

**Kawahara + Hu, LLP**  
**77 Hookele St Fl 3**  
**Kahului, HI 96732**  
**808-244-5531**

1610306  
April 27, 2020

**CONFIDENTIAL**

Maui Food Bank Inc.  
760 Kolu Street  
Wailuku, HI 96793

For professional services rendered in connection with the preparation of the following tax forms for year ending 6/30/19.

990 Return Summary	
Form 8868 (Application for Extension)	
Form 8879-EO (IRS efile PIN Authorization)	
Schedule B (Schedule of Contributors)	
Schedule B, Part I (Contributors - Cash & Noncash)	
Form 4562 (Depreciation and Amortization)	
Preparation of Federal 990 Tax Return .....	1,500.00
Assembly, Computer Fee & Processing .....	<u>75.00</u>
Preparation fee	1,575.00
Sales tax at 4%	<u>63.00</u>
Amount due	<u><u>\$ 1,638.00</u></u>

**Kawahara + Hu, LLP  
77 Hookele St Fl 3  
Kahului, HI 96732  
808-244-5531**

**Engagement Letter for the Preparation of a Non-Profit Organization's  
Tax Return for Tax Year Ended June 30, 2019**

April 27, 2020

**CONFIDENTIAL**

Maui Food Bank Inc.  
760 Kolu Street  
Wailuku, HI 96793

The services described below are in accordance with my understanding of this engagement.

By \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

Dear Mark A. Harbison:

We sincerely appreciate this opportunity to prepare your income tax returns for tax year ended June 30, 2019. This letter is to confirm and specify the terms of our engagement and to clarify the nature and extent of our services we will provide.

**Preparation of Your Income Tax Returns**

Our engagement is limited to performing the following services:

1. We will prepare your Federal Form 990 with supporting schedules.
2. We will prepare any state returns as requested by you in writing.
3. We will prepare any bookkeeping entries we find necessary in connection with the preparation of the income tax returns.
4. We will prepare and post any adjusting entries.

This engagement letter does not cover the preparation of any financial statements. If we

are asked to provide financial statements, it will be covered under a separate engagement letter.

You are responsible for the safeguarding of assets, the proper recording of transactions in the books of accounts, the substantial accuracy of the financial records, and the full and accurate disclosure of all relevant facts affecting the returns to us. You also have final responsibility for the tax returns and, therefore, the appropriate officials should review the returns carefully before an authorized officer signs and files it.

You are responsible for assuming all management responsibilities, and for overseeing any services we provide by designating an individual, preferably within senior management, who possesses suitable skill, knowledge, or experience. In addition, you are responsible for evaluating the adequacy and results of the services performed and accepting responsibility for the results of such services.

If, during our work, we discover information that affects prior-year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior-year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue. We will be happy to prepare appropriate amended returns as a separate engagement.

Our work in connection with the preparation of the tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. The returns will be prepared solely from information provided to us without verification by us. You represent that the information that you are supplying to us is accurate and complete to the best of your knowledge.

### **Third Party Services**

The firm may from time to time, and depending on the circumstances, use third-party service providers to assist in preparing your return, but these preparers will not make substantive decisions concerning your return. We may share your tax return information with these service providers, but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, the firm will remain responsible for the work provided by any such third-party service providers. However, we will not disclose any tax return information to third parties without your express written consent.

### **Privileged Communication**

In accordance with federal law, in no case will we disclose your tax return information to any location outside the United States, to another tax return preparer outside of our firm

for purposes of a second opinion, or to any other third party for any purpose other than to prepare your return without first receiving your consent.

The Internal Revenue Code and regulations impose preparation and disclosure standards with noncompliance penalties on both the preparer of a tax return and on the taxpayer. To avoid exposure to these penalties, it may be necessary in some cases to make certain disclosures to you and/or in the tax return concerning positions taken on the return that do not meet these standards. Accordingly, we will advise you if we identify such a situation, and we will discuss those tax positions that may increase the risk of exposure to penalties and any recommended disclosures with you before completing the preparation of the return. If we conclude that we are obligated to disclose a position and you refuse to permit the disclosure, we reserve the right to withdraw from the engagement. Likewise, where we disagree about the obligation to disclose a position, you also have a right to choose another professional to prepare your return. In either event, you agree to compensate us for our services to the date of withdrawal. Our engagement with you will terminate upon our withdrawal.

The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us.

Certain communications involving tax advice are privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone, or by turning over information about those communications to the government, you, your employees, or agents may be waiving this privilege. To protect this right to privileged communication, please consult with us or your attorney prior to disclosing any information about our tax advice. Should you decide that it is appropriate for us to disclose any potentially privileged communication, you agree to provide us with written, advance authority to make that disclosure.

Should we receive any request for the disclosure of privileged information from any third party, including a subpoena or IRS summons, we will notify you. In the event you direct us not to make the disclosure, you agree to hold us harmless from any expenses incurred in defending the privilege, including, by way of illustration only, our attorney's fees, court costs, outside adviser's costs, or penalties or fines imposed as a result of your asserting the privilege or your direction to us to assert the privilege.

Your returns are subject to examination by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on the tax return. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of an examination, we will represent you if you so desire. Such additional services are not included in our fee preparation of the tax returns.

### **Tax Extensions**

Your signature above permits us to sign time extensions. Requests without payment of taxes are usually rejected. If the time extension is accepted, only the "Failure to File Penalty" is waived (until the extended due date); other penalties and interest are still

assessed to you.

### **Fees for Preparation of Your Taxes**

Our fee for preparing your tax returns will be based upon the amount of time required for such services at our standard billing rates for tax work, plus out-of-pocket expenses, including computer charges. All invoices will be due and payable upon presentation.

