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July 30, 2021

Inland Empire Community Foundation
S.L. Gimbel Foundation Fund
3700 Sixth Street, S. 200
Riverside, CA 92501

Hawaii Foodbank's mission is to ensure that no one in Hawaii goes hungry. Hawaii Foodbank and its network of more than 200 partner agencies help feed 1 in 6 people in Hawaii who are at risk of hunger, including more than including keiki, kupuna, disabled individuals, the elderly, homeless/houseless, low-income families, working poor, underemployed/unemployed, veterans, as well as people struggling with alcohol, substance and/or domestic violence abuse.

Hawaii Foodbank is Hawaii's leading hunger-relief organization and is a trusted and established resource for those in need of perishable and non-perishable food items. In FY20, the generosity of our community partners, supporters, local businesses, volunteers and many others made it possible for Hawaii Foodbank to distribute more than 16.7 million pounds of food on Oahu and more than 1.6 million pounds of food on Kauai for a total distribution of more than 18.3 million pounds of food, including 4 million pounds of fresh produce to nourish those in need of food assistance.

Hawaii Foodbank respectfully requests $100,000 from the S.L. Gimbel Foundation Fund in support of our Food Purchase program. Funds will be used to purchase perishable and non-perishable food, including fresh produce and culturally relevant food familiar to Hawaii's multi-cultural and multi-ethnic populations that will support those in need of food assistance as Hawaii's economy and communities recovery from the impact of the pandemic.

If you have any questions or would like additional information, please do not hesitate to contact me. We are deeply grateful for your invitation to apply for this grant and your consideration of our request.

Sincerely,

Laura Kay Rand
Vice President & Chief Impact Officer

Enclosures
1) Grant Application
2) Hawaii Foodbank FY22 Budget & Budget Comparison
2) Part IX of 990 form – Hawaii Foodbank
3) Copy of most recent final report (July 2020)
4) IRS Determination Letter
5) Hawaii Foodbank 990 Form (Full)
6) FY20 Financial Audit (Separate PDF)

2021 S.L. Gimbel Foundation COVID19 Large Food Grant Application

Maximum Request: $100,000

Internal Use Only:
Grant :

Organization / Agency Information

1)Organization/Agency Name: *Hawaii Foodbank*		
2)Physical Address: 2611 Kilihau Street		***City/State/Zip*** Honolulu, HI 96789
3)Mailing Address: 2611 Kilihau Street		***City/State/Zip*** Honolulu, HI 96789
4)CEO or Director: Amy Marvin		***Title:*** President & Chief Executive Officer
5)Phone: (808) 954-7880	***6)Fax:***	***7)Email:*** amy@hawaiifoodbank.org
8)Contact Person: Laura Kay Rand		***Title:*** Vice President & Chief Impact Officer
9)Phone: (808) 954-7857	***10)Fax:***	***11)Email:*** lkrand@hawaiifoodbank.org
12)Web Site Address: www.hawaiifoodbank.org		***13)Tax ID:*** 99-0220699

Program / Grant Information

Interest Area:

14)Program/Project Name: Food Purchase			***15)Amount of Grant Requested:*** $100,000.00
16)Total Organization Budget: $12,399,944.00	***17)Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100):*** *95%*	***18)Per 990, Percentage of Management & General Expenses Only (Column C / Column A x 100):*** *3%*	***19)Per 990, Percentage of Management & General Expenses and Fundraising (Column C+D / Column A x 100):*** *5%*
20)Purpose of Grant Request (one sentence): To ensure that no one in Hawaii goes hungry.			
21)Program Start Date (Month and Year): ~~*July 2021*~~ **November 2021**		***22)Program End Date (Month and Year):*** *June 2022*	
23)Gimbel Grants Received: List Year(s) and Award Amount(s) *2019 - $15,000.00*			

Signatures

24)Board President / Chair: (Print name and Title) David Herndon Board Chair	***Signature:***	***Date:*** 7/30/2021
25)Executive Director/President: (Print name and Title) Laura Kay Rand Vice President & Chief Impact Officer	***Signature:***	***Date:*** 7/30/2021

2021 S.L. Gimbel Foundation Fund APPLICATION Narrative

Please provide the following information by answering **ALL** questions (I to IV), **12 Font, One Inch Margins.** Use the format below (I to IV). Type your complete answers to the question directly below the question. Please do not delete the questions/instructions/examples and provide clear, specific, and concise answers.

I. Organization Background

A) What are the history, mission and/or purpose of your organization?

Hawaii Foodbank sees the people of Hawaii as one ohana (family). Hawaii Foodbank provides food so that no one in our family goes hungry. We work to gather food and support from our communities. We then distribute food through charitable agencies to those in need. Our mission is from the heart, and we will fulfill our mission with integrity, humanity, and aloha.

B) How long has the organization been providing programs and services to the community?

Launched by John White in 1983, Hawaii Foodbank has been providing food assistance to the residents of Hawaii for 38 years. We provide food through our direct program services and through our network of more than 200 partner agencies on Oahu and Kauai.

C) What are some of your past organizational accomplishments (last three years)?

Hawaii Foodbank has provided food assistance to Hawaii residents in need through our daily direct programs, our network of partner agencies, during natural disasters and other emergencies. Hawaii Foodbank maintains relationships with nearly 300 food growers, manufacturers and other community donors who support our work year after year through food and monetary donations.

In fiscal year 2020, Hawaii Foodbank distributed more than 16.7 million pounds of food on Oahu and more than 1.6 million pounds of food on Kauai for a total distribution of more than 18.3 million pounds of food to help those in need of food assistance, including 4 million pounds of fresh produce. Hawaii Foodbank is an even more critical resource during times of crisis in Hawaii, such as the COVID-19 pandemic. Since the first positive case of COVID-19 in Hawaii in March 2020, Hawaii Foodbank met this community need, providing food for more than 23 million meals – increasing food distribution by more than 100 percent.

Hawaii Foodbank has 64 full-time and two on-call staff members statewide that work alongside our strong board of directors. Last year we had 8,114 volunteers on Oahu and 348 volunteers on Kauai, who provided 34,973 hours of assistance. Hawaii Foodbank strives to keep administrative and fundraising costs low. The organizational model enables nearly 95% of all expenses to be used directly for program support.

Hawaii Foodbank is Hawaii's leading hunger relief organization and is a trusted and established resource for those in need of perishable and non-perishable food items. Over the past three years, Hawaii Foodbank strengthened its commitment to provide healthier foods. For the 11th

consecutive year, Hawaii Foodbank has attained Charity Navigator's coveted 4-star rating for demonstrating strong financial health and commitment to accountability and transparency. This is Charity Navigator's highest possible rating and indicates Hawaii Foodbank exceeds industry standard and outperforms most charities in our area of work. Only 2% of the 1.5 million American charities that Charity Navigator evaluates have received at least 10 consecutive 4-star evaluations.

II. Project Information:

A) Statement of Need

Specify the community need(s) you want to address and are seeking funds for.
Include demographics, geographic characteristics of the area or community to be served, community conditions and income level. Include relevant statistics.

Before the start of the COVID-19 pandemic in Hawaii in March 2020, food insecurity national levels were the lowest in 20 years, yet 1 in 8 Hawaii residents still lived in a food-insecure household. The COVID-19 virus has erased the progress made with food insecurity and it will take years to overcome. Unemployment in Hawaii remains among the highest in the nation because of economic shutdown and restrictions during the pandemic, and 1 in 6 residents will likely struggle with hunger this year, including more than 81,000 children. People are paying higher prices for their groceries, including a nearly 50-year record rise in food costs in April 2021. This makes it harder for people and families dealing with job and income losses to afford food (DOL Bureau of Labor Statistics Consumer Price Index).

Food insecurity can cause inadequate nutrition, fatigue and chronic stress that contribute to poor physical health and exacerbate chronic disease; can lead to socio-emotional and behavioral problems; diminish a person's ability to perform work; and are especially harmful to childhood/youth development and school readiness.

Food insecurity is a significant problem for individuals and families in Hawaii, especially among children. The most recent estimates from Feeding America show that in 2019, 10.5% of Oahu residents and 9.8% of Kauai residents faced food insecurity. The rate among children was a staggering 16.1% or 33,710 children on Oahu and 15.5% or 2,450 children on Kauai. Moreover, in 2018, 32% of households in Honolulu County were considered ALICE – Asset Limited, Income Constrained, Employed – meaning they earn above the Federal Poverty level, but not enough to afford basic necessities such as food, housing, child care, transportation, and health care. An additional 8% of Oahu households were impoverished (Data from Aloha United Way's ALICE project 2020).

A grant from the S.L. Gimbel Foundation Fund will be used to purchase perishable and non-perishable items, including fresh produce and culturally relevant food that are well-known and recognizable food choices for Hawaii's multi-cultural and multi-ethnic populations. Purchased food will be distributed through more than 200 of Hawaii Foodbank's partner agencies and 30 Ohana Produce Plus programs on Oahu and Kauai. Hawaii Foodbank's Food Purchase program will ensure balanced meals and dietary variety among the 1 in 6 residents including children, disabled individuals, the elderly, homeless/houseless, low-income families, working poor,

underemployed/unemployed, veterans, as well as people struggling with alcohol, substance and/or domestic violence abuse on Oahu and Kauai.

