

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.

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

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
ALOHA HARVEST

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3599 WAIALAE AVE NO 23

City or town, state or province, country, and ZIP or foreign postal code
HONOLULU, HI 96816

D Employer identification number
99-0344209

E Telephone number
(808) 537-6945

G Gross receipts \$ 6,337,749

F Name and address of principal officer:
SHARON SPEAR
3599 WAIALAE AVE NO 23
HONOLULU, HI 96816

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.ALOHAHARVEST.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1999

M State of legal domicile: HI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO RESCUE AND DELIVER QUALITY DONATED FOOD TO SOCIAL SERVICE AGENCIES THAT FEED THE HUNGRY IN HAWAII.

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)	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	10
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	12
6 Total number of volunteers (estimate if necessary)	130
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)	6,721,802	6,266,400
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	195	345
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,402	18,935
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,723,399	6,285,680
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,964,319	5,460,297
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)	391,739	430,592
16a Professional fundraising fees (Part IX, column (A), line 11e)	37,696	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶112,037		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	277,910	429,620
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,671,664	6,320,509
19 Revenue less expenses. Subtract line 18 from line 12	51,735	-34,829
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	344,988	289,182
21 Total liabilities (Part X, line 26)	74,570	53,595
22 Net assets or fund balances. Subtract line 21 from line 20	270,418	235,587

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: 2020-07-15

JOANNA OSHIRO TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01755832
Firm's name ▶ N&K CPAS INC			Firm's EIN ▶ 99-0169131	
Firm's address ▶ 999 BISHOP ST STE 2200 HONOLULU, HI 968139991			Phone no. (808) 524-2255	

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:

TO RESCUE AND DELIVER QUALITY DONATED FOOD TO SOCIAL SERVICE AGENCIES THAT FEED THE HUNGRY IN HAWAII.

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 \$ 6,105,478 including grants of \$ 5,460,297) (Revenue \$)
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 ▶ 6,105,478

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying activities, financial reporting, and asset management.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS filings.

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 3 columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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

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



Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-7 (governance questions), 7a-7b (power to elect/appoint), 8 (documentation), 8a-8b (documentation details), 9 (reachability).

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

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a-10b (local chapters), 11a-11b (copy of form), 12a-12c (conflict of interest policy), 13 (whistleblower policy), 14 (document retention), 15a-15b (compensation review), 16a-16b (joint venture).

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed (HI)
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.
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: JOSH LEVINSON INTERIM EXECUTIVE DIRECTOR 3599 WAIALAE AVE 23 HONOLULU, HI 96816 (808) 537-6945

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) SHARON SPEAR CHAIRPERSON	1.00	X		X				0	0	0
(2) NICOLE ALTMAN VICE CHAIRMAN	1.00	X		X				0	0	0
(3) JOANNA OSHIRO TREASURER	1.00	X		X				0	0	0
(4) AULANI KEKUNA SECRETARY	1.00	X		X				0	0	0
(5) LISA TOMIHAMA DIRECTOR	1.00	X						0	0	0
(6) SUMMER KAIawe DIRECTOR	1.00	X						0	0	0
(7) MARK DAVIS DIRECTOR	1.00	X						0	0	0
(8) DEBRA VAN ZILE DIRECTOR	1.00	X						0	0	0
(9) BUTCH GALDEIRA DIRECTOR	1.00	X						0	0	0
(10) BOB HARRISON CHAIR EMERITUS	1.00	X						0	0	0
(11) JOSHUA LEVINSON INTERIM EXECUTIVE DIRECTOR	40.00			X				0	0	0
(12) KU'ULEI WILLIAMS EXECUTIVE DIRECTOR	40.00			X				92,895	0	11,328

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			

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	92,895	0	11,328

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 ▶ **0**

	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>	3	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>	4	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>	5	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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g (Contributions, Gifts, Grants) and 1h Total.

Table for Program Service Revenue with 5 columns: Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a-2f and 9 Total.

Table for Other Revenue with 5 columns: Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-12 Total revenue.