Arrangements for time payments must be made with our office in advance of commencement of work, or we will assume that payment will be made upon delivery of the completed returns.

A finance charge of 1% per month will be assessed on any unpaid balance after deduction of current payments, credits and allowances made within 30 days of date of billing; this is an Annual Percentage Rate of 12%.

### **Document Retention Policy**

It is our policy to keep records related to this engagement for four (4) years from the date of filing. However, we do not keep any of your original records, so we will return those to you upon the completion of the engagement. It is your responsibility to retain and protect the original records for possible future use, including potential examination by governmental or regulatory agencies. By signing this engagement letter, you acknowledge and agree that upon the expiration of the four year period, we are free to destroy our records related to this engagement.

### **Subpoena of Documents**

As a result of our services to you, we may be required to provide information or documents to you or a third-party in connection with governmental regulations or activities, or a legal, arbitration or administrative proceeding (including a grand jury investigation), in which we are not a party. You may, within the time permitted for our firm to respond to any request, initiate such legal action as you deem appropriate to protect information from discovery. If you take no action within the time permitted for us to respond or if your action does not result in a judicial order protecting us from supplying requested information, we will construe your inaction or failure as consent to comply with the request. Our efforts in complying with such requests or demands will be deemed a part of this engagement and we shall be entitled to additional compensation for our time and reimbursement of our out-of-pocket expenditures (including legal fees) in complying with such request or demand.

### **Mediation and Arbitration**

If any dispute or claim in law or equity arises out of this contract, both parties agree in good faith to attempt to settle such dispute or claim by mediation. If such mediation is not successful in resolving such dispute or claim, then such dispute or claim shall be decided by binding arbitration before a single independent arbitrator mutually agreed upon by both parties. If the parties to this agreement cannot agree on an arbitrator, then this dispute or claim shall be submitted to the rules of the American Arbitration Association. Each party to the mediation and/or arbitration shall bear their own respective costs; in other words, the arbitrator may not award mediation, arbitration, legal fees, attorney fees,

or any other costs associated with the mediation and/or arbitration to one party over the other.

**Termination of Engagement**

We have the right to withdraw from this engagement, in our sole discretion, if you do not provide us with any information we request in a timely manner, refuse to cooperate with our reasonable requests or misrepresent any facts. Our withdrawal will release us from any obligation to complete your return and will constitute completion of our engagement. You agree to compensate us for our time and out-of-pocket expenses through the date of withdrawal.

If the services and terms outlined above are in accordance with your understanding, please sign this letter in the space provided on page 1 of this letter.

We appreciate this opportunity to serve you.

Sincerely,

---

Robert S. Kawahara, CPA  
Principal  
Kawahara + Hu, LLC

**Kawahara + Hu, LLP**  
**77 Hookele St Fl 3**  
**Kahului, HI 96732**  
**808-244-5531**

April 27, 2020

**CONFIDENTIAL**

Maui Food Bank Inc.  
760 Kolu Street  
Wailuku, HI 96793

Dear Mark A. Harbison:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

Your Form 990 for the year ended 6/30/19 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Kawahara + Hu, LLP  
77 Hookele St Fl 3  
Kahului, HI 96732

***Important:* Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.**

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Kawahara + Hu, LLP



## Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning **07/01/18** , and ending **06/30/19**

**99-0315110**

### MAUI FOOD BANK INC.

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u><b>5,174,579</b></u>
<b>Revenue</b>		
Contributions	<u>5,761,571</u>	
Program service revenue	<u>143,398</u>	
Investment income	<u>18,050</u>	
Capital gain / loss	<u>5,563</u>	
Fundraising / Gaming:		
Gross revenue _____		
Direct expenses _____		
Net income _____		
Other income	<u>0</u>	
<b>Total revenue</b>		<u><b>5,928,582</b></u>
<b>Expenses</b>		
Program services	<u>5,527,724</u>	
Management and general	<u>40,307</u>	
Fundraising	<u>199,932</u>	
<b>Total expenses</b>		<u><b>5,767,963</b></u>
<b>Excess / (deficit)</b>		<u><b>160,619</b></u>
Changes		<u><b>21,421</b></u>
<b>Net Asset / Fund Balance at End of Year</b>		<u><b>5,356,619</b></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>5,950,003</u>
Less:	
Unrealized gains	<u>21,421</u>
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u><b>5,928,582</b></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>5,767,963</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u><b>5,767,963</b></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>5,247,682</u>	<u>5,434,536</u>	
Liabilities	<u>73,103</u>	<u>77,917</u>	
Net assets	<u><b>5,174,579</b></u>	<u><b>5,356,619</b></u>	<u><b>182,040</b></u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 05/15/20  
 Failure to file penalty \_\_\_\_\_

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 20 19.

**2018**

Department of the Treasury  
Internal Revenue Service

**u Do not send to the IRS. Keep for your records.  
u Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

**MAUI FOOD BANK INC.**

Employer identification number

**99-0315110**

Name and title of officer

**MARK A. HARBISON  
CHAIR**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>5,928,582</b>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b>	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **KAWAHARA + HU, LLP** to enter my PIN **15110** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **04/27/20**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**99232312345**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **ROBERT S. KAWAHARA**

Date } **04/27/20**

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

**For Paperwork Reduction Act Notice, see back of form.**

Form **8879-EO** (2018)

Form **990**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2018**  
 Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **07/01/18**, and ending **06/30/19**

