EXTENDED TO MAY 15, 2017 **Exempt Organization Business Income Tax Return** OMB No 1545-0687 (and proxy tax under section 6033(e)) **2015** For calendar year 2015 or other tax year beginning JUL 1, 2015 , and ending JUN 30, Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) 501(c)(3) Organizations Only ∴ Check box if Name of organization (Check box if name changed and see instructions.) (Employees' trust, see address changed instructions) 99-0220699 **B** Exempt under section Print HAWAII FOODBANK, INC. Unrelated business activity codes (See instructions) X 501(c)(3) Number, street, and room or suite no. If a P.O. box, see instructions. Type] 408(e) [220(e) 2611 KILIHAU STREET 408A __530(a) City or town, state or province, country, and ZIP or foreign postal code]529(a) HONOLULU, HI 96819 C Book value of all assets F Group exemption number (See instructions.) 22,505,652. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust H Describe the organization's primary unrelated business activity. $\triangleright N/A$ X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of CONNIE BENNETT (808)836-3600 Telephone number Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales c Balance b Less returns and allowances 10 Cost of goods sold (Schedule A, line 7) 2 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 partnerships and S corporations (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

	(Except for contributions, 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 RECEIVED	16	
17	Bad debts Interest (attach schedule)	17	
18	Interest (attach schedule) APR 1 9 2017	18	
19	Taxes and licenses APR 1 9 2017	19	
20	Charatable contributions (Can instructions for Insistation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs .	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or		