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	5,460,297	5,460,297		
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	71,889	43,133	17,972	10,784
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	278,813	263,324	8,662	6,827
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	44,459	41,044	1,988	1,427
10 Payroll taxes	35,431	31,170	2,558	1,703
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	148,829	88,079	39,389	21,361
12 Advertising and promotion	16,162	7,956		8,206
13 Office expenses	53,953	33,027	16,564	4,362
14 Information technology				
15 Royalties				
16 Occupancy	8,703	6,908	1,389	406
17 Travel	101,979	101,741	146	92
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,733		1,733	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,036	22,276	607	153
23 Insurance	6,260	4,171	1,874	215
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 RESOURCES	58,200		1,861	56,339
b PARKING	2,706	2,352	192	162
c MISCELLANEOUS	860		860	
d				
e All other expenses	7,199		7,199	
25 Total functional expenses. Add lines 1 through 24e	6,320,509	6,105,478	102,994	112,037
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		1	
	2 Savings and temporary cash investments	173,761	2	188,590
	3 Pledges and grants receivable, net	49,682	3	1,341
	4 Accounts receivable, net		4	
	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		8	
	9 Prepaid expenses and deferred charges	7,200	9	3,638
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	309,129		
	b Less: accumulated depreciation	214,166		
		113,695	10c	94,963
	11 Investments—publicly traded securities		11	
	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	650	15	650	
16 Total assets. Add lines 1 through 15 (must equal line 34)	344,988	16	289,182	
Liabilities	17 Accounts payable and accrued expenses	60,342	17	39,940
	18 Grants payable		18	
	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	14,228	23	13,655
	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	74,570	26	53,595
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	270,418	27	235,587
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	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	270,418	33	235,587	
34 Total liabilities and net assets/fund balances	344,988	34	289,182	

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	6,285,680
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,320,509
3	Revenue less expenses. Subtract line 2 from line 1	3	-34,829
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	270,418
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	235,587

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 99-0344209

Name: ALOHA HARVEST

Form 990 (2018)

Form 990, Part III, Line 4a:

RESCUING AND DELIVERING QUALITY DONATED FOOD TO SOCIAL SERVICE AGENCIES THAT FEED THE HUNGRY IN HAWAII.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ALOHA HARVEST

Employer identification number
99-0344209

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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	6,987,762	7,600,117	7,256,964	6,721,802	6,266,400	34,833,045
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	6,987,762	7,600,117	7,256,964	6,721,802	6,266,400	34,833,045
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) . . .						12,567,339
6	Public support. Subtract line 5 from line 4.						22,265,706

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .	6,987,762	7,600,117	7,256,964	6,721,802	6,266,400	34,833,045
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	89	101	94	195	345	824
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .			17,015			17,015
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .		2,497	591	1,402	222	4,712
11	Total support. Add lines 7 through 10						34,855,596
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 2018 (line 6, column (f) divided by line 11, column (f))	14	63.880 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	57.740 %

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6. . .						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .						
c	Add lines 10a and 10b. . .						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . .						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
13	Total support. (Add lines 9, 10c, 11, and 12.) . . .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER INCOME

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
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.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
ALOHA HARVEST

Employer identification number
99-0344209

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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 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				
c Leasehold improvements		2,373	1,674	699
d Equipment		57,448	30,761	26,687
e Other		249,308	181,731	67,577
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				94,963

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. (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	6,300,490
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	14,810	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	14,810
3	Subtract line 2e from line 1		3	6,285,680
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		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	6,285,680

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	6,335,319
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	14,810	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	14,810
3	Subtract line 2e from line 1		3	6,320,509
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	6,320,509

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: 99-0344209

Name: ALOHA HARVEST

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	ALOHA HARVEST (ORGANIZATION) IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF A TAX POSITION ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION AFTER AN AUDIT BASED ON THE TECHNICAL MERITS OF THE POSITION. THE ORGANIZATION HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS IN FILED RETURNS THAT REQUIRE DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION IS NOT SUBJECT TO INCOME TAXES IN THE U.S. FEDERAL JURISDICTION AND THE STATE. TAX REGULATIONS WITHIN EACH JURISDICTION ARE SUBJECT TO INTERPRETATION OF THE RELATED TAX LAWS AND REGULATIONS AND REQUIRE SIGNIFICANT JUDGMENT TO APPLY.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, 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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
ALOHA HARVEST

Employer identification number
99-0344209

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.
- | | |
|--|---|
| <p>a <input checked="" type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p>f <input checked="" type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|--|---|
- 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			
CAROLYN LEE 2201 HELO PLACE HONOLULU, HI 96816	GRANT WRITING	No		275,823	25,151	250,672
Total				275,823	25,151	250,672

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.