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

<b>C</b> Name of organization <b>MAUI FOOD BANK INC.</b>		<b>D</b> Employer identification number <b>99-0315110</b>
Doing business as		<b>E</b> Telephone number <b>808-243-9500</b>
Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>760 KOLU STREET</b>		
City or town, state or province, country, and ZIP or foreign postal code <b>WAILUKU HI 96793</b>		
<b>F</b> Name and address of principal officer: <b>MARK A. HARBISON</b> <b>760 KOLU STREET</b> <b>WAILUKU HI 96793</b>		<b>G</b> Gross receipts\$ <b>5,931,519</b>
		<b>H(a)</b> Is this a group return for subordinates <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If "No," attach a list. (see instructions)

<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <b>WWW.MAUIFOODBANK.ORG</b>	<b>H(c)</b> Group exemption number <b>u</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>	<b>L</b> Year of formation: <b>1994</b>	<b>M</b> State of legal domicile: <b>HI</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>MAUI FOOD BANK'S MISSION IS TO HELP THE HUNGRY IN MAUI COUNTY BY COLLECTING AND DISTRIBUTING FOOD THROUGH COMMUNITY PARTNERSHIPS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>10</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>16</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1641</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>6,119,817</b>	Current Year <b>5,761,571</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>142,338</b>	<b>143,398</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>18,087</b>	<b>23,613</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>0</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>6,280,242</b>	<b>5,928,582</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>847,315</b>	<b>844,192</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			<b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>199,932</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		<b>5,289,998</b>	<b>4,923,771</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>6,137,313</b>	<b>5,767,963</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>142,929</b>	<b>160,619</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>5,247,682</b>	End of Year <b>5,434,536</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>73,103</b>	<b>77,917</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>5,174,579</b>	<b>5,356,619</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>MARK A. HARBISON</b> Type or print name and title		<b>CHAIR</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>ROBERT S. KAWAHARA</b>	<b>ROBERT S. KAWAHARA</b>	<b>04/27/20</b>	<input checked="" type="checkbox"/>	<b>P00643383</b>
	Firm's name } <b>KAWAHARA + HU, LLP</b>	Firm's EIN } <b>27-1496241</b>			
Firm's address } <b>77 HOOKELE ST FL 3</b> <b>KAHULUI, HI 96732</b>		Phone no. <b>808-244-5531</b>			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

MAUI FOOD BANK'S MISSION IS TO HELP THE HUNGRY IN MAUI COUNTY BY COLLECTING AND DISTRIBUTING FOOD THROUGH COMMUNITY PARTNERSHIPS.

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 \$ 5,527,724 including grants of\$ ) (Revenue \$ 143,398 )

THE MAUI FOOD BANK IS THE ONLY NON-PROFIT AGENCY IN MAUI COUNTY THAT COLLECTS, WAREHOUSES AND DISTRIBUTES MASS QUANTITIES OF BOTH PERISHABLE AND NON-PERISHABLE FOOD. THE MAUI FOOD BANK (MFB) COORDINATES SERVICE DELIVERY OF DONATED FOOD TO NEEDY INDIVIDUALS AND FAMILIES THROUGH A NETWORK OF OVER 100 AGENCIES THAT ARE MEMBERS OF THE FOOD BANK IN MAUI COUNTY INCLUDING AGENCIES ON THE ISLANDS OF LANAI AND MOLOKAI. THE MAUI FOOD BANK PROVIDES A CHARITABLE SAFETY NET THAT LITERALLY THOUSANDS OF LOW-INCOME MAUI COUNTY RESIDENTS RELY ON TO MAKE IT THROUGH EACH MONTH.

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

N/A

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

N/A

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of\$ ) (Revenue \$ )

4e Total program service expenses u 5,527,724

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

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

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

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 10		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent .....		
	<b>1b</b> 10		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		<b>X</b>
<b>6</b>	Did the organization have members or stockholders? .....		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	<b>X</b>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>X</b>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **uHI** .....
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

**RICHARD YUST** **760 KOLU STREET** **HI 96793** **808-243-9500**  
**WAILUKU**



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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- 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) <b>MARK A. HARBISON</b>	2.00									
CHAIR	0.00	X		X			0	0	0	
(2) <b>JEFF PEARSON</b>	2.00									
SECRETARY	0.00	X		X			0	0	0	
(3) <b>JORGE TIRONA</b>	2.00									
TREASURER	0.00	X		X			0	0	0	
(4) <b>DONALD MAHOE JR.</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(5) <b>VICKI SHORTELL</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(6) <b>KARIN CARLSON</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(7) <b>TOM TEZAK</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(8) <b>MICHELLE MCLEAN</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(9) <b>MARSHA SHARPE</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(10) <b>DONNA SMITH</b>	2.00									
DIRECTOR	0.00	X					0	0	0	
(11) <b>RICHARD YUST</b>	50.00									
EXECUTIVE DIRECTOR	0.00			X			122,996	0	24,919	