13

0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T**

line 32

Total. Combine lines 3 through 12

Form 990-T (2	ois HAWAII FOODBANK, INC.	19-022	3069	9		Page 7
Part III	Tax Computation					
35 0	rganizations Taxable as Corporations. See instructions for tax computation.					
	ontrolled group members (sections 1561 and 1563) check here See instructions and:		1 1	1		
	nter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):))	i I		
(1			1 1	1		
	nter organization's share of: (1) Additional 5% tax (not more than \$11,750)		1 1	ı		
(2	2) Additional 3% tax (not more than \$100,000)			1		_
c In	come tax on the amount on line 34		35c			0.
36 T	rusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from:		11	ı		
	Tax rate schedule or Schedule D (Form 1041)		36	ı		
37 P	roxy tax. See instructions	•	37			
	ternative minimum tax		38			
_	otal. Add lines 37 and 38 to line 35c or 36, whichever applies		39			0.
			39			<u> </u>
	Tax and Payments		- -			
	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		4	1		
b O	ther credits (see instructions)]			
c G	eneral business credit. Attach Form 3800 40c		1 1	ı		
d Ci	redit for prior year minimum tax (attach Form 8801 or 8827)		1	1		
	otal credits. Add lines 40a through 40d		40e			
	ubtract line 40e from line 39		41			0.
			42			
		ch schedule)	-			0.
•-	otal tax Add lines 41 and 42		43			0.
44 a Pa	ayments: A 2014 overpayment credited to 2015		J i			
b 20	015 estimated tax payments 44b		Ji			
c Ta	ax deposited with Form 8868		1 1	ı		
d Fo	oreign organizations: Tax paid or withheld at source (see instructions) 44d		1 I			
	ackup withholding (see instructions) 44e		1 1			
	redit for small employer health insurance premiums (Attach Form 8941) 44f		-{	ı		
			- I			
9 (2)	ther credits and payments: Form 2439					
L_	Form 4136 Other Total ▶ 44g		ا ــــــــــــــــــــــــــــــــــــ	ı		
45 T	otal payments. Add lines 44a through 44g		45			
46 Es	stimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖		46			
47 T	ax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		47			0.
48 0	verpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	•	48			0.
	nter the amount of line 48 you want: Credited to 2016 estimated tax	led 🕨	49			
Part V	Statements Regarding Certain Activities and Other Information (see instruction		1 1			
	time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a		count (h		Yes	No
				air,	168	140
	ties, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Ba	ink and Fina	псіаі		ll	
ACCOU	nts. If YES, enter the name of the foreign country here				 	X
2 During If YES,	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a toreign trust? see instructions for other forms the organization may have to file			-		Х
	he amount of tax-exempt interest received or accrued during the tax year ▶\$				<u>.</u>	
Schedu	le A - Cost of Goods Sold. Enter method of inventory valuation ► N/A					
1 Invent	ory at beginning of year 1 6 Inventory at end of year		6			
2 Purch						
	f labor 3 from line 5. Enter here and in Part I, line 2		7			
3 00310		•-	لـئــا		I Van I	Ala.
4	nal section 263A costs (att schedule) 48 8 Do the rules of section 263A (with respect	เบ			Yes	No
	, — — — — — — — — — — — — — — — — — — —					_
b Other	costs (attach schedule) 4b property produced or acquired for resale)	apply to] .	
b Other	costs (attach schedule) Add lines 1 through 4b 5 the organization?			<u> </u>		
b Other 5 Total.	costs (attach schedule) Add lines 1 through 4b 5 the organization? Under penalties of perury, I declare that have examined this return, including accompanying schedules and statements, and to the b		wledge as	nd belief, it is	true,	
b Other 5 Total.	costs (attach schedule) Add lines 1 through 4b Dunder penalties of perpury, I declare that have examined this return, including accompanying schedules and statements, and to the borrect, and complete Declaration of peparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my kno		_		vith
b Other 5 Total.	costs (attach schedule) Add lines 1 through 4b Under penalties of perjury, I declare (har) have examined this return, including accompanying schedules and statements, and to the b correct, and complete Declaration of penalties of (other than taxpayer) is based on all information of which preparer has any knowledge	est of my kno	ay the IR:	nd belief, it is S discuss this Ir shown below	s return v	vith
b Other 5 Total.	costs (attach schedule) Add lines 1 through 4b Dunder penalties of perpury, I declare that have examined this return, including accompanying schedules and statements, and to the borrect, and complete Declaration of peparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my kno	ay the IR: e prepare	S discuss this	s return v	,
b Other 5 Total.	costs (attach schedule) Add lines 1 through 4b Under penalties of perpury, I declare final, have examined this return, including accompanying schedules and statements, and to the bicorrect, and complete. Declaration of penalties of correct, and complete Declaration of penalties of correct and complete Declaration of penalties. PRESIDENT/CEO Title	M th	ay the IR: e prepare structions	S discuss this shown below.	s return v	vith No
b Other 5 Total. Sign Here	costs (attach schedule) Add lines 1 through 4b Under penalties of perpury, I declare that I have examined this return, including accompanying schedules and statements, and to the become correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge PRESIDENT/CEO Title Trint/Type preparer 3 name Preparer's supparture Date Che	M th	ay the IR: e prepare	S discuss this shown below.	s return v	,
b Other 5 Total.	property produced or acquired for resale) Add lines 1 through 4b Under penalties of perury, I declare that I have examined this return, including accompanying schedules and statements, and to the become correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge PRESIDENT/CEO Title Print/Type preparer 5 name Preparer's separture Date Che RAR 2 8 2017 self	M th	ay the IR: e prepare structions	S discuss this shown below the shown below the shown below the shown below the shown t	s return v ow (see	,
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b Other 5 Total. Sign Here	Add lines 1 through 4b Index penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the brown of penalties of correct, and complete Declaration of penalties of other than taxpayer) is based on all information of which preparer has any knowledge by the preparer of office that taxpayer is based on all information of which preparer has any knowledge by the preparer of office than taxpayer is based on all information of which preparer has any knowledge by the preparer of office than taxpayer is based on all information of which preparer has any knowledge by the preparer of office than taxpayer is based on all information of which preparer has any knowledge by the preparer of office than taxpayer is based on all information of which preparer has any knowledge by the preparer of office than taxpayer is based on all information of which preparer has any knowledge by the preparer of office than taxpayer is based on all information of which preparer has any knowledge by the preparer of office than taxpayer is based on all information of which preparer has any knowledge by the preparer of office than taxpayer is based on all information of which preparer has any knowledge by the preparer of office than taxpayer is based on all information of which preparer has any knowledge by the preparer of the original taxpayer is based on all information of which preparer has any knowledge by the preparer has any knowledge by the preparer of the original taxpayer is based on all information of which preparer has any knowledge by the original taxpayer is based on all information of which preparer has any knowledge by the original taxpayer is based on all information of which preparer has any knowledge by the original taxpayer is based on all information of which preparer has any knowledge by the original taxpayer is based on all information of which preparer has any knowledge by the original taxpayer in the original taxpayer is based on all information of which preparer	west of my known the transfer of my known the	ay the IR: se prepare structions If PTII	S discuss this shown below the	s return vow (see	No.
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Enter here and on page 1, Part I,
Inne 8, column (A).