HI

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)
		EMPTY BOWL (event type)	(event type)	(total number)	Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	70,782			70,782
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	70,782			70,782
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	52,069			52,069
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				52,069
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				18,713

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 provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ALOHA HARVEST

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Employer identification number 99-0344209

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 (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 103
3 Enter total number of other organizations listed in the line 1 table 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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:	ALOHA HARVEST (ORGANIZATION) DOES NOT AWARD GRANT FUNDS. THE ORGANIZATION IS AN INNOVATIVE NONPROFIT THAT PICKS UP LEFTOVER FOOD (HOT OR COLD) DONATED FROM RESTAURANTS, HOTELS, CORPORATIONS, GOVERNMENT AGENCIES AND EVENTS. THE FOOD DONATED TO ALOHA HARVEST IS THEN DELIVERED FREE OF CHARGE TO APPROVED AGENCIES THAT PROVIDE SERVICES TO HELP FEED THOSE IN NEED. THE AMOUNT OF NON-CASH ASSISTANCE PROVIDED ON SCHEDULE I, PART II, LINE 1, COLUMN (E) IS THE 'VALUE' OF FOOD POUNDAGE DONATED TO EACH AGENCY.

Additional Data

Software ID:
Software Version:
EIN: 99-0344209
Name: ALOHA HARVEST

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
KALIHI VALLEY HOMES ASSOCIATION 1002 N SCHOOL STREET HONOLULU, HI 96817	99-0334987	STATE OF HAWAII		760,195	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
HAWAII CEDAR CHURCH 1545 KAMEHAMEHA IV ROAD HONOLULU, HI 96819	44-0577787	501(C)(3)		671,169	USDA THRIFTY FOOD PLAN	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
OAHU COMMUNITY CORRECTIONAL CENTER 2199 KAMEHAMEHA HIGHWAY HONOLULU, HI 96814		STATE OF HAWAII		559,099	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
OHANA FAMILY OF THE LIVING GOD PO BOX 270 HAUULA, HI 96717		501(C)(3)		492,793	USDA THRIFTY FOOD PLAN	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
LIGHTHOUSE OUTREACH CENTER 94-230 LEOKANE STREET WAIPAHU, HI 96797	99-0278493	501(C)(3)		287,789	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
ANGEL NETWORK CHARITIES 5339 KALANIANAOLE HIGHWAY HONOLULU, HI 96821	99-0290412	501(C)(3)		287,638	USDA THRIFTY FOOD PLAN	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
KOKUA KALIHI VALLEY - KPT PUBLIC HOUSING PROGRAM 1002 N SCHOOL STREET HONOLULU, HI 96817	99-0334987	STATE OF HAWAII		284,133	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
ST GEORGE CHURCH 41-1323 KALANIANAOLE HWY WAIMANALO, HI 96795	99-0110659	501(C)(3)		138,271	USDA THRIFTY FOOD PLAN	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
CEDAR ASSEMBLY OF GOD PO BOX 201429 HONOLULU, HI 96820	44-0577787	501(C)(3)		128,532	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
PUNCHBOWL TENANT ASSOCIATION 1002 N SCHOOL STREET HONOLULU, HI 96817	99-0334987	STATE OF HAWAII		95,514	USDA THRIFTY FOOD PLAN	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
HABITAT FOR HUMANITY LEEWARD 91-291 KALAELOA BLVD EWA BEACH, HI 96706	20-2778271	501(C)(3)		92,721	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
SACRED HEART OUTREACH 85-786 OLD GOVERNMENT ROAD WAIANAE, HI 96792	99-0073547	501(C)(3)		73,137	USDA THRIFTY FOOD PLAN	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
OUR LADY OF KEAAU PO BOX 29700 HONOLULU, HI 96820	68-0613210	501(C)(3)		66,768	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
MOKA MCCULLY (1) 92-365 MALAHUNA PLACE KAPOLEI, HI 96707	51-0480712	501(C)(3)		52,092	USDA THRIFTY FOOD PLAN	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
ONCE A MONTH CHURCH PO BOX 117 HALEIWA, HI 96712	26-0503178	501(C)(3)		45,004	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
PRIVATE SECTOR PO BOX 1109 HALEIWA, HI 96712	68-0041276	501(C)(3)		44,073	USDA THRIFTY FOOD PLAN	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