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	451,571				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,310,000				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		3,845,297				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	5,761,571				
<b>Program Service Revenue</b>	<b>2a</b> SHARED MAINTENANCE COSTS	Busn. Code	106,349	106,349			
	<b>b</b> FOOD COLLECTION/DISTRIBUTION		37,049	37,049			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	143,398				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	18,050			18,050	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)						
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				8,500			
	<b>b</b> Less: cost or other basis & sales exps.			2,937			
	<b>c</b> Gain or (loss)			5,563			
<b>d</b> Net gain or (loss)	<b>u</b>		5,563	5,563			
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events	<b>u</b>					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
Miscellaneous Revenue		Busn. Code					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	<b>u</b>						
<b>12 Total revenue.</b> See instructions.	<b>u</b>		5,928,582	148,961	0	18,050	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>147,915</b>	<b>133,070</b>	<b>13,367</b>	<b>1,478</b>
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>511,116</b>	<b>458,838</b>	<b>14,776</b>	<b>37,502</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>32,316</b>	<b>29,016</b>	<b>1,384</b>	<b>1,916</b>
<b>9</b> Other employee benefits	<b>100,783</b>	<b>90,492</b>	<b>4,315</b>	<b>5,976</b>
<b>10</b> Payroll taxes	<b>52,062</b>	<b>46,746</b>	<b>2,229</b>	<b>3,087</b>
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>18,324</b>	<b>17,031</b>	<b>1,293</b>	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	<b>148,515</b>	<b>134,698</b>	<b>532</b>	<b>13,285</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>32,551</b>	<b>31,460</b>	<b>409</b>	<b>682</b>
<b>17</b> Travel	<b>5,301</b>	<b>5,301</b>		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>574</b>	<b>574</b>		
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>220,485</b>	<b>220,485</b>		
<b>23</b> Insurance	<b>36,416</b>	<b>34,695</b>	<b>722</b>	<b>999</b>
<b>24</b> 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.)				
<b>a</b> <b>FOOD DISTRIBUTION</b>	<b>3,855,917</b>	<b>3,855,917</b>		
<b>b</b> <b>FOOD PURCHASES</b>	<b>333,456</b>	<b>333,456</b>		
<b>c</b> <b>COMMUNITY RELATIONS</b>	<b>102,343</b>			<b>102,343</b>
<b>d</b> <b>PUBLIC EDUCATION</b>	<b>83,255</b>	<b>53,791</b>		<b>29,464</b>
<b>e</b> All other expenses	<b>86,634</b>	<b>82,154</b>	<b>1,280</b>	<b>3,200</b>
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>5,767,963</b>	<b>5,527,724</b>	<b>40,307</b>	<b>199,932</b>
<b>26</b> 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)				

<b>Part X Balance Sheet</b>		Check if Schedule O contains a response or note to any line in this Part X <input type="checkbox"/>	
		(A) Beginning of year	(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	1,394,145	1,263,124
	2 Savings and temporary cash investments	344,159	805,048
	3 Pledges and grants receivable, net	58,233	43,211
	4 Accounts receivable, net	13,427	14,765
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
	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		
	7 Notes and loans receivable, net		
	8 Inventories for sale or use	192,762	182,141
	9 Prepaid expenses and deferred charges	29,886	39,831
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,084,792	
	b Less: accumulated depreciation	10b 1,635,770	10c 2,449,022
	11 Investments—publicly traded securities	582,008	615,032
	12 Investments—other securities. See Part IV, line 11		
	13 Investments—program-related. See Part IV, line 11		
	14 Intangible assets		
	15 Other assets. See Part IV, line 11		22,362
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	5,247,682	5,434,536	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	73,103	77,917
	18 Grants payable		
	19 Deferred revenue		
	20 Tax-exempt bond liabilities		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		
	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		
	23 Secured mortgages and notes payable to unrelated third parties		
	24 Unsecured notes and loans payable to unrelated third parties		
	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		
	26 <b>Total liabilities.</b> Add lines 17 through 25	73,103	77,917
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets	4,709,093	4,867,059
	28 Temporarily restricted net assets	420,486	444,560
	29 Permanently restricted net assets	45,000	45,000
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	30 Capital stock or trust principal, or current funds		
	31 Paid-in or capital surplus, or land, building, or equipment fund		
	32 Retained earnings, endowment, accumulated income, or other funds		
33 Total net assets or fund balances	5,174,579	5,356,619	
34 <b>Total liabilities and net assets/fund balances</b>	5,247,682	5,434,536	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>5,928,582</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>5,767,963</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>160,619</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>5,174,579</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>21,421</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>5,356,619</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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.	<b>X</b>	
<b>3a</b>	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>X</b>
<b>3b</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.		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization <b>MAUI FOOD BANK INC.</b>	Employer identification number <b>99-0315110</b>
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**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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,489,991	5,613,644	6,030,478	6,119,817	5,761,571	29,015,501
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	5,489,991	5,613,644	6,030,478	6,119,817	5,761,571	29,015,501
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4.						29,015,501

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4	5,489,991	5,613,644	6,030,478	6,119,817	5,761,571	29,015,501
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,534	14,570	11,893	14,835	18,050	60,882
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						29,076,383
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	608,274
<b>13 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.79 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14	<b>15</b>	99.85 %
<b>16a 33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

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

**Section D. Computation of Investment Income Percentage**

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

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 10b below.</i>		
<b>b</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)*

- 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? *If "Yes" to a, b, or c, provide detail in Part VI.*

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 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? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**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** The organization satisfied the Activities Test. *Complete line 2 below.*
  - b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c** The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

**2** *Activities Test. Answer (a) and (b) below.*

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
  - b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** *Parent of Supported Organizations. Answer (a) and (b) below.*
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
  - b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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)*

<b>Section D - Distributions</b>		<b>Current Year</b>		
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes			
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations			
<b>4</b>	Amounts paid to acquire exempt-use assets			
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)			
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.			
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.			
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.			
<b>9</b>	Distributable amount for 2018 from Section C, line 6			
<b>10</b>	Line 8 amount divided by line 9 amount			
<b>Section E - Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b>	Distributable amount for 2018 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2018			
<b>a</b>	From 2013 .....			
<b>b</b>	From 2014 .....			
<b>c</b>	From 2015 .....			
<b>d</b>	From 2016 .....			
<b>e</b>	From 2017 .....			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2018 distributable amount			
<b>i</b>	Carryover from 2013 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2018 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2018 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b>	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2014 .....			
<b>b</b>	Excess from 2015 .....			
<b>c</b>	Excess from 2016 .....			
<b>d</b>	Excess from 2017 .....			
<b>e</b>	Excess from 2018 .....			



