

Form **990**
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
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

- 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) Room/suite
2611 KILIHOU STREET

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 \$ 32,297,611

F Name and address of principal officer
RONALD MIZUTANI
2611 KILIHOU STREET
HONOLULU, HI 96819

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

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)	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	22
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	53
6 Total number of volunteers (estimate if necessary)	5,535
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	31,191,223	30,419,608
9 Program service revenue (Part VIII, line 2g)	732,751	549,477
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	200,053	262,264
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,468	153,556
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,184,495	31,384,905
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,338,634	26,177,392
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)	2,423,048	2,678,078
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 903,165		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,269,598	1,865,894
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	32,031,280	30,721,364
19 Revenue less expenses Subtract line 18 from line 12	153,215	663,541

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	22,505,652	23,899,800
21 Total liabilities (Part X, line 26)	828,124	1,075,777
22 Net assets or fund balances Subtract line 21 from line 20	21,677,528	22,824,023

Part II Signature Block

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

Sign Here

Signature of officer
Date 2018-05-10

NEILL CHAR TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name MARK A HAYES	Preparer's signature MARK A HAYES	Date	Check <input type="checkbox"/> if self-employed	PTIN P00085205
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	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 28,962,160 including grants of \$ 26,177,392) (Revenue \$ 549,477)
See Additional Data

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

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

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

4e Total program service expenses ▶ 28,962,160

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (23); 1b Enter the number of voting members included in line 1a, above, who are independent (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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 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 in Schedule O (No)

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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 Form 1023 (or 1024 if applicable), 990, and 990-T (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 in Schedule O); 19 Describe in 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 (CONNIE BENNETT 2611 KILILHAU STREET HONOLULU, HI 96819 (808) 836-3600)

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, or 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 dotted 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) GERALD SHINTAKU PRESIDENT/CEO	40.00	X		X			149,073	0	0	
(2) LINDA CHU TAKAYAMA CHAIR	3.00	X		X			0	0	0	
(3) JEFF MOKEN VICE CHAIR	2.00	X		X			0	0	0	
(4) NEILL CHAR TREASURER	2.00	X		X			0	0	0	
(5) JAMES STARSHAK SECRETARY	2.00	X		X			0	0	0	
(6) RICK BLANGIARDI DIRECTOR	0.50	X					0	0	0	
(7) STANLEY BROWN DIRECTOR	0.50	X					0	0	0	
(8) BRIAN CHRISTENSEN DIRECTOR	0.50	X					0	0	0	
(9) COREY CORREA DIRECTOR	0.50	X					0	0	0	
(10) CHUCK COTTON DIRECTOR	0.50	X					0	0	0	
(11) DENNIS FRANCIS DIRECTOR	0.50	X					0	0	0	
(12) MICHAEL GOLD DIRECTOR	0.50	X					0	0	0	
(13) LARRY ISHII DIRECTOR	0.50	X					0	0	0	
(14) CHARLIE KING DIRECTOR	0.50	X					0	0	0	
(15) DK KODAMA DIRECTOR	0.50	X					0	0	0	
(16) REGGIE MALDONADO DIRECTOR	0.50	X					0	0	0	
(17) PASTOR TIMOTHY MASON DIRECTOR	0.50	X					0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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) BARRY O'CONNELL DIRECTOR	0 50	X						0	0	0
(19) KU'UHAKU PARK DIRECTOR	0 50	X						0	0	0
(20) SHERI ROLF DIRECTOR	0 50	X						0	0	0
(21) MARY SELLERS DIRECTOR	0 50	X						0	0	0
(22) MARK TONINI DIRECTOR	0 50	X						0	0	0
(23) ED TRESCHUK DIRECTOR	0 50	X						0	0	0
(24) NOEL TRAINOR FORMER VICE CHAIR	2 00	X			X			0	0	0
(25) CONNIE BENNETT DIRECTOR OF FINANCE	40 00				X			92,139	0	4,577

1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							241,212	0		4,577

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 **▶ 1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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

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 **▶ 0**

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	272,442				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	35,387				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	30,111,779				
	g Noncash contributions included in lines 1a-1f \$ _____		25,492,759				
	h Total. Add lines 1a-1f		30,419,608				
Program Service Revenue			Business Code				
	2a SHARED MAINT FEES		624200	549,477	549,477		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		549,477					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			262,974		262,974	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses		847,366			
		c Gain or (loss)		848,076			
		d Net gain or (loss)		-710	-710		-710
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b	218,186			
		c Net income or (loss) from fundraising events		64,630	153,556		153,556
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
11a Miscellaneous Revenue		Business Code					
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			31,384,905	549,477	0	415,820	

