,603. | 196,790. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) LAURA KAY RAND FORMER VICE PRESIDENT/CHIEF IMPACT O | (i) | 153,708. | 2,000. | 0. | 4,551. | 16,688. | 176,947. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) JOHN KLOSTERMAN VICE PRESIDENT/CHIEF OPERATIONS OFFI | (i) | 150,811. | 2,000. | 0. | 4,464. | 16,205. | 173,480. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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 | 18 | 178,611. | 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 | 15288786 | 28,982,427. | 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 | 27 | 45,353. | 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 on 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) 2024

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):

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)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

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 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:

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

For calendar year 2024 or other tax year beginning JUL 1, 2024, and ending JUN 30, 2025

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 an 501(c)(3).

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

Header section A-F: Name of organization (HAWAII FOODBANK, INC.), Employer identification number (99-0220699), Exempt under section (501(c)(3)), Book value of all assets at end of year (48,237,977).

Header section G-L: Check organization type (501(c) corporation), Check if filing only to claim, Check if a 501(c)(3) organization filing a consolidated return, Enter the number of attached Schedules A (1), During the tax year, was the corporation a subsidiary, The books are in care of (CURTIS LEONG), Telephone number ((808) 836-3600).

Part I Total Unrelated Business Taxable Income table with 11 rows and 3 columns (line number, description, amount).

Part II Tax Computation table with 7 rows and 3 columns (line number, description, amount).

Part III Tax and Payments table with 4 main rows and sub-rows (1a-1d, 3a-3e) and 3 columns (line number, description, amount).

| Part III Tax and Payments <i>(continued)</i> | | | |
|---|--|-----------|----|
| 5 | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | 5 | 0. |
| 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 2025 estimated tax Refunded | 11 | |

| Part IV Statements Regarding Certain Activities and Other Information (see instructions) | | Yes | No |
|---|--|-----|----|
| 1 | At any time during the 2024 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 | | 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? | | 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.

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

Sign Here *Public Disclosure Copy* **PRESIDENT/CEO**
 Signature of officer _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **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 | 04/28/26 | | P00389596 |
| | Firm's name | Firm's address | | Firm's EIN | Phone no. |
| | CW ASSOCIATES, CPAS | 700 BISHOP STREET, SUITE 1040 HONOLULU, HI 96813 | | 26-1659234 | 808-531-1040 |

**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

2024

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

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

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 _____
 B _____
 C _____
 D _____

| | A | B | C | D |
|---|----|---|---|---|
| 2 Rent received or accrued | | | | |
| 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 _____
 B _____
 C _____
 D _____

| | A | B | C | D |
|---|----|---|---|---|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 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)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 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. Includes sub-sections for Exempt and Nonexempt Controlled Organizations and a Totals row.

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

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Includes a Totals row.

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

Table with 7 rows: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to income entered on line 5, 7. Excess exempt expenses.