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

**Schedule of Contributors**

OMB No. 1545-0047

**2018**

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

Name of the organization  <b>MAUI FOOD BANK INC.</b>	Employer identification number  <b>99-0315110</b>
--	---

Organization type (check one):

**Filers of:**

**Section:**

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

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

**MAUI FOOD BANK INC.**

Employer identification number

**99-0315110**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COUNTY OF MAUI 200 SOUTH HIGH STREET WAILUKU HI 96793	\$ 451,571	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
u 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.
u Attach to Form 990.

u 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

Employer identification number

MAUI FOOD BANK INC.

99-0315110

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (Sub-rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 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 u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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. 1b 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 u \$, (ii) Assets included in Form 990, Part X u \$, 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 u \$, b Assets included in Form 990, Part X u \$

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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 **u** .....
  - b** Permanent endowment **u** .....
  - c** Temporarily restricted endowment **u** .....
- 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 |
|---|---------------|----|
| <b>(i)</b> unrelated organizations .....  | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 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
<b>1a</b> Land .....		<b>663,800</b>		<b>663,800</b>
<b>b</b> Buildings .....		<b>2,305,477</b>	<b>1,161,407</b>	<b>1,144,070</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>293,277</b>	<b>250,572</b>	<b>42,705</b>
<b>e</b> Other .....		<b>822,238</b>	<b>223,791</b>	<b>598,447</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....			<b>u</b>	<b>2,449,022</b>

**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) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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





**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Noncash Contributions**

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

**u** Attach to Form 990.

**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open To Public  
Inspection**

Employer identification number

**99-0315110**

**MAUI FOOD BANK INC.**

<b>Part I Types of Property</b>				
	(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	<b>X</b>	<b>1</b>	<b>3,845,297</b>
20	Drugs and medical supplies			
21	Taxidermy			
22	Historical artifacts			
23	Scientific specimens			
24	Archeological artifacts			
25	Other <b>u</b> ( )			
26	Other <b>u</b> ( )			
27	Other <b>u</b> ( )			
28	Other <b>u</b> ( )			

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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
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?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**MAUI FOOD BANK INC.**

Employer identification number

**99-0315110**

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS  
GOVERNING BODY CAN VOTE TO ELECT OTHER MEMBERS.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS  
ALL DECISIONS ARE VOTED ON BY MEMBERS OF GOVERNING BODY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
THE FORM 990 WILL BE REVIEWED AND DISCUSSED AT THE BOARD MEETING. A MOTION  
WILL BE MADE TO APPROVE THE FORM 990 AND WILL BE SECONDED AND WILL ONLY  
PASS WITH A UNANIMOUS VOTE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
EACH BOARD MEMBER SIGNS A ACKNOWLEDGEMENT FORM ON A FISCAL YEAR BASIS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
FOR EXECUTIVE DIRECTOR, THE ANNUAL REVIEW IS CONDUCTED BY GOVERNANCE  
COMMITTEE USING COMPARABILITY DATA AND OTHER METHODS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
THESE GOVERNING POLICIES AND DOCUMENTS ARE AVAILABLE UPON REQUEST OR  
OUTSIDE WEBSITE (GUIDESTAR).



Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

**u Attach to your tax return.**

**u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.**

OMB No. 1545-0172

**2018**

Attachment Sequence No. **179**

Name(s) shown on return **MAUI FOOD BANK INC.** Identifying number **99-0315110**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,000,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,500,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>214,759</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> <b>u</b>		

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	<b>5,726</b>
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>220,485</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **4562** (2018)

MAUI FOOD BANK INC.

99-0315110

Form 4562 (2018)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No 24b If "Yes," is the evidence written? [ ] Yes [X] No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25

26 Property used more than 50% in a qualified business use:

Table with 9 columns for property details. Rows include: 2013 FORD E-350 (40,322 cost, 1,975 deduction), 2018 FORD TRANSIT VAN (39,387 cost, 3,751 deduction).

27 Property used 50% or less in a qualified business use:

Table with 9 columns for property details. Rows show properties used 50% or less in a qualified business use.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 5,726

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 7 columns (a-f) for Vehicle 1 through Vehicle 6. Rows 30-36 include: Total business/investment miles, Total commuting miles, Total other personal miles, Total miles driven, and availability for personal use.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

Table with 2 columns: Yes, No. Rows 37-41 include: Written policy statement, information retention, and qualified demonstration use.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2018 tax year (see instructions):