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.	26,177,392	26,177,392		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	256,182	149,443	49,524	57,215
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.	1,835,009	1,066,665	356,651	411,693
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	76,118	46,975	13,528	15,615
9 Other employee benefits.	348,884	231,725	46,510	70,649
10 Payroll taxes.	161,885	86,619	48,535	26,731
11 Fees for services (non-employees)				
a Management.				
b Legal.	7,643		7,643	
c Accounting.	54,712		54,712	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	70,068		70,068	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	44,340		40,949	3,391
12 Advertising and promotion.	171,518		18,278	153,240
13 Office expenses.	78,161	26,424	23,052	28,685
14 Information technology.	47,481	8,854	33,130	5,497
15 Royalties.				
16 Occupancy.	510,349	443,233	33,558	33,558
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	60,489	17,804	35,429	7,256
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	271,284	230,592	20,346	20,346
23 Insurance.	41,036	33,837	3,709	3,490
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 TRANSPORTATION	248,626	245,793	417	2,416
b SHIPPING & FREIGHT	159,653	159,653		
c FUNDRAISING EVENT DIRECT	84,575	23,817		60,758
d VOLUNTEER EXPENSE	10,084	7,459		2,625
e All other expenses	5,875	5,875		
25 Total functional expenses. Add lines 1 through 24e.	30,721,364	28,962,160	856,039	903,165
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	226,438	1	206,183
	2 Savings and temporary cash investments	16,943,901	2	7,496,529
	3 Pledges and grants receivable, net	316,950	3	332,987
	4 Accounts receivable, net	42,798	4	35,737
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,279,219	8	1,988,093
	9 Prepaid expenses and deferred charges	73,010	9	64,978
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	9,960,905		
	b Less accumulated depreciation	6,449,632		
		3,623,336	10c	3,511,273
	11 Investments—publicly traded securities		11	10,044,893
	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	0	15	219,127	
16 Total assets. Add lines 1 through 15 (must equal line 34)	22,505,652	16	23,899,800	
Liabilities	17 Accounts payable and accrued expenses	461,516	17	564,222
	18 Grants payable	366,608	18	511,555
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		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	828,124	26	1,075,777
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	17,787,693	27	18,988,535
	28 Temporarily restricted net assets	2,882,904	28	2,816,362
	29 Permanently restricted net assets	1,006,931	29	1,019,126
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	21,677,528	33	22,824,023	
34 Total liabilities and net assets/fund balances	22,505,652	34	23,899,800	

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	31,384,905
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,721,364
3	Revenue less expenses Subtract line 2 from line 1	3	663,541
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,677,528
5	Net unrealized gains (losses) on investments	5	381,743
6	Donated services and use of facilities	6	101,211
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	22,824,023

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a	Yes	
<p>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 in Schedule O and describe any steps taken to undergo such audits</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 99-0220699

Name: HAWAII FOODBANK INC

Form 990 (2016)

Form 990, Part III, Line 4a:

THE HAWAII FOODBANK ("HFB") HAS BEEN COLLECTING, WAREHOUSING AND DISTRIBUTING FOOD TO THE HUNGRY ON OAHU AND THE NEIGHBOR ISLANDS FOR OVER 34 YEARS. HFB COLLECTED OVER 15.1 MILLION POUNDS OF PERISHABLE AND NON-PERISHABLE FOODS IN FISCAL YEAR 2017. FOOD WAS DISTRIBUTED TO OVER 200 MEMBER AGENCIES ON OAHU AND KAUAI. HFB DISTRIBUTES ON AVERAGE OVER 1.1 MILLION POUNDS OF FOOD PER MONTH AND PROVIDES NEARLY 3.6 MILLION POUNDS OF FRESH PRODUCE ANNUALLY.

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HAWAII FOODBANK INC

Employer identification number

99-0220699

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	29,998,549	29,741,353	28,488,750	31,191,223	30,419,608	149,839,483
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	29,998,549	29,741,353	28,488,750	31,191,223	30,419,608	149,839,483
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)						26,627,267
6	Public support. Subtract line 5 from line 4						123,212,216

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	29,998,549	29,741,353	28,488,750	31,191,223	30,419,608	149,839,483
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,807	168,889	46,126	200,053	262,974	695,849
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)						
11	Total support. Add lines 7 through 10						150,535,332
12	Gross receipts from related activities, etc (see instructions)					12	

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 2016 (line 6, column (f) divided by line 11, column (f))	14	81.850 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	77.390 %