B) Project Description

Describe your food distribution program.

1. What are the specific activities of the food program?

Hawaii Foodbank provides food assistance to 1 in 6 Hawaii residents, including children, the elderly living on fixed incomes, low-income families, the working poor, under/unemployed, homeless/houseless, disabled individuals, veterans, as well as victims of domestic violence abuse and those recovering from addiction. We purchase, collect, inspect, sort, and distribute food with the help of a network of more than 200 partner agencies that operate food pantries, soup kitchens, and other vital social services for our most vulnerable and underprivileged residents. Hawaii Foodbank also directly distributes food through its own programs, such as our Ohana Produce Plus program. We also provide critical emergency food relief following several natural disasters and emergency crisis, such as the ongoing COVID-19 pandemic.

2. How do you identify/qualify those in need?

Hawaii Foodbank distributes food island-wide at key locations across of Oahu and Kauai to reach communities of disproportionately affected residents. Hawaii Foodbank does not collect demographic and financial information from recipients. We serve everyone who attends a food distribution and is in need of food assistance.

3. How often is the food distribution offered (before COVID and now)?

The COVID-19 pandemic caused some of our partner agencies to temporarily close or reduce its service hours. Hawaii Foodbank worked with its partner agencies that were open during the pandemic to tailor its days and hours for food distribution to be able to serve the most amount of people in need of food assistance. Currently, Hawaii Foodbank and its network of more than 200 partner agencies distributes food multiple times a week each month.

4. How many people will be served by the food distribution program (children, youth, adults, seniors) that is being considered for the Gimbel Foundation request and the total program?

Hawaii Foodbank will serve 1 in 6 Hawaii residents, including more than 81,000 keiki in need of food assistance.

5. Please explain how you keep track of number of people served.

Partner agencies report the number of people served each month to Hawaii Foodbank by using the Hawaii Foodbank Partner Agency Month Activity Report. Our staff compiles the numerical data from the reports and assess Hawaii Foodbank's results. We will also collect and review anecdotal evidence from one-to-one feedback shared community members and through surveys.

C) Project Goal, Objectives, Activities and Expected Outcomes

1. **Note: Objective, Outcomes and Evaluation must all be based on the SAME QUANTIFIABLE CRITERIA (for example, "number served). This quantifiable criteria should refer to the grant amount you are requesting from the Gimbel Foundation only and not the total program.**

State ONE GOAL, ONE OBJECTIVE, ONE OUTCOME. USE NUMBERS AND PLEASE DO NOT USE PERCENTAGES.

2. **State ONE project goal. The Goal should be an aspirational statement, a broad statement of purpose for the project.**
   Example: GOAL: House all homeless youth ages 18-24 in Mariposa County who are physically, mentally and legally able to work within 24 hours and help them become sufficient in 90 days.
3. State **One Objective**. The Objective should be specific, measurable, verifiable, action-oriented, realistic, and time-specific statement intended to guide your organization's activities toward achieving the goal.
   Example: OBJECTIVE: House up to 145 homeless youth referred or who contact us within 24 hours.
   Specify the activities you will undertake to meet the objective and number of participants for each activity.
   Example: ACTIVITIES:
   1. For each of 145 youth identified, develop a case management file.
   2. Create a 90 day sufficiency action plan for each of the 145 youth.
   3. Input weekly progress reports for each of the 145 youth.

4. **State One Outcome.** An outcome is the individual, organizational or community-level change that can reasonably occur during the grant period as a result of the proposed activities or services. What is the key anticipated outcome of the project and impact on participants? State in quantifiable and verifiable terms.
   Example: OUTCOME: We expect to provide rapid rehousing to over 145 homeless youth in 2020.

5. **Evaluation:** How will progress towards the objective (per above) be tracked and outcome measured? State the number of people that will be evaluated per the objective.
   Provide specific information on how you will collect relevant data and statistics that meet your objective and validate your expected outcome, in a quantifiable manner, as you describe your evaluation process.
   Example: EVALUATION: Using Build Futures' Salesforce data base client management and tracking system, generate reports on the number of clients served and housed. Track our role in housing 145 homeless youth. Account for additional successes or lower numbers of youth in the program.

BELOW IS AN EXAMPLE OF GOAL, OBJECTIVE, OUTCOME AND EVALUATION:

Objective, Outcome and Evaluation should align and should be written in a linear format, using actual numbers, and data that are quantifiable, and verifiable. Do not use percentages)

STATE THE GOAL, OBJECTIVES, AND OUTCOMES

GOAL: House all homeless youth ages 18-24 in Mariposa County who are physically, mentally and legally able to work within 24 hours and help them become sufficient in 90 days.

OBJECTIVE: House up to 145 homeless youth referred or who contact us within 24 hours.

ACTIVITIES:

1. For each of 145 youth identified, develop a case management file.

2. Create a 90 day sufficiency action plan for each of the 145 youth.

3. Input weekly progress reports for each of the 145 youth.

OUTCOME: We expect to provide rapid rehousing to over 145 homeless youth in 2020.

EVALUATION: Using Build Futures' Salesforce data base client management and tracking system, generate reports on the number of clients served and housed. Track our role in housing 145 youth. Account for additional successes or lower numbers of youth in the program.

Use the following format for your objectives, respective activities and expected outcomes:

PLACE YOUR RESPONSE HERE

GOAL: Hawaii Foodbank will purchase perishable and/or non-perishable food, including fresh produce and culturally relevant food that are well-known and recognizable food choices for Hawaii's multi-cultural and multi-ethnic populations.

OBJECTIVE: With a grant of $100,000 from the S.L. Gimbel Foundation Fund, Hawaii Foodbank anticipates to be able to purchase food for about 215,000 meals or nearly 39,000 pounds of perishable and/or non-perishable food, including fresh produce and culturally relevant food.

ACTIVITIES:

1. Items purchased with the grant funds will be weighed upon being received at Hawaii Foodbank's Honolulu warehouse.
2. Items purchased will be distributed through Hawaii Foodbank's network of partner agencies providing food pantry outreach and Ohana Produce Plus program sites.
3. Hawaii Foodbank will collect and review the Partner Agency Month Activity Report each month to track the number of students that has been served through the program and to determine the number of people impacted by the grant funding.

OUTCOME: Hawaii Foodbank anticipates to distribute food for about 215,000 meals or nearly 39,000 pounds of perishable and/or non-perishable food, including fresh produce and culturally relevant food to those in need of food assistance on Oahu & Kauai.

EVALUATION: Hawaii Foodbank will use the Hawaii Foodbank Partner Agency Monthly Activity Report that our partner agencies submit to us each month to track the distribution of about 215,000 meals or nearly 39,000 pounds of perishable and/or non-perishable food. Our staff will compile the numerical data from the monthly reports and assess client feedback by collecting and reviewing anecdotal evidence.

D) Timeline

Provide a timeline for implementing the project. The start date and end date should be the same dates on the cover page.

The project start date is:
~~August 2021~~ **November 2021**
The project start date has been corrected on the cover page and on this page to match.

The project end date is:
June 2022

Include timeframes for specific activities, as appropriate.

E) Target Population

1. Who will this grant serve?

The grant will serve those in need of food assistance on Oahu & Kauai, including children, disabled individuals, the elderly, homeless/houseless, low-income families, working poor, underemployed/unemployed, veterans, as well as people struggling with alcohol, substance and/or domestic violence abuse.

2. How many people will be impacted? Provide a breakdown: Number of Children, Youth, Adults, Seniors.

Hawaii Foodbank expects to serve more than 50,000 people, including children, youth, adults, and seniors.

F) Community Partners

1. How does this program relate to other existing projects in the community?

Hawaii Foodbank's mission is to ensure that no one in Hawaii goes hungry. While Hawaii Foodbank receives donations ranging from food to household goods, we only distribute food through our direct program services. We also distribute to everyone in need of food assistance regardless of his or her demographics and financial status. Other agencies, such as our network of more than 200 partner agencies in the community have similar activities but may serve a specific group of people in need. With the non-food donations that we receive, we identify our partner agencies that also distribute non-food items and give it to them to distribute to their recipients in need through similar services.

2. Who are your key community partners? Provide a brief description of each key partner and their role(s) in this program.

Hawaii Foodbank partners with more than 200 agencies on Oahu and Kauai. Partner agencies are able to make an appointment to visit Hawaii Foodbank's warehouse to select perishable and non-perishable food to use in their pantries and soup kitchens, and to distribute at their food distributions to those in need.

Hawaii Foodbank also partners with Hawaii Farm Bureau, which gives Hawaii Foodbank access to purchase locally grown fresh produce directly from local farmers. It also allows Hawaii Foodbank to support our local farmers, contribute to a sustainable agriculture in Hawaii, and alleviates shipping costs and delays.

In the past, American Heart Association and Hawaii Foodbank has partnered on a public information campaign encouraging foodbank partner agencies and their clients to choose healthier foods. UnitedHealthCare, the nation's largest health insurance company, partnered with Hawaii Foodbank to examine the relationship between hunger and increased visits to community health centers by low-income Hawaii residents.