CARRIE INC (2ND CHANCE GROUP HOME) 99-059 KAMAMILO STREET AIEA, HI 96701	46-0559055	501(C)(3)		43,544	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
INSTITUTE FOR HUMAN SERVICES 546 KAAHI STREET HONOLULU, HI 96817	99-0199107	501(C)(3)		41,634	USDA THRIFTY FOOD PLAN	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
UNITY CHURCH OF HAWAII 3608 DIAMOND HEAD CIRCLE HONOLULU, HI 96815	99-0078929	501(C)(3)		37,804	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
INSTITUTE FOR HUMAN SERVICES - HALEIWA 546 KAAHI STREET HONOLULU, HI 96817	99-0199107	501(C)(3)		36,401	USDA THRIFTY FOOD PLAN	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
FIRST LAP 2106 PALOLO AVENUE HONOLULU, HI 96816	91-2107476	501(C)(3)		35,849	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
VICTORY SAMOAN ASSEMBLY OF GOD CHURCH 1824 HART STREET HONOLULU, HI 96819	44-0577787	501(C)(3)		34,187	USDA THRIFTY FOOD PLAN	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
CHILD AND FAMILY SERVICES HONOLULU 91-1841 FORT WEAVER RD EWA BEACH, HI 96706	99-0073483	501(C)(3)		33,352	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
PS150 1720 HUNA STREET HONOLULU, HI 96814	27-2334634	501(C)(3)		30,543	USDA THRIFTY FOOD PLAN	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 WAHIAWA PO BOX 860366 WAHIAWA, HI 96786	20-0245026	501(C)(3)		29,500	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
ST JUDES CATHOLIC CHURCH 92-455 MAKAKILO DR KAPOLEI, HI 96707	62-1357852	501(C)(3)		28,922	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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OUR LADY OF PERPETUAL HELP 91-1004 NORTH ROAD EWA BEACH, HI 96707	99-0163786	501(C)(3)		28,794	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
DOMINIS HOUSE MENTAL HEALTH KOKUA 1221 KAPIOLANI BLVD SUITE 345 HONOLULU, HI 96814	99-0154505	501(C)(3)		28,774	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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ST MICHAELS CHURCH 67-340 HAONA ST WAIALUA, HI 96791	99-0081234	501(C)(3)		28,296	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
KEALAHOU WEST OAHU (WAIANAE COMM OUTREACH) PO BOX 1912 WAIANAE, HI 96792	40-0000987	501(C)(3)		26,322	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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ST ELIZABETHS EPISCOPAL CHURCH 720 N KING STREET HONOLULU, HI 96817	99-0073522	501(C)(3)		24,300	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
PUUWAI MOMI HPHA 1002 N SCHOOL STREET HONOLULU, HI 96817	99-0334987	STATE OF HAWAII		23,658	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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WAIANAE COAST COMP HEALTH CENTER 86-260 FARRINGTON HWY WAIANAE, HI 96792	99-0148164	501(C)(3)		22,839	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
ONELAUENA PO BOX 75286 KAPOLEI, HI 96707	47-4391579	501(C)(3)		22,486	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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WAIMANALO YOUTH & FAMILY COLLAB (KE OLA HOU) PO BOX 21 WAIMANALO, HI 96795	99-0264205	501(C)(3)		22,229	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
HOOMAU KE OLA PO BOX 837 WAIANAE, HI 96792	99-0252827	501(C)(3)		21,459	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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

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DIAMOND HEAD CLUBHOUSE 3627 KILAUEA AVE SUITE 410 HONOLULU, HI 96816	35-2294301	501(C)(3)		21,009	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
LIGHT AND SALVATION CHURCH 45-459 A MOKULELE DRIVE KANEHOE, HI 96744	27-1082889	501(C)(3)		20,881	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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

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NEXT STEP SHELTER 277 OHUA AVENUE HONOLULU, HI 96815	99-0159253	501(C)(3)		19,485	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
GOD SQUAD 91-240 KUHELA STREET UNIT 6 KAPOLEI, HI 96707		501(C)(3)		18,730	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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