16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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. **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)	1	
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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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 (e.g., recreation or education) Preservation of an 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 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 8/17/06, 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a 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 programs
 - 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	804,473	802,172	801,222	800,000	802,640
b Contributions					
c Net investment earnings, gains, and losses	6,772	6,673	2,190	2,822	5,003
d Grants or scholarships					
e Other expenditures for facilities and programs	4,360	4,372	1,240	1,600	7,643
f Administrative expenses					
g End of year balance	806,885	804,473	802,172	801,222	800,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 99 150 %
 - c** Temporarily restricted endowment ▶ 0 850 %
- 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) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 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	4,577,044		2,667,090	1,909,954
c Leasehold improvements	170,509		170,509	0
d Equipment	1,823,299		1,535,770	287,529
e Other	3,390,053		2,076,263	1,313,790
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				3,511,273

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. (Column (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. (Column (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.

(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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	31,922,206
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	381,743
b	Donated services and use of facilities	2b	101,211
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	482,954
3	Subtract line 2e from line 1	3	31,439,252
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	
b	Other (Describe in Part XIII)	4b	-54,347
c	Add lines 4a and 4b	4c	-54,347
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	31,384,905

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	30,721,364
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	30,721,364
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	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	30,721,364

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 99-0220699

Name: HAWAII FOODBANK INC

Supplemental Information

Return Reference	Explanation
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.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THEY ARE MORE LIKELY THAN NOT TO FAIL UPON REGULATORY EXAMINATION MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AS OF JUNE 30, 2017 AND 2016 AND FOR THE YEARS THEN ENDED BY REVIEWING ITS INCOME TAX RETURNS AND CONFERRING WITH ITS TAX ADVISORS, AND DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS REQUIRED TO BE REPORTED IN ACCORDANCE WITH SUCH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS IN PROGRESS FOR ANY OPEN TAX PERIODS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DECREASE IN TEMPORARILY RESTRICTED NET ASSETS -66,542 INCREASE IN PERMANENTLY RESTRICTED NET ASSETS 12,195

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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
- 2a** 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		GREAT CHEFS DINNER EVENT (event type)	GOLF TOURNAMENT (event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	151,463	66,723		218,186
2	Less Contributions				
3	Gross income (line 1 minus line 2)	151,463	66,723		218,186
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	14,321	6,931		21,252
	8 Entertainment				
	9 Other direct expenses	27,261	16,117		43,378
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				64,630
11	Net income summary Subtract line 10 from line 3, column (d) ▶				153,556

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.

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | | |
|----------|-----------------------------|------------|---------|
| a | The organization's facility | 13a | _____ % |
| b | An outside facility | 13b | _____ % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law 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 complete this part to provide any additional information (see instructions).

Return Reference

Explanation

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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?
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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

See Additional Data Table

Table with 8 columns and 12 rows for data entry.

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

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 non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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

Additional Data

Software ID:
Software Version:
EIN: 99-0220699
Name: HAWAII FOODBANK INC

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

(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
ABANDONED AND FERAL CAT FRIEND 883 LEIGHTON STREET HONOLULU, HI 96821	99-0347808	501(C)(3)		102,228	APR	FOOD	FIGHT HUNGER
ABUNDANT LIFE UNITED PENTECOST 650 KILANI AVE WAHIAWA, HI 96786	43-0679185	501(C)(3)		10,855	APR	FOOD	FIGHT HUNGER

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ANGEL NETWORK CHARITIES INC 5339 KALANIANAOLE HWY HONOLULU, HI 96821	99-0290412	501(C)(3)	6,104	504,963	APR	FOOD	FIGHT HUNGER
ARK OF SAFETY CHRISTIAN FELLOWSHIP 85-179 WAIANAE VALLEY RD WAIANAE, HI 96792	99-0142222	501(C)(3)		11,436	APR	FOOD	FIGHT HUNGER

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BEYOND THE 4 WALLS PO BOX 536 PEARL CITY, HI 96782	65-1176738	501(C)(3)	1,500	29,521	APR	FOOD	FIGHT HUNGER
BOBBY BENSON CENTER 56-660 KAMEHAMEHA HWY KAHUKU, HI 96731	99-0243991	501(C)(3)		6,956	APR	FOOD	FIGHT HUNGER

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BOYS AND GIRLS CLUB - HAWAII 91-884 FORT WEAVER RD EWA BEACH, HI 96706	99-6005407	501(C)(3)		77,957	APR	FOOD	FIGHT HUNGER
BRETHREN OF CHRIST INTERNATIONAL 94-133 PAHU STREET WAIPAHU, HI 96797	99-0293419	501(C)(3)		11,064	APR	FOOD	FIGHT HUNGER