3. How are you utilizing volunteers?

Volunteer opportunities are offered throughout Hawaii Foodbank's warehouse during the morning or afternoon shift to help with sorting through dry goods and produce in our warehouse. Volunteers are also utilized at food distributions to pack and distribute food to those in need of food assistance.

The COVID-19 pandemic also changed the way we operate within our warehouse and at food distributions. We have implemented physical distancing and low contact processes with our recipients. All employees, staff, food partner agencies, volunteers and visitors are screened for any COVID-19 symptoms, and the temperature of each individual is taken daily upon entering the warehouse daily. We provide personal protective equipment (PPE) to our staff, volunteers and partners and require the use of masks and gloves at all distributions and packing. All staff and volunteer wear masks, practice safe sanitation and stay six feet away from each other.

G) Use of Grant Funds

How will you use the grant funds? This answer should align with the specific activities previously outlined in C) Project Goal, Objectives, Activities and Expected Outcomes

Hawaii Foodbank respectfully requests $100,000 from the S.L. Gimbel Foundation Fund in support of the Food Purchase program on Oahu and Kauai. All of the grant funds received by S.L. Gimbel Foundation Fund will defray the cost of purchasing perishable and/or non-perishable food, including fresh produce and culturally relevant food. No grant funds are requested for administrative costs. An expenditure report, invoices, and receipts can be provided to account for the grant funds.

III. Project Future

A) Sustainability

Explain how you will support this project after the grant performance period. Include plans for fundraising or increasing financial support designated for the project.

Hawaii Foodbank conducts year-round fundraising to purchase food and we have successfully secured grant funding for the program from corporations, foundations, and individuals as well as

in-kind support in the form of food donations.

If sufficient grant funds are not raised, Hawaii Foodbank will fund the program to the extent possible through unrestricted revenues. Hawaii Foodbank staff and advisory board members work continuously to identify and evaluate potential sources of financial and food support.

Beyond the grant period, we will continue to encourage both monetary and food donations through canned food drives and from individuals, food manufacturers and retailers, Feeding America, and other sources. Moreover, Hawaii Foodbank strives to keep administrative costs low. Our organizational model enables nearly 95% of all expenses to be used directly for program support.

IV. Governance, Executive Leadership and Key Personnel/Staff Qualifications

A) Governance

1. Describe your board of directors and the role it plays in the organization.

Hawaii Foodbank's Board of Directors has fiduciary responsibility to provide the governance and strategic direction for the organization. The Board is made up of a wide variety of professional and community leaders who are dedicated to Hawaii Foodbank's mission to ensure that no one in Hawaii goes hungry. The board meets regularly throughout the year to review the organization's activities, reports and audits.

2. What committees exist within your board of directors?

- Executive Committee made up of the board officers (Chair, First Vice Chair, Second Vice Chair, Treasurer, Secretary), and the President & CEO
- Finance Committee, chaired by the Treasurer and including three additional board members, and the President & CEO and the VP & Chief Financial Officer. Also serves as the Audit Committee.
- Nominating Committee – currently being formulated
- Development Committee – currently being formulated

3. How does the board of directors make decisions?

The Board of Directors meets quarterly, with the Executive Committee meeting more frequently. The Board meeting agendas are sent in advance and include reports from all of Hawaii Foodbank's functional areas. The Board also reviews the financial reports and audits. Decisions are made by vote with quorum requirements as determined in the Bylaws and following Robert's Rules of Order. Although meetings have traditionally been held in-person, during this COVID-19 season, meetings have been held via Zoom.

B) Management

1. Describe the qualifications of key personnel/staff responsible for the project.

Laura Kay Rand, Vice President & Chief Impact Officer: With nearly 30 years of nonprofit leadership experience as a team member and consultant, Laura Kay Rand joined Hawaii Foodbank in December 2016. She is responsible for the Foodbank's programs and services, including its food partner agencies network, contract and grants management, fund development, marketing, and volunteer services. Prior to her position with Hawaii Foodbank, she served on the executive leadership teams at Goodwill Hawaii and Kroc Center Hawaii and served Hawaii's nonprofit sector through consulting work. She received her Masters of Business Administration degree from the Shidler College of Business and Bachelor's degree in Psychology from the University of Hawaii at Manoa.

Lillian Rodolfich, Vice President & Chief Financial Officer: Bringing with her over 30 years of experience in managing accounting and financial operations management, Lillian Rodolfich joined the Hawaii Foodbank in November 2018. She is responsible for financial management, internal controls, cost analysis, financial planning, cash management, investments, taxes and auditing. She has worked for a variety of organizations, including nonprofits like Catholic Charities Hawaii, SEC –traded companies, real estate companies, and an air cargo operation. Mrs. Rodolfich received her Executive Masters of Business Administration degree and Bachelor of Business Administration from the University of Hawaii at Manoa.

Kim Bartenstein, Director of Mission and Quality Assurance: Kim Bartenstein has worked for Hawaii Foodbank since 2002 and leads its Agency Relations team, working with the partner agency network. Kim is responsible for directing Foodbank programs, such as Ohana Produce Plus, Food 4 Keiki featuring School Pantries and Feeding Our Future, and administering grant-funded programs that provide supplemental food boxes for seniors, farmers' market vouchers for low-income seniors, and supplemental and emergency food for low-income individuals and families.

Wesley Perreira, Kauai Branch Director - Wes has been with the Hawaii Foodbank for nine years and previously worked for 18 years in law enforcement, with positions in patrol, investigative services, and administration. He has an Associate's Degree in Business Administration from the University of Hawaii at Hilo. His responsibilities include manage daily operations, build and maintain relationships with Kauai retail food donors, schedule donation pickups for food donors island wide, operate Foodbank vehicles and warehouse equipment, maintain warehouse facility, vehicles and equipment, and supervise Hawaii Foodbank Kauai driver(s) .

Michelle Panoke, Kauai Agency & Administrative Manager - Michelle has been with the Hawaii Foodbank for nine years and has more than two decades of previous work experience in the hospitality and restaurant management industries. She is responsible for recruiting and advising new and current member agencies and volunteers; scheduling monthly community food distributions with participating agencies; monitoring agency programs, facilities and use of Foodbank products; maintains agency files and database; works with the community to raise food and monetary donations; supervises the Hawaii Foodbank - Kauai Office & Warehouse Assistant and more.

Other Hawaii Foodbank Kauai staff critical to delivery of the Food Purchase program include:

Chyenne Beach, Community Development Specialist
Malia Banquel, Warehouse Supervisor

2. What is the CEO/President/Executive Director Salary?

The President and Chief Executive Officer receives a salary between $150,000 - $200,000.

S.L. Gimbel Foundation Fund
Food Grant Application

III. Project Budget SAMPLE

Project Budget and Narrative (Do not delete these instructions on your completed form).
Please provide a detailed line-item budget for your project by completing the budget form below. **The maximum requested amount is $100,000 or 25% of your operating budget, whichever is less.** Delineate your line items requests per examples below:

- 90% of total request for the purchase of food items only. (Ex. Total request of $100,000; 90% is $90,000 for food)
- 10% of total request for transportation **OR for coordination** (Ex. Total request of $100,000; 10% is $10,000 for transportation
- Canned tuna will not be funded.

Food items must be delineated (i.e. canned vegetables, soup, pasta, dried beans, rice, etc.). For each food item, indicate the cost per unit (pound, carton, case, etc.) and the quantity. See attached example.

As an example of how $100,000 in funding would be used, we took a sampling of produce (farm-direct and culturally relevant) invoices purchased over 2 - 3 months. This is representative only of what the funds would be used for. The specific items that may be purchased will be based on what is available and/or what is in season during the time of purchase.

Line Item	Line Item Description	Requested Amount
Apple Banana	~ avg. $0.86/pound, approx. 2,164 pounds	$1,861.05
Bananas	~avg. $0.67/pound, approx. 8,732 pounds	$5,850.78
Bell Peppers	~ avg. $0.89/pound, approx. 5,977 pounds	$ 5,320.00
Cabbage	~ avg. $0.45/pound, approx. 10,450 pounds	$4,702.50
Cherry & Grape Tomatoes	~ avg. $2.24/pound, approx. 1,071 pounds	$2,400.00
Cherry Tomatoes Clamshell	~ avg. $1.98/pound, approx. 1,142 pounds	$2,261.28
Cucumber	~ avg. $0.68/pound, approx. 5,368 pounds	$3,650.40
Hapa Eggplant	~ avg. $1.51/pound, approx. 1,138 pounds	$1,718.55
Japanese Cucumber	~ avg. $1.00/pound, approx. 5,200 pounds	$5,200.00
Long Eggplant	~ avg. $1.88/pound, approx. 5,463 pounds	$10,271.35
Long Squash	~ avg. $1.67/pound, approx. 3,600 pounds	$6,012.50
Loose String Beans	~ avg. $2.60/pound, approx. 1,111 pounds	$2,889.38
Mustard Cabbage	~ avg. $0.86/pound, approx. 2,197 pounds	$1,890.00
Okinawan Sweet Potato	~ avg. $1.31/pound, approx. 2,072 pounds	$2,714.40
Papaya	~ avg. $0.77/pound, approx. 10,142 pounds	$7,809.78
Pineapples	~ avg. $0.56/pound, approx. 4,347 pounds	$2,434.55
Poi	~ avg. $4.30/pound, approx. 4,207 pounds	$18,090.00
Shanghai Pakchoy	~ avg. $0.82/pound, approx. 2,195 pounds	$1,800.00
Sweet Corn	~ avg. $1.01/pound, approx. 1,492 pounds	$1,507.50
Tomato	~ avg. $3.44/pound, approx. 457 pounds	$1,571.98
Tomato - Regular	~ avg. $1.00/pound, approx. 10,044 pounds	$10,044.00
TOTAL:		**$100,000**

2021 S.L. Gimbel Foundation APPLICATION

VI. Sources of Funding: Please list your current sources of funding and amounts.

Secured/Awarded

Name of Funder: Foundation, Corporation, Government	Amount
Honolulu City & County FY22 Grants-in-Aid	$200,000.00
Hawaii Community Foundation Ko'olau Pilina Fund	$15,000.00
Macy's Inc.	$1,000.00

Pending

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date
S.L. Gimbel Foundation Fund	$100,000.00	
Not Yet Foundation	$25,000.00	
Thomas & Sumie McCabe Foundation	$20,000.00	
Rosendin Foundation	$50,000.00	
Goodfellow Bros. Centennial	$50,000.00	

Diversity of Funding Sources: A financially healthy organization should have a diverse mix of funding sources. Complete those categories that apply to your organization using figures from your most recent fiscal year.