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VISITOR INDUSTRY CHARITY WALK 2270 KALAKAUA AVE SUITE 1702 HONOLULU, HI 96815		501(C)(3)		17,013	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
MOKA KAPOLEI (2) 92-365 MALAHUNA PLACE KAPOLEI, HI 96707	51-0480712	501(C)(3)		16,901	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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KAUMAKAPILI CHURCH 766 N KING STREET HONOLULU, HI 96817	99-6000281	501(C)(3)		16,018	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
SAVE THE FOOD BASKET 1313 PENSACOLA STREET HONOLULU, HI 96814	94-3259311	501(C)(3)		15,055	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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

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HARBOR CHURCH HONOLULU 423 KAMAKEE ST HONOLULU, HI 96814		501(C)(3)		14,878	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
HONOLULU HABITAT FOR HUMANITY 922 AUSTIN LANE C1 HONOLULU, HI 96814	99-0261871	501(C)(3)		14,622	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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HCAP KUMUHONUA 33 S KING STREET SUITE 300 HONOLULU, HI 96813	99-0140622	501(C)(3)		14,365	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
HALE NAAU PONO (WAIANAE MENTAL HEALTH) 86-226 FARRINGTON HWY WAIANAE, HI 96792	99-0256258	501(C)(3)		14,285	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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UNITED STATES VETERANS INITIATIVE PO BOX 75329 KAPOLEI, HI 96707	95-4382752	501(C)(3)		14,156	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
KINAI EHA 46-167 MALINA PLACE A KANEHOE, HI 96744	82-1366272	501(C)(3)		13,851	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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HALE WAI VISTA 1822 KEEAUMOKU STREET HONOLULU, HI 96822	99-0073547	501(C)(3)		13,659	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
ST MATTHEWS KOKUA FOOD BASKET 41-326 MANAWAIOLA STREET WAIMANALO, HI 96795	99-0342270	501(C)(3)		13,466	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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PUUHONUA O WAIANAE 85-371 FARRINGTON HWY WAIANAE, HI 96792	47-2664921	501(C)(3)		13,209	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
KALANIHUIA - HPHA 1002 N SCHOOL STREET HONOLULU, HI 96817	99-0334987	STATE OF HAWAII		12,798	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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WAIANAE CIVIC CENTER - PAIOLU KAI AULU 85-638 FARRINGTON HWY WAIANAE, HI 96792	95-4382752	501(C)(3)		12,307	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
VICTORY OUTREACH CHURCH 297 SARATOGA CIRCLE KAPOLEI, HI 96707	36-4653098	501(C)(3)		12,192	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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SALVATION ARMY FSO 2950 MANOA ROAD HONOLULU, HI 96822	22-2406433	501(C)(3)		12,166	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
HAWAII FOODBANK 2611 KILIAU STREET HONOLULU, HI 96819	99-0220699	501(C)(3)		11,973	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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HCAP KALIHI DISTRICT 33 S KING STREET SUITE 300 HONOLULU, HI 96813	99-0140622	501(C)(3)		11,877	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
WEINBERG HALE - HOUSING SOLUTIONS INC 2734 S KING STREET HONOLULU, HI 96826	99-0253665	501(C)(3)		11,749	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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PACT TEEN CENTER 1485 LINAPUNI STREET RM 105 HONOLULU, HI 96819	99-0119678	501(C)(3)		10,657	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
YOUTHBUILD WAIMANALO 711 KAPIOLANI BLVD SUITE 111 HONOLULU, HI 96813	26-1210564	501(C)(3)		10,240	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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HALE KIPA YOUTH OUTREACH 615 PIIKOI STREET SUITE 203 HONOLULU, HI 96814	23-7061499	501(C)(3)		9,839	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
FIRST SAMOAN CHURCH OF THE NAZARENE 91-717 KILIPOE STREET EWA BEACH, HI 96706	44-0552034	501(C)(3)		9,646	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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SUSANNAH WESLEY COMMUNITY CENTER 1117 KAILI STREET HONOLULU, HI 96817	99-0073528	501(C)(3)		9,608	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
DUNCAN HOUSE MENTAL HEALTH KOKUA (2) 1221 KAPIOLANI BLVD SUITE 345 HONOLULU, HI 96814	99-0154505	501(C)(3)		9,518	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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LIFE FOUNDATION 677 ALA MOANA BLVD SUITE 226 HONOLULU, HI 96813	99-0230542	501(C)(3)		9,518	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
POAILANI INC CO-ED (FORMERLY WOMENS) PROGRAM 970 N KALAHEO AVE SUITE A102 KAILUA, HI 96734	99-0185750	501(C)(3)		9,181	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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FRIENDS OF YOUTH OUTREACH (RYSE) 42-470 KALANIANAOLE HWY KAILUA, HI 96734	26-0692904	501(C)(3)		9,132	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
USO HAWAII 300 ROGERS BLVD UNIT 48 HONOLULU, HI 96819	13-1610451	501(C)(3)		9,004	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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BOYS AND GIRLS HONOLULU CLUB 345 QUEEN STREET SUITE 900 HONOLULU, HI 96813	99-6005407	501(C)(3)		8,811	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
GREGORY HOUSES (1) 1653 MOTT SMITH DR HONOLULU, HI 96822	99-0265111	501(C)(3)		8,407	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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KUOKOA HOUSE 1221 KAPIOLANI BLVD SUITE 345 HONOLULU, HI 96814	99-0154505	501(C)(3)		8,141	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
SALVATION ARMY SILVERCREST 2950 MANOA ROAD HONOLULU, HI 96822	22-2406433	501(C)(3)		8,041	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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