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HAWAII ASSEMBLY OF GOD - TOTAL 87-125 MAIPALAOA RD WAIANAE, HI 96791	44-0577787	501(C)(3)	2,446	591,160	APR	FOOD	FIGHT HUNGER
CALVARY CHAPEL PEARL HARBOR 91-137 MAKALEA ST EWA BEACH, HI 96706	99-0312556	501(C)(3)		178,330	APR	FOOD	FIGHT HUNGER

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

(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
CENTER OF DELIVERANCE CHURCH OF GOD IN CHRIST PO BOX 292 PEARL CITY, HI 96782	23-7002419	501(C)(3)		11,047	APR	FOOD	FIGHT HUNGER
CHILD AND FAMILY SERVICE - TOTAL 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	99-0073483	501(C)(3)		254,207	APR	FOOD	FIGHT HUNGER

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

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CHOW PROJECT (COMMUNITY HEALTH OUTREACH WORK) 677 ALA MOANA BLVD SUITE 226 HONOLULU, HI 96813	99-0284222	501(C)(3)		7,975	APR	FOOD	FIGHT HUNGER
C4-CHRIST CENTERED COMMUNITY CHURCH 4211 WAIALAE AVE 1030 HONOLULU, HI 96816	77-0667145	501(C)(3)		19,202	APR	FOOD	FIGHT HUNGER

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

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CHURCH OF CHRIST AT PEARL HARBOR 515 MAIN STREET HONOLULU, HI 96818	99-0161316	501(C)(3)		80,065	APR	FOOD	FIGHT HUNGER
CHURCH OF GOD OF PROPHECY - KANEOHE 45-416 KAMEHAMEHA HIGHWAY KANEOHE, HI 96744	99-0324042	501(C)(3)		13,083	APR	FOOD	FIGHT HUNGER

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CITY OF REFUGE CHRISTIAN CHURCH PO BOX 971057 WAIPAHU, HI 96797	99-0204880	501(C)(3)	1,000	55,257	APR	FOOD	FIGHT HUNGER
COMMUNITY LIFE RESOURCE CENTER FEEDING HI TOGETHER 615 KEAWE STREET HONOLULU, HI 96819	99-0235773	501(C)(3)	208	1,078,319	APR	FOOD	FIGHT HUNGER

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

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COMMUNITY PEOPLE MINISTRIES 1114 LAULOA STREET KAILUA, HI 96734	47-5334011	501(C)(3)		86,593	APR	FOOD	FIGHT HUNGER
DYNAMIC COMPASSION IN ACTION PO BOX 712 WAIMANALO, HI 96795	46-2192346	501(C)(3)	186	955,123	APR	FOOD	FIGHT HUNGER

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EWA BEACH UNITED METHODIST CHURCH 91-660 POHAKUPUNA ROAD EWA BEACH, HI 96706	99-0117016	501(C)(3)		51,627	APR	FOOD	FIGHT HUNGER
FAMILY PROMISE OF HAWAII 245 N KUKUI ST 101 HONOLULU, HI 96817	20-2645489	501(C)(3)	2,000	3,752	APR	FOOD	FIGHT HUNGER

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FIRST ASSEMBLY OF GOD - TOTAL 3400 MOANALUA ROAD HONOLULU, HI 96819	99-0079322	501(C)(3)	682	523,190	APR	FOOD	FIGHT HUNGER
FIRST UNITED METHODIST CHURCH 1020 S BERTANIA STREET HONOLULU, HI 96814	36-2167731	501(C)(3)	13,561	112,346	APR	FOOD	FIGHT HUNGER

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FOUNDATIONS OF SPIRITUAL LIBERTY (FOSLIC) 94-1181 KA UKA BLVD BOX B WAIPAHU, HI 96797	26-3945478	501(C)(3)		17,262	APR	FOOD	FIGHT HUNGER
FOUNTAINS OF THE LIVING WATER 2412 ROSE ST UNIT 100 HONOLULU, HI 96819	20-3160523	501(C)(3)		47,165	APR	FOOD	FIGHT HUNGER

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FULL GOSPEL CHURCH OF OAHU 1522 MAKALOA STREET 225 HONOLULU, HI 96814	99-0349540	501(C)(3)		51,214	APR	FOOD	FIGHT HUNGER
FULL GOSPEL TEMPLE 2464 N SCHOOL STREET HONOLULU, HI 96819	99-2597400	501(C)(3)		97,041	APR	FOOD	FIGHT HUNGER

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GOOD SAMARITAN CHURCH DBA MATAALA & TATA 99-545 OPUKEA STREET AIEA, HI 96701	31-1696206	501(C)(3)		48,120	APR	FOOD	FIGHT HUNGER
GREATER MOUNT ZION HOLINESS CHURCH PO BOX 218 HAUULA, HI 96717	99-0315885	501(C)(3)		28,315	APR	FOOD	FIGHT HUNGER