43 Amortization of costs that began before your 2018 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	Walk-in Freezer/Cooler Combo Sold/Scrapped: 7/01/18	4/10/02	45,601			45,601	7 MO S/L	45,601	0
2	Office Equipment Sold/Scrapped: 7/01/18	2/03/07	5,709			5,709	7 MO S/L	5,709	0
3	Computer Equipment Sold/Scrapped: 7/01/18	6/29/07	1,375			1,375	5 MO S/L	1,375	0
4	Donor Perfect Sold/Scrapped: 7/01/18	1/03/09	23,115			23,115	3 MO S/L	23,115	0
5	Dell Server Sold/Scrapped: 7/01/18	4/02/09	1,450			1,450	5 MO S/L	1,450	0
6	IBM Donated Equipment Sold/Scrapped: 7/01/18	6/30/09	7,455			7,455	5 MO S/L	7,455	0
7	Electric Forklift	5/02/11	36,457			36,457	5 MO S/L	36,457	0
8	New Phone System - Low Voltage Sold/Scrapped: 7/01/18	11/21/11	5,234			5,234	5 MO S/L	5,234	0
9	2 Brecknell Electronic Floor Scale	12/13/11	8,611			8,611	15 MO S/L	3,779	575
10	True T-49 Refrigerator Sold/Scrapped: 7/01/18	3/01/12	1,500			1,500	15 MO S/L	633	0
11	Speed Scrubber Sold/Scrapped: 7/01/18	4/27/12	5,521			5,521	10 MO S/L	3,451	0
12	Yale Electric Pallet Jack	5/15/12	5,784			5,784	10 MO S/L	3,567	579
13	Premier Carts	5/23/12	4,300			4,300	10 MO S/L	2,652	430
14	Pallets	11/30/10	30,221			30,221	7 MO S/L	30,221	0
15	Building	6/12/07	573,304			573,304	39 MO S/L	167,671	14,700
16	Building (Land)	6/12/07	663,800			663,800	0 -- Land	0	0
17	Building Improvement - New Building	6/30/05	2,730			2,730	15 MO S/L	2,497	182
18	Building Improvement Warehouse Bldg. - K	7/01/05	13,155			13,155	15 MO S/L	12,014	877
19	Building Improvement - Warehouse Improv	8/29/05	5,515			5,515	15 MO S/L	5,033	367
20	Building Improvement - Improvement Curr.	9/15/05	3,945			3,945	15 MO S/L	3,595	263
21	Building Improvement - Improvement-Sturc	9/15/05	3,500			3,500	15 MO S/L	3,190	234
22	Building Improvement - Wall Construction	11/21/05	1,000			1,000	15 MO S/L	910	66
23	Building Improvement - Wall Construction	7/17/06	1,800			1,800	15 MO S/L	1,563	120
24	Building Improvement - Roof Repair	3/29/07	2,018			2,018	15 MO S/L	1,754	134
25	Building Improvement - Floor Remodel	4/25/07	3,233			3,233	15 MO S/L	2,806	215
26	Building Improvement - New Roof - Office	12/13/07	25,905			25,905	15 MO S/L	19,990	1,727
27	Renovation Project	4/30/09	18,912			18,912	15 MO S/L	9,534	1,261
28	Professional Fees - Facility	6/30/09	34,986			34,986	15 MO S/L	17,882	2,332
29	Contractors - Phase 1	6/30/09	35,588			35,588	15 MO S/L	18,189	2,373
30	Phase I Arisumi	6/30/10	382,508			382,508	15 MO S/L	195,504	25,501
31	Phase I & Phase II Arisumi	6/30/11	596,842			596,842	15 MO S/L	304,849	39,789
32	PV Solar Installation	12/07/11	566,000			566,000	15 MO S/L	248,457	37,733
33	Permits & Fees	7/15/11	1,007			1,007	15 MO S/L	470	67
34	Walkways - Hinton	2/26/12	1,500			1,500	15 MO S/L	633	100
36	2002 Komatsu FG20SHT-12 Forklift Sold/Scrapped: 8/01/18	10/31/03	23,229			23,229	7 MO S/L	23,229	0
41	2012 Freightliner Refrigerated Truck	3/14/12	115,064			115,064	7 MO S/L	104,105	10,959
42	Air Condition	7/22/11	24,080			24,080	15 MO S/L	11,104	1,605
43	Remodel Office	8/01/11	2,119			2,119	15 MO S/L	977	141
44	PV Inverter	12/01/11	3,550			3,550	15 MO S/L	1,558	237
45	Valley Isle Fencing	7/19/11	2,280			2,280	15 MO S/L	1,051	152
46	Computer Equipment Sold/Scrapped: 7/01/18	4/25/13	7,540			7,540	5 MO S/L	7,540	0
48	2013 Isuzu NPR-HD Refrigerated Truck	6/26/13	82,739			82,739	7 MO S/L	59,100	11,819
49	Facility Improvements - Paving	9/03/14	5,000			5,000	15 MO S/L	1,278	333
50	Conference Table	10/21/14	5,975			5,975	7 MO S/L	3,130	853
51	Office Flooring	11/01/14	16,195			16,195	7 MO S/L	8,483	2,314
52	Lobby Furniture	12/16/14	1,295			1,295	7 MO S/L	647	185
53	Phase 4 Improvements (Betsill/Taniguchi)	12/04/15	596,456			596,456	15 MO S/L	102,723	39,764
54	Lighting Improvements (Energy Industries)	10/06/15	1,259			1,259	15 MO S/L	231	84
55	LED Lighting Improvements (Alpha Supply)	6/30/16	5,560			5,560	15 MO S/L	741	371
56	Chain Link Fence & Gate (Valley Isle Fenci)	9/23/15	3,172			3,172	15 MO S/L	582	211
57	2017 Isuzu Reefer Van	7/01/17	80,987			80,987	7 MO S/L	11,570	11,569
58	Facility Improvements - Paving Repair	10/13/17	4,231			4,231	15 MO S/L	212	282
59	Komatsu Forklift	7/17/18	32,500			32,500	7 MO S/L	0	4,256
<b>Total Other Depreciation</b>			<b>4,132,812</b>			<b>4,132,812</b>		<b>1,525,501</b>	<b>214,760</b>
<b>Total ACRS and Other Depreciation</b>			<b>4,132,812</b>			<b>4,132,812</b>		<b>1,525,501</b>	<b>214,760</b>

**Federal Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Listed Property:</b>									
47	2013 Ford E-350	6/17/13	40,322			40,322	7 MO S/L	14,575	1,975
60	2018 Ford Transit Van	10/24/18	39,387			39,387	7 MO S/L	0	3,751
			<u>79,709</u>			<u>79,709</u>		<u>14,575</u>	<u>5,726</u>
<b>Grand Totals</b>			4,212,521			4,212,521		1,540,076	220,486
<b>Less: Dispositions and Transfers</b>			127,729			127,729		124,792	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>4,084,792</u>			<u>4,084,792</u>		<u>1,415,284</u>	<u>220,486</u>