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WOMEN-IN-NEED AIEA 98-393 MOANALUA ROAD AIEA, HI 96701	94-3266305	501(C)(3)		7,752	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
ST RITA CHURCH 89-318 FARRINGTON HWY NANAKULI, HI 96792	99-0143322	501(C)(3)		7,704	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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YWCA FERNHURST 1566 WILDER AVENUE HONOLULU, HI 96822	99-0073534	501(C)(3)		7,672	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
FAMILY PROMISE OF HAWAII HONOLULU 245 N KUKUI ST SUITE 101 HONOLULU, HI 96817	20-2645489	501(C)(3)		7,608	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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ST PHILOMENA CATHOLIC COMMUNITY 3300 ALA LAULANI STREET HONOLULU, HI 96814	99-0182199	501(C)(3)		7,431	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
YMCA HONOLULU - KALIHI 1335 KALIHI STREET HONOLULU, HI 96819	99-0073533	501(C)(3)		7,303	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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PUNANA LEO O HONOLULU 2331 SEAVIEW AVENUE HONOLULU, HI 96822	99-0226111	501(C)(3)		7,190	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
CHILD AND FAMILY SERVICES LEEWARD 91-1841 FORT WEAVER RD EWA BEACH, HI 96706	99-0073483	501(C)(3)		6,773	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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FIRST PRESBYTERIAN CHURCH OF HONOLULU 45550 KIONAOLE RD KANEHOE, HI 96744	99-0108712	501(C)(3)		6,645	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
KUPU 677 ALA MOANA BLVD SUITE 1200 HONOLULU, HI 96813	51-0652665	501(C)(3)		6,581	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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ABILITIES UNLIMITED 414 KUWILI STREET SUITE 103 HONOLULU, HI 96817	99-0267573	501(C)(3)		6,548	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
BOYS AND GIRLS WAIANAE CLUB 345 QUEEN STREET SUITE 900 HONOLULU, HI 96813	99-6005407	501(C)(3)		6,516	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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FIRST UNITED METHODIST CHURCH 1020 S BERETANIA ST HONOLULU, HI 96814	99-0074364	501(C)(3)		6,420	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
CENTRAL SAMOAN ASSEMBLY OF GOD 3544 KALIHI STREET HONOLULU, HI 96819	44-0577787	501(C)(3)		6,324	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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KEKAULIKE COURTYARDS 900 FORT STREET MALL SUITE 1690 HONOLULU, HI 96813	99-0308739	501(C)(3)		6,324	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
KULAOKAHUA APTS 1221 KAPIOLANI BLVD SUITE 345 HONOLULU, HI 96814	99-0154505	501(C)(3)		6,314	USDA THRIFTY FOOD PLAN	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
ADULT FRIENDS FOR YOUTH 3375 KOAPAKA STREET SUITE BN290 HONOLULU, HI 96819	99-0254581	501(C)(3)		6,308	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
AGED TO PERFECTION - WAHIAWA 4717 CALIFORNIA AVENUE WAHIAWA, HI 96786	99-0195857	501(C)(3)		6,292	USDA THRIFTY FOOD PLAN	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
HALE KIPA GIRLS SHELTER 615 PIIKOI STREET SUITE 203 HONOLULU, HI 96814	23-7061499	501(C)(3)		6,260	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
ST TIMOTHYS EPISCOPAL CHURCH 99-939 MOANALUA ROAD AIEA, HI 96701	99-0073522	501(C)(3)		6,260	USDA THRIFTY FOOD PLAN	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
OHIA CENTER FOR WOMEN & CHILDREN- PACT 1485 LINAPUNI STREET RM 105 HONOLULU, HI 96819	99-0119678	501(C)(3)		5,746	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
HONOLULU CENTRAL SDA 2313 NUUANU AVENUE HONOLULU, HI 96817	88-0469639	501(C)(3)		5,682	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