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H-5 HAWAII HELPING THE HUNGRY HAVE HOPE 615 NORTH KING ST HONOLULU, HI 96817	20-4943817	501(C)(3)	1,500	47,022	APR	FOOD	FIGHT HUNGER
HABILITAT INC PO BOX 801 KANEEOHE, HI 96744	99-0146306	501(C)(3)	1,250	23,314	APR	FOOD	FIGHT HUNGER

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HALE KIPA YOUTH OUTREACH 615 PIIKOI STREET 203 HONOLULU, HI 96814	23-7061499	501(C)(3)		6,224	APR	FOOD	FIGHT HUNGER
HALE O HONOLULU 1700 LANAKILA AVENUE HONOLULU, HI 96817	99-0325672	501(C)(3)		9,309	APR	FOOD	FIGHT HUNGER

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HALE OLA HOOPAKOLEA INC 89-137 NANAKULI AVENUE WAIANAE, HI 96792	99-0240185	501(C)(3)	1,000	444,751	APR	FOOD	FIGHT HUNGER
HAWAII CHURCH FOR THE DEAF PO BOX 893249 MILILANI, HI 96789	99-6010795	501(C)(3)		15,603	APR	FOOD	FIGHT HUNGER

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HCAP TOTAL (HONOLULU COMMUNITY ACTION PROG 33 SOUTH KING ST SUITE 300 HONOLULU, HI 96813	99-0140622	501(C)(3)	980	1,121,517	APR	FOOD	FIGHT HUNGER
HINA MAUKA - TOTAL 45-845 POOKELA ST KANEHOE, HI 96744	99-0173356	501(C)(3)		10,287	APR	FOOD	FIGHT HUNGER

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HOLY HILL OF ZION FULL GOSPEL 85-841 FARRINGTON HWY UNIT H WAIANAE, HI 96792	99-0202428	501(C)(3)		56,637	APR	FOOD	FIGHT HUNGER
HO'OMAU KE OLA PO BOX 837 WAIANAE, HI 96792	99-0252827	501(C)(3)		23,078	APR	FOOD	FIGHT HUNGER

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HOPE CHAPEL KAHUKU (HOPE CHAPEL TOTAL) 56-565 KAMEHAMEHA HWY KAHUKU, HI 96731	95-1684062	501(C)(3)	313	331,065	APR	FOOD	FIGHT HUNGER
HOUSE OF FAITH CHRISTIAN MINISTRIES PO BOX 60334 EWA BEACH, HI 96706	91-2173297	501(C)(3)	1,796	433,718	APR	FOOD	FIGHT HUNGER

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HUGS (HELP UNDERSTANDING GROUP SUPPORT) 3636 KILAUEA AVE HONOLULU, HI 96816	99-0213594	501(C)(3)	5,000	6,678	APR	FOOD	FIGHT HUNGER
HUI O HAU'ULA 54-101 KUKUNA RD HAUULA, HI 96717	47-1756958	501(C)(3)		51,930	APR	FOOD	FIGHT HUNGER

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HUI MALAMA I KE KAI FOUNDATION 41-1537 KALANIANAOLE HWY 201B WAIMANALO, HI 96795	99-0356784	501(C)(3)		8,998	APR	FOOD	FIGHT HUNGER
INSPIRE INTERNATIONAL 94-877 LUMIANA ST BLDG 12 WAIPAHU, HI 96797	46-2778796	501(C)(3)		20,327	APR	FOOD	FIGHT HUNGER

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INSTITUTE OF HUMAN SERVICES 546 KAAHI STREET HONOLULU, HI 96817	99-0199107	501(C)(3)	16,722	383,511	APR	FOOD	FIGHT HUNGER
JESUS IS ALIVE FELLOWSHIP 66-405 WAIALUA BEACH ROAD HALEIWA, HI 96712	99-0159250	501(C)(3)		81,666	APR	FOOD	FIGHT HUNGER

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KALIHI-PALAMA HEALTH CENTER 904 KOHOU ST STE 307 HONOLULU, HI 96817	99-0161221	501(C)(3)		31,035	APR	FOOD	FIGHT HUNGER
KALIHI UNION CHURCH 2214 NO KING STREET HONOLULU, HI 96819	99-6000168	501(C)(3)	1,500	206,797	APR	FOOD	FIGHT HUNGER