Totals

Enter here and on page 1, Part I, line 8, column (B).

Add columns 6 and 11

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Add columns 5 and 10.

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Schedule`G - Investme	ent In	come of a S	ection	501(c)(7	7), (9), or (17) Or	ganiza		<i>,</i>	022009.	Page
Description of income (1)					2. Amount of income	directly	luctions connected schedule)		1. Set-asides attach schedule)	5. Total deductions and set-asides
						(attaci)	scriedule)			(col 3 plus col 4)
(2)				 			_			
(3)										
(4)		<u> </u>			5-1-1-1-1-1					
					Enter here and on page 1, Part I, line 9, column (A)					Enter here and on page Part I, line 9, column (B)
Totals				▶	0.					0
Schedule I - Exploited (see instr			Income	e, Other	Than Advertisi	ng Inco	me			
: <u>:</u> _	Τ	0 -	3. Expe	enses	4 Net income (loss)					7. Excess exempt
1. Description of		2. Gross lated business	directly co	nnected	from unrelated trade or business (column 2		s income ivity that		. Expenses	expenses (column
exploited activity	l in	come from	with prod of unrel		minus column 3) If a	ıs not u	nrelated	at	tributable to column 5	6 minus column 5, but not more than
	trad	e or business	business		gain, compute cols 5 through 7	busines	s income		00.0	column 4)
(1)	-								_ ·	
(2)	 									
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(4)	<u> </u>									
		er here and on age 1, Part I,	Enter here page 1,							Enter here and on page 1,
	line	= 10, col (A)	line 10, c	ol (B)						Part II, line 28
otals •	.	0.		0.						0
Schedule J - Advertisi	ina Inc	come (see ins	tructions	<u></u>						
Part I Income From	Perio	dicals Repo	rted on	a Cons	solidated Basis					
raiti				u 00110	Jonatica Daois					
1. Name of periodical		2. Gross advertising income		Direct	4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute	5 . cı	rculation come	6	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more
<u></u> .			<u> </u>		cols 5 through 7					than column 4)
(1)										
(2)										
(3)										
[4]			-							
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etale (corrute Dort II, line (E))		0		0						^
otals (carry to Part II, line (5))	Dorio		•			1.				0
Part II Income From columns 2 through				а Ѕера	irate Basis (For e	ach perio	dıcal listed	ın Pa	ırt II, fill ın	
	2. Gross		Τ,		4. Advertising gain	5 Circulation				7. Excess readership
1. Name of periodical		advertising 0. L		Direct	or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7					costs (column 6 minus column 5, but not more than column 4)
(1)			+			 				
2)	-+		+	· ·	 -	+				
(3)		-	+		 	+				
			+ -			+				
4)		<u></u>	+			Ш				
otals from Part I	▶	0		0 .	<u>-1</u>				L	0
		Enter here and on page 1, Part I,	page	nere and on 1, Part I,	İ					Enter here and on page 1,
	ŀ	line 11, col (A)	line 1	1, col (B)						Part II, line 27
otals, Part II (lines 1-5)		. 0		0 .	•					0
Schedule K - Compen	sation	of Officers	, Direc	tors, an	d Trustees (see	instructio	ns)			
1. Name					2. Title	3 Percent of 4. Compet			nsation attributable stated business	
(1)				 			%			
			 	_			% %			
(2)			 							
3)				 				%		
4)				1				%		
otal Enter here and on page 1, f	Part II, lır	ne 14							<u> </u>	0
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