## HI Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	HI Prior	HI Current	Federal Current	Difference Fed - HI
<b>Other Depreciation:</b>								
1	Walk-in Freezer/Cooler Combo Sold/Scrapped: 7/01/18	4/10/02	45,601	45,601	45,601	0	0	0
2	Office Equipment Sold/Scrapped: 7/01/18	2/03/07	5,709	5,709	5,709	0	0	0
3	Computer Equipment Sold/Scrapped: 7/01/18	6/29/07	1,375	1,375	1,375	0	0	0
4	Donor Perfect Sold/Scrapped: 7/01/18	1/03/09	23,115	23,115	23,115	0	0	0
5	Dell Server Sold/Scrapped: 7/01/18	4/02/09	1,450	1,450	1,450	0	0	0
6	IBM Donated Equipment Sold/Scrapped: 7/01/18	6/30/09	7,455	7,455	7,455	0	0	0
7	Electric Forklift	5/02/11	36,457	36,457	36,457	0	0	0
8	New Phone System - Low Voltage Sold/Scrapped: 7/01/18	11/21/11	5,234	5,234	5,234	0	0	0
9	2 Brecknell Electronic Floor Scale	12/13/11	8,611	8,611	3,779	575	575	0
10	True T-49 Refrigerator Sold/Scrapped: 7/01/18	3/01/12	1,500	1,500	633	0	0	0
11	Speed Scrubber Sold/Scrapped: 7/01/18	4/27/12	5,521	5,521	3,451	0	0	0
12	Yale Electric Pallet Jack	5/15/12	5,784	5,784	3,567	579	579	0
13	Premier Carts	5/23/12	4,300	4,300	2,652	430	430	0
14	Pallets	11/30/10	30,221	30,221	30,221	0	0	0
15	Building	6/12/07	573,304	573,304	167,671	14,700	14,700	0
16	Building (Land)	6/12/07	663,800	663,800	0	0	0	0
17	Building Improvement - New Building	6/30/05	2,730	2,730	2,497	182	182	0
18	Building Improvement Warehouse Bldg. - K	7/01/05	13,155	13,155	12,014	877	877	0
19	Building Improvement - Warehouse Improv	8/29/05	5,515	5,515	5,033	367	367	0
20	Building Improvement - Improvement Curr.	9/15/05	3,945	3,945	3,595	263	263	0
21	Building Improvement - Improvement-Sturc	9/15/05	3,500	3,500	3,190	234	234	0
22	Building Improvement - Wall Construction	11/21/05	1,000	1,000	910	66	66	0
23	Building Improvement - Wall Construction	7/17/06	1,800	1,800	1,563	120	120	0
24	Building Improvement - Roof Repair	3/29/07	2,018	2,018	1,754	134	134	0
25	Building Improvement - Floor Remodel	4/25/07	3,233	3,233	2,806	215	215	0
26	Building Improvement - New Roof - Office	12/13/07	25,905	25,905	19,990	1,727	1,727	0
27	Renovation Project	4/30/09	18,912	18,912	9,534	1,261	1,261	0
28	Professional Fees - Facility	6/30/09	34,986	34,986	17,882	2,332	2,332	0
29	Contractors - Phase 1	6/30/09	35,588	35,588	18,189	2,373	2,373	0
30	Phase I Arisumi	6/30/10	382,508	382,508	195,504	25,501	25,501	0
31	Phase I & Phase II Arisumi	6/30/11	596,842	596,842	304,849	39,789	39,789	0
32	PV Solar Installation	12/07/11	566,000	566,000	248,457	37,733	37,733	0
33	Permits & Fees	7/15/11	1,007	1,007	470	67	67	0
34	Walkways - Hinton	2/26/12	1,500	1,500	633	100	100	0
36	2002 Komatsu FG20SHT-12 Forklift Sold/Scrapped: 8/01/18	10/31/03	23,229	23,229	23,229	0	0	0
41	2012 Freightliner Refrigerated Truck	3/14/12	115,064	115,064	104,105	10,959	10,959	0
42	Air Condition	7/22/11	24,080	24,080	11,104	1,605	1,605	0
43	Remodel Office	8/01/11	2,119	2,119	977	141	141	0
44	PV Inverter	12/01/11	3,550	3,550	1,558	237	237	0
45	Valley Isle Fencing	7/19/11	2,280	2,280	1,051	152	152	0
46	Computer Equipment Sold/Scrapped: 7/01/18	4/25/13	7,540	7,540	7,540	0	0	0
48	2013 Isuzu NPR-HD Refrigerated Truck	6/26/13	82,739	82,739	59,100	11,819	11,819	0
49	Facility Improvements - Paving	9/03/14	5,000	5,000	1,278	333	333	0
50	Conference Table	10/21/14	5,975	5,975	3,130	853	853	0
51	Office Flooring	11/01/14	16,195	16,195	8,483	2,314	2,314	0
52	Lobby Furniture	12/16/14	1,295	1,295	647	185	185	0
53	Phase 4 Improvements (Betsill/Taniguchi)	12/04/15	596,456	596,456	102,723	39,764	39,764	0
54	Lighting Improvements (Energy Industries)	10/06/15	1,259	1,259	231	84	84	0
55	LED Lighting Improvements (Alpha Supply)	6/30/16	5,560	5,560	741	371	371	0
56	Chain Link Fence & Gate (Valley Isle Fenci)	9/23/15	3,172	3,172	582	211	211	0
57	2017 Isuzu Reefer Van	7/01/17	80,987	77,748	11,107	11,107	11,569	462
58	Facility Improvements - Paving Repair	10/13/17	4,231	4,231	212	282	282	0
59	Komatsu Forklift	7/17/18	32,500	31,200	0	4,086	4,256	170
<b>Total Other Depreciation</b>			<b>4,132,812</b>	<b>4,128,273</b>	<b>1,525,038</b>	<b>214,128</b>	<b>214,760</b>	<b>632</b>
<b>Total ACRS and Other Depreciation</b>			<b>4,132,812</b>	<b>4,128,273</b>	<b>1,525,038</b>	<b>214,128</b>	<b>214,760</b>	<b>632</b>