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KAUAI NORTH SHORE FOOD PANTRY PO BOX 1172 KILAUEA, HI 96754	81-4748610	501(C)(3)	6,333	134,616	APR	FOOD	FIGHT HUNGER
KAUMAKAPILI CHURCH 766 NORTH KING STREET HONOLULU, HI 96817	13-5563020	501(C)(3)		46,738	APR	FOOD	FIGHT HUNGER

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KEY PROJECT 47-200 WAIHEE RD KANEEOHE, HI 96744	99-0118209	501(C)(3)	1,090	156,439	APR	FOOD	FIGHT HUNGER
KING'S CATHEDRAL - TOTAL 5740 KALANIANAOLE HIGHWAY HONOLULU, HI 96821	99-0196904	501(C)(3)		251,299	APR	FOOD	FIGHT HUNGER

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KOKUA KALIHI VALLEY COMP FAMILY SERVICES TOTAL 2239 NORTH SCHOOL STREET HONOLULU, HI 96819	99-0149797	501(C)(3)	235	400,008	APR	FOOD	FIGHT HUNGER
LANAKILA PACIFIC REHABILITATION CENTER 1809 BACHELOT STREET HONOLULU, HI 96817	99-0103922	501(C)(3)		6,484	APR	FOOD	FIGHT HUNGER

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LIFE CHURCH 111 HEKILI STREET STE A500 KAILUA, HI 96734	58-0904463	501(C)(3)	500	48,061	APR	FOOD	FIGHT HUNGER
LIGHT AND SALVATION CHURCH 2065 S BERETANIA ST HONOLULU, HI 96826	27-1082889	501(C)(3)		47,887	APR	FOOD	FIGHT HUNGER

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LIGHTHOUSE OUTREACH CENTER AOG - TOTAL 94-230 LEOKANE STREET WAIPAHU, HI 96797	99-0349059	501(C)(3)	4,349	2,886,718	APR	FOOD	FIGHT HUNGER
LIVING THE WORD 985 DILLINGHAM BLVD 100 HONOLULU, HI 96817	56-2639791	501(C)(3)		112,035	APR	FOOD	FIGHT HUNGER

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MALAMA POPOKI 95-202 AUHAELE LOOP MILILANI, HI 96789	77-0644941	501(C)(3)		42,325	APR	FOOD	FIGHT HUNGER
MAUI FOOD BANK 760 KOLU ST WAILUKU, HI 96793	99-0315110	501(C)(3)		161,558	APR	FOOD	FIGHT HUNGER

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MUTUAL HOUSING ASSOCIATION - TOTAL 2170 AHE STREET HONOLULU, HI 96816	99-0308739	501(C)(3)	457	723,958	APR	FOOD	FIGHT HUNGER
NEW HOPE CHRISTIAN FELLOWSHIP - TOTAL 290 SAND ISLAND ACCESS RD HONOLULU, HI 96819	99-0348925	501(C)(3)		229,760	APR	FOOD	FIGHT HUNGER

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NEW LIFE BODY OF CHRIST CHRISTIAN CHURCH 74 S KAMEHAMEHA HWY WAHIAWA, HI 96786	99-0346717	501(C)(3)	1,500	134,694	APR	FOOD	FIGHT HUNGER
NORTH SHORE CHRISTIAN FELLOWSHIP 67-437 KAMEHAMEHA HWY 101 HALEIWA, HI 96712	51-0195258	501(C)(3)		178,476	APR	FOOD	FIGHT HUNGER

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ONCE-A-MONTH CHURCH PO BOX 1117 HALEIWA, HI 96712	26-0503178	501(C)(3)	3,000	356,196	APR	FOOD	FIGHT HUNGER
PARENTS AND CHILDREN TOGETHER (PACT) - TOTAL 1485 LINAPUNI STREET HONOLULU, HI 96819	99-0119678	501(C)(3)		62,955	APR	FOOD	FIGHT HUNGER

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

(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
PALAMA SETTLEMENT 810 N VINEYARD BOULEVARD HONOLULU, HI 96817	99-0074140	501(C)(3)	1,833	294,007	APR	FOOD	FIGHT HUNGER
PARADISE CHAPEL (SOCIAL SERVICE) 87-125 MAIPALAOA ROAD WAIANAE, HI 96792	99-6010795	501(C)(3)		36,332	APR	FOOD	FIGHT HUNGER

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

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PARISH OF ST CLEMENT 1515 WILDER AVENUE HONOLULU, HI 96822	99-0085402	501(C)(3)		28,387	APR	FOOD	FIGHT HUNGER
PARTNERS IN DEVELOPMENT FOUNDATION 2040 BACHELOT ST HONOLULU, HI 96817	94-3271325	501(C)(3)	1,000	216,769	APR	FOOD	FIGHT HUNGER