Funding Source	Amount	% of Total Revenue	Funding Source	Amount	% of Total Revenue
Contributions	$11,458,924	28%			
Fundraising/Special Events	$1,882,469	5%			
Corp/Foundation Grants	$6,206,608	15%			
Government Grants	$1,216,982	3%			

Notes:

S.L. Gimbel Foundation APPLICATION

VII. Financial Analysis

Agency Name: Hawaii Foodbank
Most Current Fiscal Year (Dates): From 07/01/2021 **To:** 06/30/2022

This section presents an overview of an applicant organization's financial health and will be reviewed along with the grant proposal. Provide all the information requested on your **entire organization.** Include any notes that may explain any extraordinary circumstances. Information should be taken from your most recent 990 and audit. **Double check your figures**!

Form 990, Part IX: Statement of Functional Expenses
(This should be your recently filed Form 990 and should not be more than 2 years old)

1) Transfer the totals for each of the columns, Line 25- Total functional expenses (page 10)

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
$45,979,505	$43,594,897	$1,262,546	$1,122,062

2) Calculate the percentages of Columns B, C, and D, over A (per totals above)

- Program services (B) – A general rule is that at least 75% of total expenses should be used to support programs
- Management & general administration (C) – A general rule is that no more than 15% of total expenses should be used for management & general expenses
- Fundraising (D) – A general rule is that no more than 10% of total expenses should be used for fundraising

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
	Columns B / A x 100	Columns C / A x 100	Columns D / A x 100
Must equal 100%	95%	3%	2%

3) Calculate the difference between your CURRENT year budget for management & general expenses and your previous management & general expenses per your 990 (Column C)

Percentage of Organization's Current Total Budget used for Administration 34%	Column C, Management & general expenses per 990 above 3%	**Differential** 31%

If the differential is above (+) or below (-) **10%**, provide an explanation:

S.L. Gimbel Foundation Fund
Hawaii Foodbank Operating Budget Differential Explanation

Hawaii Foodbank has three large financial impacts hitting its FY22 budget, which has decreased our net income compared to previous years. In FY20 and FY21, Hawaii Foodbank faced the unprecedented challenge of providing food for 1 in 6 people, including more than 81,000 keiki and those affected by the COVID-19 pandemic. While we saw the need for food assistance rise, we also saw a decrease in food donations from retailers, manufacturers, growers, and community members. As the economy and communities are recovering from the impact of the pandemic, Hawaii Foodbank expects to continue to purchase food at an elevated rate to support those in need of food assistance, which has increased our budget for food purchase. In addition, Hawaii Foodbank has created new positions across the organization. As a result, our budget for salaries and wages has doubled compared to FY20, including payroll taxes and employee benefits.

S.L. Gimbel Foundation APPLICATION

Quick Ratio: Measures the level of liquidity and measures only current assets that can be quickly turned to cash. A generally standard Quick Ratio equals 1 or more.

Cash	**+ Accounts Receivables**	**/Current Liabilities**	**= Quick Ratio**
$6,149,183	$491,932	$1,710,566	3.88

Excess or Deficit for the Year:

Excess or (Deficit) Most recent fiscal year end	**Excess or (Deficit) Prior fiscal year end**
$3,545,411	$935,440

Notes:

VIII. EMAIL TWO PDF files to Gimbel@iegives.org

A. One PDF file of the following, #1 to #5 **B. Second PDF file of the following, #6 & #7**

#1	Completed Grant Application Form (cover sheet, narrative), budget page and budget narrative (see sample) and sources of funding, financial analysis page	#6	A copy of your most recent year-end financial statements (audited if available)
#2	Your current operating budget and the previous year's actual expenses (see sample Budget Comparison)	#7	A copy of your most recent 990. **Please make sure that the Form 990 you submit is no more than two (2) years old.**
#3	Part IX **only** of the 990 form, Statement of Functional Expenses (one page). **Please make sure that the Form 990 you submit is no more than two (2) years old.**		
#4	For past grantees, a copy of your most recent final report.		
#5	A copy of your current 501(c)(3) letter from the IRS		

SAMPLE Budget Comparison

	Actuals Most Recently Completed Year	Budget Projections Current Year	Variance
Income	**20____**	**20____**	
Individual Contributions	-	-	-
Corporate Contributions	-	-	-
Foundation Grants	-	-	-
Government Contributions	-	-	-
Other Earned Income	-	-	-
Other Unearned Income	-	-	-
Interest & Dividend Income	-	-	-
Total Income	-	-	-
Expenditures			
Personnel			
Salary CEO – Required	-	-	-
Staff Salary (total)	-	-	-
Payroll Taxes	-	-	-
Insurance - Workers' Comp	-	-	-
Insurance - Health	-	-	-
Payroll Services	-	-	-
Retirement	-	-	-
Total Personnel	-	-	-
General Program/Administrative			
Bank/Investment Fee	-	-	-
Publications	-	-	-
Conferences & Meetings	-	-	-
Mileage	-	-	-
Audit & Accounting	-	-	-
Program Consultants	-	-	-
Insurance Expense	-	-	-
Telephone Expense - Land Lines	-	-	-
DSL & Internet	-	-	-
Website	-	-	-
Office Supplies	-	-	-
Postage & Delivery	-	-	-
Printing & Copying	-	-	-
Miscellaneous	-	-	-
Total General Program/Administrative	-	-	-
Total Expenditures	-	-	-
Revenue Less Expense	-	-	-

S.L. Gimbel Foundation Fund
Food Grant Application

III. <u>Project Budget</u> SAMPLE
Project Budget and Narrative (Do not delete these instructions on your completed form).
Please provide a detailed line-item budget for your project by completing the budget form below.
The maximum requested amount is $100,000 <u>or 25% of your operating budget, whichever is less.</u> Delineate your line items requests per examples below:

- 90% of total request for the purchase of food items only. (Ex. Total request of $100,000; 90% is $90,000 for food)
- 10% of total request for transportation **<u>OR</u> for coordination** (Ex. Total request of $100,000; 10% is $10,000 for transportation
- Canned tuna will not be funded.

Food items must be delineated (i.e. canned vegetables, soup, pasta, dried beans, rice, etc.). <u>For each food item, indicate the cost per unit (pound, carton, case, etc</u>.) and the quantity. See attached example.

Line Item	Line Item Description	Requested Amount
Eggs	15 dz/case, **$12/case**, 400 cases	$ 4,800
Fresh Milk	½ gallon 1%, **$2/unit**, 19,600 units delivered	$39,200
Oil	12 32 oz case, **$23/case**, 400 cases	$ 9,200
Frozen Chicken Breast	75 ind. wrapped breasts/case, **$115/case**, 320 cases	$36,800
Coordination	10% of $100,000 total request	$10,000
TOTAL:		**$100,000**

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				
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				
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a					
b					
c					
d					
e	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24e				
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Hawaii Foodbank, Inc.
Operating Budget FY22

Income		
Foundation and grant revenue	$	454,000
Unsolicited donations		3,400,450
Event income		1,839,600
Online giving		2,031,000
Direct mail and newsletter		2,374,450
All other donations		1,356,623
Government programs		1,074,000
Shared maintenance charges		673,613
Donations and program income		13,203,736
Food contributions		22,500,000
Total revenues		35,703,736
Cost of Sales		
Food purchases		5,102,874
Food donations and distributions		18,900,000
Total cost of sales		24,002,874
Gross Profit		11,700,862
Expenses		
Salaries and wages		4,141,742
Payroll taxes and employee benefits		1,071,158
Professional fees		138,281
Merchant and investment fees		284,970
Event expense		220,085
Equipment, supplies and transportation		221,246
Printing and postage costs		310,589
Occupancy		449,644
Government program expense		885,540
Repairs and maintenance		181,782
Vehicle expense		310,072
Licenses, meetings and conferences		142,228
Volunteer expense		78,138
Restricted grant expense		1,259
Unrestricted and designated food purchases		3,183,470
Other expenses		25,902
Neighbor island support		50,000
General excise and use tax		216,000
Insurance expense		73,839
Depreciation expense		414,000
Total expense		12,399,944
Investment and other income		780,600
Net Income	$	81,517