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

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SALVATION ARMY ATS (WAOKANAKA ST) 2950 MANOA ROAD HONOLULU, HI 96822	22-2406433	501(C)(3)		5,553	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
KOOLOAULA MHSA 900 FORT STREET MALL SUITE 1690 HONOLULU, HI 96813	99-0308739	501(C)(3)		5,489	USDA THRIFTY FOOD PLAN	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
POAILANI INC - MENS RESIDENTIAL PROGRAM 970 N KALAHEO AVE SUITE A102 KAILUA, HI 96734	99-0185750	501(C)(3)		5,377	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
SALVATION ARMY FTS 22ND AVE 2950 MANOA ROAD HONOLULU, HI 96822	22-2406433	501(C)(3)		5,297	USDA THRIFTY FOOD PLAN	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
KU ALOHA OLA MAU 1130 N NIMITZ HWY RM C302 HONOLULU, HI 96817	99-0165675	501(C)(3)		5,232	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER
SHELTER OF WISDOM 2439 A-1 NALANIEHA ST HONOLULU, HI 96819	26-1099859	501(C)(3)		5,168	USDA THRIFTY FOOD PLAN	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
BIG BROTHERS BIG SISTERS HAWAII 418 KUWILI ST SUITE 106 HONOLULU, HI 96817	99-0109970	501(C)(3)		5,072	USDA THRIFTY FOOD PLAN	FOOD	FIGHT HUNGER

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ALOHA HARVEST

Employer identification number
99-0344209

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				
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	1,701,027	5,460,297	USDA THRIFTY FOOD PLAN
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** 0

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? **30a** Yes No

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

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** Yes No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** Yes No

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.

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):	LINE 19: THE NUMBER OF CONTRIBUTIONS IS THE NUMBER OF POUNDS OF DONATED FOOD RECEIVED.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

ALOHA HARVEST

Employer identification number

99-0344209

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THE ORGANIZATION DID NOT HAVE ANY COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS DURING ITS TAX YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WILL BE REVIEWED INITIALLY BY THE ORGANIZATION'S EXECUTIVE DIRECTOR AND SUBSEQUENTLY PRESENTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR TO THE FILING OF THE FORM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD OF DIRECTORS AND STAFF ARE COVERED UNDER THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. DIRECTORS AND STAFF HAVE A DUTY TO DISCLOSE ANY POTENTIAL CONFLICTS AND TO RECUSE THEMSELVES FROM PARTICIPATING IN ANY DISCUSSIONS OR VOTING ON MATTERS REGARDING SUCH POTENTIAL CONFLICTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS BASED ON COMPARABILITY DATA OBTAINED FROM THE HAWAII EMPLOYERS COUNCIL AND THE HAWAII COMMUNITY FOUNDATION. COMPENSATION FOR THE EXECUTIVE DIRECTOR WAS LAST REVIEWED DURING THE CURRENT TAX YEAR. OTHER OFFICERS ARE NOT COMPENSATED BY THE ORGANIZATION AND THE ORGANIZATION DOES NOT HAVE ANY KEY EMPLOYEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	ROUNDING ADJUSTMENT -2.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THIS PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.