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PENIEL PEARL GATES CHURCH PO BOX 1524 PEARL CITY, HI 96782	99-0296934	501(C)(3)		10,484	APR	FOOD	FIGHT HUNGER
PO'AILANI 970 N KALAHEO AVE STE A102 KAILUA, HI 96734	99-0185750	501(C)(3)		10,290	APR	FOOD	FIGHT HUNGER

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(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
PRIVATE SECTOR - HAWAII 59-495 ALAPIO ROAD HALEIWA, HI 96712	68-0041276	501(C)(3)	13,420	134,734	APR	FOOD	FIGHT HUNGER
RESPONSIVE CAREGIVERS OF HAWAII - TOTAL 98-1247 KAAHUMANU ST STE219B AIEA, HI 96701	99-0166146	501(C)(3)		14,818	APR	FOOD	FIGHT HUNGER

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

(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 PO BOX 37939 HONOLULU, HI 96837	99-0253651	501(C)(3)		95,275	APR	FOOD	FIGHT HUNGER
SALVATION ARMY - HAWAII 2950 MANOA RD HONOLULU, HI 96822	99-0082003	501(C)(3)	5,648	458,221	APR	FOOD	FIGHT HUNGER

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

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SAVE THE FOODBASKET INC PO BOX 22845 HONOLULU, HI 96823	94-3259311	501(C)(3)		145,080	APR	FOOD	FIGHT HUNGER
SEVENTH DAY ADVENTIST CHURCH OF HAWAII 2313 NUUANU AVENUE HONOLULU, HI 93817	99-0152812	501(C)(3)	1,000	286,698	APR	FOOD	FIGHT HUNGER

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

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SHRINERS HOSPITALS FOR CHILDREN HONOLULU 1310 PUNAHOU ST HONOLULU, HI 96826	36-2193608	501(C)(3)		24,077	APR	FOOD	FIGHT HUNGER
SPIRIT FILLED CHRISTIAN FELLOWSHIP 94-946 MAPALA PLACE WAIPAHU, HI 96797	48-1287722	501(C)(3)		17,474	APR	FOOD	FIGHT HUNGER

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

(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
ST MARK LUTHERAN CHURCH 45-725 KAMEHAMEHA HWY KANEEOHE, HI 96744	99-0090474	501(C)(3)		22,702	APR	FOOD	FIGHT HUNGER
EPISCOPAL DIOCESE OF HAWAII - TOTAL 229 QUEEN EMMA SQUARE HONOLULU, HI 96813	99-0073522	501(C)(3)	1,250	413,651	APR	FOOD	FIGHT HUNGER

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

(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
CATHOLIC CHURCH OF HAWAII - TOTAL 1184 BISHOP ST HONOLULU, HI 96813	99-0222900	501(C)(3)	15,675	2,171,695	APR	FOOD	FIGHT HUNGER
SU GRAN ALABANZA 775 MCCULLY STREET HONOLULU, HI 96826	99-0319851	501(C)(3)		45,531	APR	FOOD	FIGHT HUNGER

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

(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
SURFING THE NATIONS PO BOX 860366 WAHIAWA, HI 96786	20-0245026	501(C)(3)	6,215	1,686,279	APR	FOOD	FIGHT HUNGER
SUSANNAH WESLEY COMMUNITY CENTER 1117 KAILI STREET HONOLULU, HI 96819	99-0073528	501(C)(3)	10,000	34,957	APR	FOOD	FIGHT HUNGER

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

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SUTTER HEALTH PACIFIC-KAHI MOHALA 91-2301 FORT WEAVER ROAD EWA BEACH, HI 96706	99-0298651	501(C)(3)	500	16,723	APR	FOOD	FIGHT HUNGER
TRINITY CHURCH CENTRAL OAHU 95-388 WIKAO STREET MILILANI, HI 96789	99-0317435	501(C)(3)		5,421	APR	FOOD	FIGHT HUNGER

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

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UNITED STATES VETERANS INITIATIVE PO BOX 75329 KAPOLEI, HI 96707	95-4382752	501(C)(3)	1,500	27,066	APR	FOOD	FIGHT HUNGER
VOICE OF GOD MINISTRIES PO BOX 296 HALEIWA, HI 96712	80-0877885	501(C)(3)	2,000	133,319	APR	FOOD	FIGHT HUNGER

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

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WAIANAE COAST COMMUNITY FOUNDATION PO BOX 2308 WAIANAE, HI 96792	47-4391579	501(C)(3)	690	184,741	APR	FOOD	FIGHT HUNGER
WAIANAE COAST COMPREHENSIVE HEALTH CARE 94-830 HIKIMOE ST WAIPAHU, HI 96797	99-0148164	501(C)(3)		5,994	APR	FOOD	FIGHT HUNGER