Hawaii Foodbank, Inc
Income Statement - Comparative
For the 11 Months Ended May 31, 2021, FY21 Mid Year Forecast, and Prior YTD

	YTD 5/31/21	FY21 MY Forecast	Variance to MYF	%	FY20 YTD	Variance to PYTD	%
Revenues							
Foundation and grant revenue	$ 6,206,608	$ 6,919,851	$ (713,243)	-10.3%	$ 4,417,855	$ 1,788,753	40.5%
Unsolicited donations	3,603,345	3,477,044	126,300	3.6%	2,341,146	1,262,199	53.9%
Direct mail and newsletter	3,405,369	3,280,189	125,180	3.8%	1,951,697	1,453,672	74.5%
Online giving	2,373,522	2,123,514	250,008	11.8%	1,510,643	862,879	57.1%
All other donations	2,076,685	1,631,671	445,014	27.3%	1,013,982	1,062,703	104.8%
Event income	1,882,469	1,451,895	430,574	29.7%	907,815	974,654	107.4%
Government programs	1,216,982	1,254,184	(37,202)	-3.0%	838,302	378,680	45.2%
Shared maintenance charges	798,917	535,586	263,330	49.2%	437,798	361,118	82.5%
Donations and program income	21,563,896	20,673,935	889,961		13,419,239	8,144,657	
Food contributions	19,456,492	24,131,936	(4,675,444)	-19.4%	-	19,456,492	#DIV/0!
Total revenues	41,020,388	44,805,871	(3,785,483)		13,419,239	27,601,149	
Cost of Sales							
Food purchases	8,394,831	8,182,599	212,232	2.6%	-	8,394,831	#DIV/0!
Food donations and distributions	20,022,090	21,076,288	(1,054,198)	-5.0%	-	20,022,090	#DIV/0!
Total cost of sales	28,416,921	29,258,887			-	28,416,921	
Gross profit	12,603,467	15,546,984	(2,943,517)	-18.9%	13,419,239	(815,772)	
Expenses							
Salaries and wages	3,067,469	3,403,665	(336,196)	-9.9%	2,562,937	504,532	19.7%
Restricted grant expense	1,452,919	1,457,271	(4,352)	-0.3%	3,184,675	(1,731,755)	-54.4%
Payroll taxes and employee benefits	868,892	962,810	(93,918)	-9.8%	726,756	142,135	19.6%
Government program expense	637,983	886,319	(248,336)	-28.0%	620,333	17,650	2.8%
Occupancy	429,885	477,459	(47,574)	-10.0%	353,884	76,001	21.5%
Unrestricted and designated food purchase	407,712	541,888	(134,175)	-24.8%	658,334	(250,621)	-38.1%
Depreciation expense	374,066	406,272	(32,206)	-7.9%	283,950	90,116	31.7%
Vehicle expense	283,494	315,508	(32,014)	-10.1%	261,919	21,575	8.2%
Merchant and investment fees	276,593	252,755	23,838	9.4%	161,415	115,178	71.4%
Professional fees	231,063	187,220	43,843	23.4%	95,774	135,289	141.3%

	YTD 5/31/21	FY21 MY Forecast	Variance to MYF	%	FY20 YTD	Variance to PYTD	%
General excise and use tax	214,412	215,581	(1,169)	-0.5%	53,064	161,348	304.1%
Neighbor island support	193,898	163,503	30,395	18.6%	270,737	(76,839)	-28.4%
Printing and postage costs	189,875	215,755	(25,880)	-12.0%	150,322	39,552	26.3%
Repairs and maintenance	183,188	141,848	41,340	29.1%	85,576	97,612	114.1%
Equipment, supplies and transportation	158,464	253,120	(94,656)	-37.4%	154,919	3,545	2.3%
Licenses, meetings and conferences	93,288	139,839	(46,551)	-33.3%	133,620	(40,332)	-30.2%
Volunteer expense	71,304	65,509	5,795	8.8%	48,493	22,811	47.0%
Insurance expense	62,177	70,012	(7,835)	-11.2%	58,688	3,489	5.9%
Event expense	44,060	55,319	(11,259)	-20.4%	63,551	(19,491)	-30.7%
Other expenses	10,711	3,516	7,195	204.6%	2,765	7,946	287.4%
Total expense	9,251,452	10,215,167	(963,715)	-9.4%	9,931,713	(680,260)	
Investment and other income	716,839	673,036	43,804	6.5%	287,382	429,457	149.4%
Net Income	$ 4,068,854	$ 6,004,853	$ (1,935,999)	-32.2%	$ 3,774,908	$ 293,946	7.8%

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

S.L. Gimbel Foundation
Hawaii Foodbank
Grant #20191218 $15,000
Discrepancy Explanation

A. Evaluation Previous Grant – Please explain the discrepancy between proposed number served (19,000) and actual number served (53,404) using the same resources.

Hawaii Foodbank's Food 4 Keiki (F4K) School & Keiki Pantry program provided supplemental food bags and snacks to students during school year 2019 - 2020 at 16 pantries located on school grounds and 2 keiki (children) pantries located near school grounds that are classified as Title I schools, which are schools that have the highest concentration of poverty. The schools that participated in the F4K program had a student body of at least 50 percent that were enrolled in the free or reduced lunch program. Hawaii Foodbank's F4K program eliminates cost and reduces logistical barriers for students in need by regularly distributing food on-site at participating schools and other convenient community locations.

When Hawaii identified the first positive case of COVID-19 in March 2020, the State of Hawaii mandated a statewide lockdown, except for businesses that were deemed essential. The pandemic caused many challenges for Hawaii residents and its economy as many businesses had to temporarily close its doors, eventually leading some to permanently close. The pandemic caused many residents to lose their jobs, resulting in household challenges of trying to provide for their families including putting food on the table. Among those that closed during the pandemic were the public schools, and as a result many of our F4K pantries were forced to temporarily close.

As the pandemic brought upon unforeseen circumstances, especially for children, Hawaii Foodbank's F4K program had become a more important resource than ever before. While most of Hawaii Foodbank's pantries on Oahu were closed, two of Hawaii Foodbank's partner agencies, Waianae Coast Comprehensive Center and ALEA Bridge

S.L. Gimbel Foundation
Hawaii Foodbank
Grant #20191218 $15,000
Discrepancy Explanation

continued to distribute food through drive-by food distributions. The Boys & Girls Club Spalding House in rural Honolulu, HI also assisted with supplemental food bag food distributions. Through our limited open pantries on Oahu and Kauai, Hawaii Foodbank worked with its partner agencies to distribute food at an elevated level to ensure that the children of Hawaii and their families were provided food assistance during the pandemic.

Hawaii Foodbank's F4K program typically served more than 18,000 students pre-pandemic and food purchased for those students are distributed throughout the school year. Hawaii Foodbank estimated in our FY20 S.L. Gimbel Foundation application that we would serve 19,000 students based on the number of students that were served through our F4K program at the time. The increase in students served occurred when the COVID-19 pandemic started in Hawaii. We instantly saw more than double the need of food assistance in March 2020 and April 2020 and distributed supplemental food bags and snacks at an elevated level in May 2020 and June 2020. The grant of $15,000 from the S.L. Gimbel Foundation assisted us with the purchase of non-perishable food, including canned vegetables, mac & cheese, and more to be distributed to students in need of food assistance, including those relying on us for the first time. The price per case of the food items that we budgeted for was less, which allowed Hawaii Foodbank to purchase more cases of food than estimated. The food that was purchased with the grant funds was distributed among 53,404 students between February 2020 – June 2020 on Oahu and Kauai.

INLAND EMPIRE COMMUNITY FOUNDATION

S. L. GIMBEL FOUNDATION FUND

Please complete the form and type your answers directly underneath the questions. Leave one space between numbered questions.

ORGANIZATION INFORMATION

1. Name of your Organization

   Hawaii Foodbank, Inc.

2. Grant #

   Grant #20191218

3. Grant Amount:

   $15,000

4. Date Awarded (date on award letter)

   December 30, 2019

5. Grant Period (Indicate start date and end date per Grant Agreement)

   January 1, 2020 to June 30, 2020

6. Location of your Organization (City, State)

   Honolulu, Hawaii

7. Name and Title of person completing evaluation

   Laura Kay Rand, Vice President & Chief Impact Officer

8. Phone Number

   (808) 954-7857

9. Email Address

   LKRand@hawaiifoodbank.org

KEY OUTCOMES AND RESULTS

10. Total number of clients served through this grant funding:

    A) Per original grant application, what is the estimate number served:

19,000

B) Actual number served:

53,404

11. Describe the project's key outcomes and results based on the goals and objectives. (Include the program accomplishments as a result of the Gimbel grant AND for the entire program. Please make the distinction between the Gimbel funded program accomplishments and the total organizational program, as a whole).

Goal:

Serve over 19,000 children through the 2019/20 school year on Oahu and Kauai.