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

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WAIKIKI HEALTH CENTER - TOTAL 277 OHUA AVENUE HONOLULU, HI 96815	99-0159253	501(C)(3)	2,250	19,099	APR	FOOD	FIGHT HUNGER
WAIKIKI COMMUNITY CENTER 310 PAOKALANI AVENUE HONOLULU, HI 96815	99-0179392	501(C)(3)		19,110	APR	FOOD	FIGHT HUNGER

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

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BAPTIST CHURCH - TOTAL PO BOX 836 WAIANAE, HI 96792	99-0104371	501(C)(3)	3,500	411,048	APR	FOOD	FIGHT HUNGER
UNITED CHURCH OF CHRIST - TOTAL 1848 NUUANU AVENUE HONOLULU, HI 96817	99-0076034	501(C)(3)	3,661	796,007	APR	FOOD	FIGHT HUNGER

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

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KAPAA MISSIONARY CHURCH 4-758 KUHIO HWY KAPAA, HI 96746	00-6004957	501(C)(3)		86,894	APR	FOOD	FIGHT HUNGER
U-TURN FOR CHRIST KAUAI INC PO BOX 1781 KAPAA, HI 96746	20-8090926	501(C)(3)		58,511	APR	FOOD	FIGHT HUNGER

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

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KAUAI BIBLE CHURCH PO BOX 571 LAWAI, HI 96765	91-0168565	501(C)(3)		79,975	APR	FOOD	FIGHT HUNGER
KAUAI ECONOMIC OPPORTUNITY 2804 WEHE ROAD LIHUE, HI 96766	99-0112851	501(C)(3)		24,601	APR	FOOD	FIGHT HUNGER

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047
2016
Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Department of the Treasury
Internal Revenue Service

Name of the organization
HAWAII FOODBANK INC

Employer identification number
99-0220699

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	7	29,980	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	15,281,704	25,462,779	\$1 666 AVG PER POUND
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29

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 is not required to be used for exempt purposes for the entire holding period?

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

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

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

b If "Yes," describe in Part II

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

	Yes	No
30a		No
31	Yes	
32a		No

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.

Return Reference	Explanation
PART I, COLUMN (B)	PART I, LINE 9, COLUMN B THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS PART I, LINE 19, COLUMN B 15,281,704 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)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HAWAII FOODBANK INC

Employer identification number

99-0220699

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO FILING WITH THE IRS, THE FORM 990 IS REVIEWED IN DETAIL BY THE CFO/DIRECTOR OF FINANCE, WHO IS INVOLVED IN THE COMPILATION OF THE DATA. THE FORM 990 IS THEN REVIEWED BY THE PRESIDENT/CEO AND BOARD TREASURER AND ANY ADDITIONAL CHANGES ARE MADE. HIGHLIGHTS ARE PRESENTED TO THE FINANCE COMMITTEE, A SUBSET OF THE GOVERNING BODY. UPON APPROVAL, THE FORM 990 IS ELECTRONICALLY SENT TO ALL VOTING BOARD MEMBERS, AND THEN FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 PERSONNEL COMMITTEE COMPENSATION IS COMPARED TO SIMILAR POSITIONS IN THE INDUSTRY BASED ON INDEPENDENT COMPENSATION SURVEYS THIS PROCESS WAS LAST CONDUCTED IN DECEMBER 2015, UPON THE HIRING OF THE PRESIDENT/CEO THIS IS DOCUMENTED IN THE PRESIDENT/CEO'S PERSONNEL FILE KEY EMPLOYEES HAVE OBJECTIVES AGAINST WHICH PERFORMANCE IS RECORDED THIS IS REVIEWED AND APPROVED BY THE PRESIDENT/CEO COMPENSATION IS COMPARED TO SIMILAR POSITIONS IN THE INDUSTRY BASED ON INDEPENDENT COMPENSATION SURVEYS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S BY-LAWS, INCORPORATION PAPERS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC BY REQUEST THE FORM 990 AND THE AUDITED FINANCIAL STATEMENTS ARE PUBLISHED ON THE ORGANIZATION'S WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
SCHEDULE B, PART II, COLUMN C	FOOD CONTRIBUTIONS ARE VALUED BASED ON MANAGEMENT'S ESTIMATE OF THE AVERAGE WHOLESAL VALU E PER POUND OF FOOD MANAGEMENT'S ESTIMATE IS BASED ON THE RESULTS OF A PRODUCT VALUATION SURVEY PROVIDED BY FEEDING AMERICA