Activities:

Distribute snacks and supplemental food bags to children in need at 16 pantries across Oahu and Kauai on school campuses and 2 keiki (children) pantries located near school grounds.

Objective: In terms of specific quantifiable criteria:

A) Per original grant application (for the Food grants, state the purpose of the grant):

To purchase nonperishable items and snacks for Hawaii Foodbank's Food 4 Keiki programs.

B) Actual grant outcome, results, accomplishments:

Hawaii Foodbank used S. L. Gimbel Foundation Fund grant funds to purchase over 22,000 pounds of canned mixed fruit, green beans, corn, ravioli, chili and chicken, as well as macaroni and cheese cups. They were used to help supplement the food packed in the supplemental food bags, which are given to the different school pantries for distribution to students on Oahu and Kauai.

12. Describe any challenges/obstacles the organization encountered (if any) in attaining goals and objectives.

The state of Hawaii was closed (except for businesses deemed essential), as well as the public school system after spring break, in March 2020 due to the COVID-19 pandemic. The public school system closure also prompted the closures of all pantries located on school properties.

A significant decrease in food donations also occurred as nearly 70 percent of Hawaii Foodbank donations come in from retailers, wholesalers and manufactures. The businesses were dramatically affected by the panic purchasing that happened in grocery and retail stores and had very little left to donate. As an island state, we are dependent on 90 percent of our food being imported, it created difficulties in food

purchasing as businesses either limited the amount of food items that could be purchased or had delays in restocking due to shipments taking 6 to 8 weeks to arrive in Honolulu from the continental U.S.

13. How did you overcome and/or address the challenges and obstacles?

While most of Hawaii Foodbank's school pantries are closed, two of the Foodbank's partner agencies, Waianae Coast Comprehensive Health Center and ALEA Bridge, continue drive-by school pantry distributions at their respective school locations. An additional site was started at Boys & Girls Club Spalding House in urban Honolulu to help supplement school pantry bag distributions.

To keep food supplies steady, Hawaii Foodbank reached out to local wholesalers and retailers to make immediate food purchases while waiting for bulk orders to arrive from the continental U.S.

14. Describe any unintended positive outcomes as a result of the efforts supported by this grant.

Due to the delay in food purchase orders coming from the continental U.S. because of shipping or lack of available product to purchase, Hawaii Foodbank was forced to rely on the bulk of purchase locally. This allowed the Foodbank to continue distributions until bulk orders to arrive from the continental U.S. and allowed for a stronger relationship to be built with local retailers, manufacturers and wholesalers.

15. Briefly describe the impact this grant has had on the organization and community served.

Due to the funding received from S. L. Gimbel Foundation Fund, Hawaii Foodbank was able to serve food to 53,400 children on both Oahu and Kauai.

BUDGET

16. Please provide a budget expenditure report. Also, provide a budget narrative that explains how the funds were utilized, what was purchased, what were the expenses items based upon the original budget submitted and approved. Use the form below and expand as needed:

Line Item	Line item description	Approved amount from TCF (per the submitted budget)	Actual Expenditure
Canned mixed fruit	24 cans/case; $10.53; 200 cases	$2,106	$2,106
Macaroni & Cheese	12 cups/case; $9.77; 500 cases	$4,885	$4,885
Canned green beans	12 cans/case; $7.78; 150 cases	$1,167	$1,167

Line Item	Line item description	Approved amount from TCF (per the submitted budget)	Actual Expenditure
Canned corn	12 cans/case; $7.27; 200 cases	$1,454	$1,454
Canned ravioli	12 cans/case; $11.13; 156 cases	$1,736	$1,736
Canned chili	6 cans/case; $8.63; 175 cases	$1,510	$1,510
Canned chicken	6 cans/case; $10.71; 200 cases	$2,142	$2,142

Canned mixed fruit (224 cases), ravioli (334 cases), and chili (320 cases) were purchased through Feeding America. Macaroni and cheese was purchased locally through Sam's Club and C&S Wholesale Grocers. Canned green beans (187 cases) were purchased through C&S Wholesale Grocers, and Safeway. Canned corn (261 cases) was purchased through Sam's Club. Canned chicken (240 cases) was purchased through Feeding America and C&S Wholesale Grocers. All items purchase amount per case was less than what was budgeted, which allowed for Hawaii Foodbank to purchase more cases than estimated.

SUCCESS STORIES

17. Please tell us ONE success story.

Below are a few teacher testimonies we received from schools in the Waianae area in January 2020:

"Children enjoy the Keiki Pantry because it gives them pride to contribute to their parents, extended families and siblings."

"Students' self-worth has improved because it is evident that people care about their personal needs."

"This project brings joy to my students. The keiki are always happy to receive these items and are usually concerned about their family."

S. L. Gimbel Foundation Fund
Spend Down

Updated: 7/14/2020 at 9:05 AM

DATE	VENDOR	ORD/INV #	AMOUNT	ORIGINAL PURCHASE PRICE	PRICE CHARGED TO PARTNER AGENCIES	7906-001 Oahu - Dev - Restricted - S. L. Gimbel Fund 1/1/2020-6/30/2020	$15,000.00	REMAINDER (COVERED BY OTHER FUNDING)	Canned Mix Fruit	Mac & Cheese	Canned Green Beans	Canned Corn	Canned Ravioli	Canned Chili	Canned Chicken
01/30/20	Sam's Club	Order #4537480103	$ 5,050.66			portion of purchase	$ (4,597.04)	$ 453.62		$3,143.04		$1,454.00			
01/30/20	M. Fellinger Co.	Hawaii Foodbank Invoice #3918	$ 6,875.34	$ 6,528.00	$ 3,609.60	portion of purchase	$ (3,161.00)	$ 3,714.34					$1,651.00	$1,510.00	
02/03/20	M. Fellinger Co.	Hawaii Foodbank Invoice #3989	$ 73.44	$ 125.10	$ 73.44		$ (73.44)	$ -			$73.44				
02/11/20	M. Fellinger Co.	Hawaii Foodbank Invoice #4169	$ 1,882.00	$ 3,500.00	$ 1,882.00		$ (1,882.00)	$ -	$1,882.00						
02/14/20	M. Fellinger Co.	Hawaii Foodbank Invoice #4255	$ 225.84	$ 420.00	$ 225.84	portion of purchase	$ (224.00)	$ 1.84	$224.00						
03/06/20	M. Fellinger Co.	Hawaii Foodbank Invoice #4787	$ 6,560.22	$ 4,172.00	$ 2,265.60	portion of purchase	$ (1,861.00)	$ 4,699.22					$85.00		$1,776.00
04/07/20	C&S Wholesale Grocer	Invoice #564877-040720-46593S; Billing #4172046593	$ 2,140.85			portion of purchase	$ (51.90)	$ 2,088.95		$51.90					
04/18/20	C&S Wholesale Grocer	Invoice #582105-041520-4593S; Billing #4242046593	$ 1,690.06				$ (1,690.06)	$ -		$1,690.06					
04/25/20	C&S Wholesale Grocer	Invoice #593669-042020-46593S; Billing #5012046593	$ 748.52			portion of purchase	$ (366.00)	$ 382.52							$366.00
05/23/20	C&S Wholesale Grocer	Billing #5292046593	$ 330.54				$ (330.54)	$ -			$330.54				
06/04/20	C&S Wholesale Grocer	Invoice #704789-060420-46593S; Billing #6122046593	$ 226.22				$ (226.22)	$ -			$226.22				
06/06/20	Safeway	Hawaii Foodbank Invoice #7567	$ 551.16			portion of purchase	$ (336.60)	$ 214.56			$336.60				
06/10/20	Safeway	Ref #82001227012	$ 110.26				$ (110.26)	$ -			$110.26				
06/10/20	Safeway	Ref #62001371142	$ 77.75				$ (77.75)	$ -			$77.75				
06/29/20	Safeway	Reference #53001517138	$ 18.85			portion of purchase	$ (12.19)	$ 6.66			$12.19				
								$ -							
								$ -							
TOTAL			$ 26,561.71				($0.00)		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248167147
July 22, 2015 LTR 4168C 0
99-0220699 000000 00
00020777
BODC: TE

Rcvd 7/23/15

HAWAII FOODBANK
2611 KILIHAU ST A
HONOLULU HI 96819

40964

Employer Identification Number: 99-0220699
Person to Contact: Ms Wittwer
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your July 13, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in April 1986.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248167147
July 22, 2015 LTR 4168C 0
99-0220699 000000 00
00020778

HAWAII FOODBANK
2611 KILIHAU ST A
HONOLULU HI 96819

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Doris P. Kenwright

Doris Kenwright, Operation Mgr.
Accounts Management Operations 1

** PUBLIC DISCLOSURE COPY **

Form **990** (Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HAWAII FOODBANK, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 2611 KILIHAU STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code HONOLULU, HI 96819

D Employer identification number
99-0220699

E Telephone number (808) 836-3600

G Gross receipts $ 63,183,270.

F Name and address of principal officer: AMY MARVIN
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.HAWAIIFOODBANK.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1982 **M** State of legal domicile: HI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	69
6	Total number of volunteers (estimate if necessary)	6	5375
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	30,202,943.	48,269,095.
9	Program service revenue (Part VIII, line 2g)	602,738.	473,173.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	774,338.	151,095.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	130,284.	170,246.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,710,303.	49,063,609.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,819,287.	39,688,545.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,247,009.	3,880,409.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,122,062.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,999,442.	2,410,551.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,065,738.	45,979,505.
19	Revenue less expenses. Subtract line 18 from line 12	644,565.	3,084,104.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	24,854,527.	29,256,645.
21	Total liabilities (Part X, line 26)	1,079,687.	1,936,394.
22	Net assets or fund balances. Subtract line 21 from line 20	23,774,840.	27,320,251.

Part II Signature Block

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

PUBLIC DISCLOSURE

Sign Here

▶ Signature of officer — Date

▶ DARIN SHIGETA, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MELANIE A KING	Preparer's signature: MELANIE A KING	Date: 05/17/2021	Check ☐ if self-employed	PTIN: P00220997
Firm's name ▶ CW ASSOCIATES, CPAS			Firm's EIN ▶ 26-1659234	
Firm's address ▶ 700 BISHOP STREET, SUITE 1040 HONOLULU, HI 96813			Phone no. 808-531-1040	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
SEE SCHEDULE O.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

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

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

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

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

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

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

Form 990 (2019)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

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	1a	55		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	69		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	15			X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16			X
	If "Yes," complete Form 4720, Schedule O.				

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

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

LILLIAN RODOLFICH - (808)836-3600

2611 KILIHAU STREET, HONOLULU, HI 96819

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

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

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

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

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

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

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

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

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

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

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

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

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

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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

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		3,518,319.	1	128,852.
	2	Savings and temporary cash investments		2,004,155.	2	6,034,911.
	3	Pledges and grants receivable, net		334,043.	3	833,415.
	4	Accounts receivable, net		134,873.	4	159,432.
	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		2,061,197.	8	1,497,400.
	9	Prepaid expenses and deferred charges		36,555.	9	276,695.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,071,991.			
	b	Less: accumulated depreciation	10b 6,309,585.	3,523,857.	10c	5,762,406.
	11	Investments - publicly traded securities		13,018,907.	11	14,347,369.
	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		222,621.	15	216,165.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		24,854,527.	16	29,256,645.
Liabilities	17	Accounts payable and accrued expenses		484,516.	17	1,310,857.
	18	Grants payable		595,171.	18	454,538.
	19	Deferred revenue			19	170,999.
	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			25	
	26	**Total liabilities.** Add lines 17 through 25		1,079,687.	26	1,936,394.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☒ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		20,275,455.	27	23,962,197.
	28	Net assets with donor restrictions		3,499,385.	28	3,358,054.
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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		23,774,840.	32	27,320,251.
	33	Total liabilities and net assets/fund balances		24,854,527.	33	29,256,645.

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HAWAII FOODBANK, INC.

Employer identification number
99-0220699

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** 932021 09-25-19 **Schedule A (Form 990 or 990-EZ) 2019**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31191223.	30419608.	29172478.	30202943.	48269095.	169255347
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	31191223.	30419608.	29172478.	30202943.	48269095.	169255347
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)						28175828.
6 **Public support.** Subtract line 5 from line 4.						141079519

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	31191223.	30419608.	29172478.	30202943.	48269095.	169255347
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	200,053.	262,974.	366,072.	420,955.	408,223.	1658277.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					31,684.	31,684.
11 **Total support.** Add lines 7 through 10						170945308

12 Gross receipts from related activities, etc. (see instructions)	12	3,847,235.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	82.53 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	80.23 %

16a **33 1/3% support test - 2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2019.** 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 ▶ ☐

b **10% -facts-and-circumstances test - 2018.** 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 ▶ ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by .035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	**1**	
2 Enter 85% of line 1.	**2**	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**	
4 Enter greater of line 2 or line 3.	**4**	
5 Income tax imposed in prior year	**5**	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**	

7 ☐ Check here if the current year is the organization's first as a non-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	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

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

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

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

OTHER INCOME

2019 AMOUNT: $ 31,684.

** PUBLIC DISCLOSURE COPY **

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

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

HAWAII FOODBANK, INC.

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; 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, 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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		$ 2,825,668.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
2		$ 2,109,410.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
3		$ 3,854,209.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
4		$ 1,424,810.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
5		$ 2,364,825.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
6		$ 1,607,907.	Person [X] Payroll [ ] Noncash [X] (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
1	FOOD (NOTE: AGGREGATE CONTRIBUTIONS INCLUDE $16,228 OF CASH)	$ 2,809,440.	06/30/20
2	FOOD	$ 2,109,410.	06/30/20
3	FOOD	$ 3,854,209.	06/30/20
4	FOOD (NOTE: AGGREGATE CONTRIBUTIONS INCLUDE $25,000 OF CASH)	$ 1,399,810.	06/30/20
5	FOOD (NOTE: AGGREGATE CONTRIBUTIONS INCLUDE $89,828 OF CASH)	$ 2,274,997.	06/30/20
6	FOOD (NOTE: AGGREGATE CONTRIBUTIONS INCLUDE $239,720 OF CASH)	$ 1,368,187.	06/30/20

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 D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HAWAII FOODBANK, INC.

Employer identification number
99-0220699

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ 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? ☐ Yes ☐ No

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

a Board designated or quasi-endowment ▶ .00 %
b Permanent endowment ▶ 98.88 %
c Term endowment ▶ 1.12 %

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

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

		Yes	No
(i) Unrelated organizations	3a(i)		X
(ii) Related organizations	3a(ii)		X
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		6,876,299.	3,085,628.	3,790,671.
c Leasehold improvements		170,509.	170,509.	0.
d Equipment		1,970,409.	1,275,518.	694,891.
e Other		3,054,774.	1,777,930.	1,276,844.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				5,762,406.

Schedule D (Form 990) 2019

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, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

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

Part XIII Supplemental Information *(continued)*

POSITIONS AS OF JUNE 30, 2020 AND 2019 AND FOR THE YEARS THEN ENDED, AND DETERMINED THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS REQUIRED TO BE REPORTED IN ACCORDANCE WITH U.S. GAAP. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS IN PROGRESS FOR ANY OPEN TAX PERIODS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DECREASE IN NET ASSETS WITH DONOR RESTRICTIONS	-141,331.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

HAWAII FOODBANK, INC.

Employer identification number

99-0220699

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

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

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

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

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

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility ..... **13a** %

b An outside facility ..... **13b** %

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HAWAII FOODBANK, INC.

Employer identification number
99-0220699

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABANDONED AND FERAL CAT FRIEND 883 LEIGHTON STREET HONOLULU, HI 96821	99-0347808	501(C)(3)	0.	62,788.	APR	FOOD	FIGHT HUNGER
ABUNDANT GRACE CHURCH 702 PUUHALE RD HONOLULU, HI 96819	46-1897612	501(C)(3)	0.	118,557.	APR	FOOD	FIGHT HUNGER
ABUNDANT LIFE UNITED PENTECOST 650 KILANI AVE. WAHIAWA, HI 96786	43-0679185	501(C)(3)	0.	11,025.	APR	FOOD	FIGHT HUNGER
ALEA BRIDGE PO BOX 89357 MILILANI, HI 96789	81-1201416	501(C)(3)	7,250.	72,569.	APR	FOOD	FIGHT HUNGER
ALTERNATIVE STRUCTURES INTERNATIONAL - 86-704 HOMESTEAD RD. - WAIANAE, HI 96792	99-0196090	501(C)(3)	0.	50,243.	APR	FOOD	FIGHT HUNGER
ANGEL NETWORK CHARITIES, INC. 5339 KALANIANAOLE HWY. HONOLULU, HI 96821	99-0290412	501(C)(3)	0.	341,046.	APR	FOOD	FIGHT HUNGER

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

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

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

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

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

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

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATIONS OF SPIRITUAL LIBERTY (FOSLIC) - 94-1181 KA UKA BLVD. BOX B - WAIPAHU, HI 96797	26-3945478	501(C)(3)	0.	10,383.	APR	FOOD	FIGHT HUNGER
FOUNTAINS OF THE LIVING WATER 2412 ROSE ST. UNIT 100 HONOLULU, HI 96819	20-3160523	501(C)(3)	0.	72,858.	APR	FOOD	FIGHT HUNGER
FULL GOSPEL CHURCH OF OAHU 1522 MAKALOA STREET #225 HONOLULU, HI 96814	99-0349540	501(C)(3)	0.	24,780.	APR	FOOD	FIGHT HUNGER
FULL GOSPEL TEMPLE 2464 N. SCHOOL STREET HONOLULU, HI 96819	99-2597400	501(C)(3)	0.	54,198.	APR	FOOD	FIGHT HUNGER
GREGORY HOUSE/SAVE THE FOODBASKET, INC - 200 N. VINEYARD BLVD., #A310 - HONOLULU, HI 96817	94-3259311	501(C)(3)	0.	220,635.	APR	FOOD	FIGHT HUNGER
HABILITAT INC P.O. BOX 801 KANEOHE, HI 96744	99-0146306	501(C)(3)	0.	99,071.	APR	FOOD	FIGHT HUNGER
HALE O HONOLULU 1700 LANAKILA AVENUE HONOLULU, HI 96817	99-0325672	501(C)(3)	0.	6,572.	APR	FOOD	FIGHT HUNGER
HALE OLA HOOPAKOLEA, INC. 89-137 NANAKULI AVENUE WAIANAE, HI 96792	99-0240185	501(C)(3)	0.	136,603.	APR	FOOD	FIGHT HUNGER
HAWAII CEDAR CHURCH 1545 KAMEHAMEHA IV ROAD HONOLULU, HI 96816	68-0509399	501(C)(3)	0.	1,373,242.	APR	FOOD	FIGHT HUNGER

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

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

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

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

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

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

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

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

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

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

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNSET BEACH CHRISTIAN CHURCH 59-578 KAMEHAMEHA HWY HALEIWA, HI 96712	20-1206338	501(C)(3)	0.	73,817.	APR	FOOD	FIGHT HUNGER
SURFING THE NATIONS P.O. BOX 860366 WAHIAWA, HI 96786	20-0245026	501(C)(3)	0.	1,077,775.	APR	FOOD	FIGHT HUNGER
SUSANNAH WESLEY COMMUNITY CENTER 1117 KAILI STREET HONOLULU, HI 96819	99-0073528	501(C)(3)	0.	52,170.	APR	FOOD	FIGHT HUNGER
TENRIKYO TAIHEIYO CHURCH 844 WILIWILI STREET HONOLULU, HI 96826	99-0744372	501(C)(3)	0.	20,326.	APR	FOOD	FIGHT HUNGER
VOICE OF GOD MINISTRIES PO BOX 296 HALEIWA, HI 96712	80-0877885	501(C)(3)	0.	152,849.	APR	FOOD	FIGHT HUNGER
WAIANAE COAST COMMUNITY FOUNDATION PO BOX 2308 WAIANAE, HI 96792	47-4391579	501(C)(3)	0.	168,093.	APR	FOOD	FIGHT HUNGER
WAIANAE COAST COMPREHENSIVE HEALTH CARE - 94-830 HIKIMOE ST - WAIPAHU, HI 96797	99-0148164	501(C)(3)	8,000.	2,749,603.	APR	FOOD	FIGHT HUNGER
WAIKIKI COMMUNITY CENTER 310 PAOAKALANI AVENUE HONOLULU, HI 96815	99-0179392	501(C)(3)	0.	31,264.	APR	FOOD	FIGHT HUNGER
YMCA OF HONOLULU - HONOLULU BRANCH 1441 PALI HWY HONOLULU, HI 96813	99-0073533	501(C)(3)	0.	139,176.	APR	FOOD	FIGHT HUNGER

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST CHURCH - TOTAL PO BOX 836 WAIANAE, HI 96792	99-0104371	501(C)(3)	8,000.	595,328.	APR	FOOD	FIGHT HUNGER
UNITED CHURCH OF CHRIST - TOTAL 1848 NUUANU AVENUE HONOLULU, HI 96817	99-0076034	501(C)(3)	0.	565,080.	APR	FOOD	FIGHT HUNGER
MISSIONARY CHURCH - TOTAL PO BOX 395 KALAHEO, HI 96741	35-1161320	501(C)(3)	0.	155,500.	APR	FOOD	FIGHT HUNGER
U-TURN FOR CHRIST KAUAI INC PO BOX 1781 KAPAA, HI 96746	20-8090926	501(C)(3)	0.	14,413.	APR	FOOD	FIGHT HUNGER
KAUAI BIBLE CHURCH PO BOX 571 LAWAI, HI 96765	91-0168565	501(C)(3)	0.	26,325.	APR	FOOD	FIGHT HUNGER
KAUAI ECONOMIC OPPORTUNITY 2804 WEHE ROAD LIHUE, HI 96766	99-0112851	501(C)(3)	0.	11,895.	APR	FOOD	FIGHT HUNGER
MOBILE MUNCHIES COMMUNITY OUTREACH 4602 HO'OMANA RD LIHUE, HI 96766	99-0170032	501(C)(3)	0.	14,421.	APR	FOOD	FIGHT HUNGER

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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

SCHEDULE J (Form 990)

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

2019

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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ 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		

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

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

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

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

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HAWAII FOODBANK, INC.

Employer identification number
99-0220699

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	5	36,962.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	20276339	33,552,663.	$1.65 AVG PER POUND
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	5		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a			X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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

SCHEDULE M, PART I, COLUMN (B):

PART I, LINE 9, COLUMN B: THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

PART I, LINE 19, COLUMN B: 20,276,339 LBS OF FOOD. NUMBER OF CONTRIBUTIONS IS BASED ON POUNDS OF FOOD RECEIVED. FOOD INVENTORY, WHICH CONSISTS PRIMARILY OF FOOD, BEVERAGES, AND OTHER SUNDRY ITEMS, IS VALUED BASED ON MANAGEMENT'S ESTIMATE OF THE AVERAGE WHOLESALE VALUE PER POUND OF FOOD. MANAGEMENT'S ESTIMATE IS BASED ON THE RESULTS OF A PRODUCT VALUATION SURVEY PROVIDED BY FEEDING AMERICA.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: HAWAII FOODBANK, INC.

Employer identification number: 99-0220699

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

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MILLION.

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

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

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

Name of the organization: HAWAII FOODBANK, INC.

Employer identification number: 99-0220699

ELECTRONICALLY SENT TO ALL VOTING BOARD MEMBERS, AND THEN FILED WITH THE IRS.

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

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

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

THE PRESIDENT/CEO HAS MANAGEMENT OBJECTIVES AGAINST WHICH PERFORMANCE IS RECORDED. THIS IS REVIEWED AND APPROVED BY THE EXECUTIVE BOARD'S PERSONNEL COMMITTEE. COMPENSATION IS COMPARED TO SIMILAR POSITIONS IN THE INDUSTRY AND THE RESULTS OF THE PAST YEAR. THIS PROCESS WAS LAST CONDUCTED IN JUNE 2019, AND WAS APPROVED BY THE BOARD OF DIRECTORS AND DOCUMENTED IN THE PRESIDENT/CEO'S PERSONNEL FILE.

THE COMPENSATION REVIEW PROCESS IS ALSO FOLLOWED FOR KEY EMPLOYEES, SUCH AS THE VP/COO, VP/CFO, VP/CHIEF IMPACT OFFICER, AND THE CONTROLLER. EACH POSITION HAS OBJECTIVES AGAINST WHICH PERFORMANCE IS RECORDED. THIS IS REVIEWED AND APPROVED BY THE PRESIDENT/CEO. COMPENSATION IS COMPARED TO SIMILAR POSITIONS IN THE INDUSTRY. THIS PROCESS WAS LAST CONDUCTED IN SEPTEMBER 2019 AND SALARY ADJUSTMENTS WERE MADE IN OCTOBER 2019 AND DOCUMENTED IN THE KEY EMPLOYEES' PERSONNEL FILES.

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

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

Name of the organization: HAWAII FOODBANK, INC.

Employer identification number: 99-0220699

POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY REQUEST. THE FORM 990 AND THE AUDITED FINANCIAL STATEMENTS ARE PUBLISHED ON THE ORGANIZATION'S WEBSITE.

SCHEDULE B, PART I, COLUMN C:

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

SCHEDULE B, PART II, COLUMN C:

FOOD CONTRIBUTIONS ARE VALUED BASED ON MANAGEMENT'S ESTIMATE OF THE AVERAGE WHOLESALE VALUE PER POUND OF FOOD. MANAGEMENT'S ESTIMATE IS BASED ON THE RESULTS OF A PRODUCT VALUATION SURVEY PROVIDED BY FEEDING AMERICA.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2020

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

Form **990-T**

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

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

▶ **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).**

OMB No. 1545-0047

2019

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

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year 0.

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
HAWAII FOODBANK, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.
2611 KILIHAU STREET

City or town, state or province, country, and ZIP or foreign postal code
HONOLULU, HI 96819

D Employer identification number (Employees' trust, see instructions.)
99-0220699

E Unrelated business activity code (See instructions.)

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ _____ Describe the only (or first) unrelated trade or business here ▶ _____. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

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

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

Part I Unrelated Trade or Business Income

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

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Depreciation (attach Form 4562)	20			
21	Less depreciation claimed on Schedule A and elsewhere on return	21a		21b	
22	Depletion			22	
23	Contributions to deferred compensation plans			23	
24	Employee benefit programs			24	
25	Excess exempt expenses (Schedule I)			25	
26	Excess readership costs (Schedule J)			26	
27	Other deductions (attach schedule)			27	
28	**Total deductions.** Add lines 14 through 27			28	0.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13			29	0.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29			31	0.

Part III Total Unrelated Business Taxable Income

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

Part IV Tax Computation

40	**Organizations Taxable as Corporations.** Multiply line 39 by 21% (0.21) ▶	40	0.
41	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 39 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	41	
42	**Proxy tax.** See instructions ▶	42	
43	Alternative minimum tax (trusts only)	43	
44	**Tax on Noncompliant Facility Income.** See instructions	44	
45	**Total.** Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

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

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

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

PUBLIC DISCLOSURE

Sign Here

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

▶ _____ Date ▶ TREASURER
Signature of officer 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 ☐ if self-employed	PTIN
MELANIE A KING	MELANIE A KING	05/17/2021		P00220997
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