**HI Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	HI Prior	HI Current	Federal Current	Difference Fed - HI
<b>Listed Property:</b>								
47	2013 Ford E-350	6/17/13	40,322	40,322	14,575	1,975	1,975	0
60	2018 Ford Transit Van	10/24/18	39,387	37,812	0	3,601	3,751	150
			<u>79,709</u>	<u>78,134</u>	<u>14,575</u>	<u>5,576</u>	<u>5,726</u>	<u>150</u>
<b>Grand Totals</b>			4,212,521	4,206,407	1,539,613	219,704	220,486	782
<b>Less: Dispositions</b>			127,729	127,729	124,792	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>4,084,792</u>	<u>4,078,678</u>	<u>1,414,821</u>	<u>219,704</u>	<u>220,486</u>	<u>782</u>

## AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	Walk-in Freezer/Cooler Combo Sold/Scrapped: 7/01/18	4/10/02	45,601			45,601	7 MO S/L	45,601	0
2	Office Equipment Sold/Scrapped: 7/01/18	2/03/07	5,709			5,709	7 MO S/L	5,709	0
3	Computer Equipment Sold/Scrapped: 7/01/18	6/29/07	1,375			1,375	5 MO S/L	1,375	0
4	Donor Perfect Sold/Scrapped: 7/01/18	1/03/09	23,115			23,115	3 MO S/L	23,115	0
5	Dell Server Sold/Scrapped: 7/01/18	4/02/09	1,450			1,450	5 MO S/L	1,450	0
6	IBM Donated Equipment Sold/Scrapped: 7/01/18	6/30/09	7,455			7,455	5 MO S/L	7,455	0
7	Electric Forklift	5/02/11	36,475			36,475	5 MO S/L	36,475	0
8	New Phone System - Low Voltage Sold/Scrapped: 7/01/18	11/21/11	5,234			5,234	5 MO S/L	5,234	0
9	2 Brecknell Electronic Floor Scale	12/13/11	8,611			8,611	15 MO S/L	3,779	575
10	True T-49 Refrigerator Sold/Scrapped: 7/01/18	3/01/12	1,500			1,500	15 MO S/L	633	0
11	Speed Scrubber Sold/Scrapped: 7/01/18	4/27/12	5,521			5,521	10 MO S/L	3,451	0
12	Yale Electric Pallet Jack	5/15/12	5,784			5,784	10 MO S/L	3,567	579
13	Premier Carts	5/23/12	4,300			4,300	10 MO S/L	2,652	430
14	Pallets	11/30/10	30,221			30,221	7 MO S/L	30,221	0
15	Building	6/12/07	573,304			573,304	39 MO S/L	167,671	14,700
16	Building (Land)	6/12/07	0			0	0 HY	0	0
17	Building Improvement - New Building	6/30/05	2,730			2,730	15 MO S/L	2,497	182
18	Building Improvement Warehouse Bldg. - K	7/01/05	13,155			13,155	15 MO S/L	12,014	877
19	Building Improvement - Warehouse Improv	8/29/05	5,515			5,515	15 MO S/L	5,033	367
20	Building Improvement - Improvement Curr.	9/15/05	3,945			3,945	15 MO S/L	3,595	263
21	Building Improvement - Improvement-Sturc	9/15/05	3,500			3,500	15 MO S/L	3,190	234
22	Building Improvement - Wall Construction	11/21/05	1,000			1,000	15 MO S/L	910	66
23	Building Improvement - Wall Construction	7/17/06	1,800			1,800	15 MO S/L	1,563	120
24	Building Improvement - Roof Repair	3/29/07	2,018			2,018	15 MO S/L	1,754	134
25	Building Improvement - Floor Remodel	4/25/07	3,233			3,233	15 MO S/L	2,806	215
26	Building Improvement - New Roof - Office	12/13/07	25,905			25,905	15 MO S/L	19,990	1,727
27	Renovation Project	4/30/09	18,912			18,912	15 MO S/L	9,534	1,261
28	Professional Fees - Facility	6/30/09	34,986			34,986	15 MO S/L	17,882	2,332
29	Contractors - Phase 1	6/30/09	35,588			35,588	15 MO S/L	18,189	2,373
30	Phase I Arisumi	6/30/10	382,508			382,508	15 MO S/L	195,504	25,501
31	Phase I & Phase II Arisumi	6/30/11	596,842			596,842	15 MO S/L	304,849	39,789
32	PV Solar Installation	12/07/11	566,000			566,000	15 MO S/L	248,457	37,333
33	Permits & Fees	7/15/11	1,007			1,007	15 MO S/L	470	67
34	Walkways - Hinton	2/26/12	1,500			1,500	15 MO S/L	633	100
36	2002 Komatsu FG20SHT-12 Forklift Sold/Scrapped: 8/01/18	10/31/03	23,229			23,229	7 MO S/L	23,229	0
41	2012 Freightliner Refrigerated Truck	3/14/12	115,064			115,064	7 MO S/L	104,105	10,959
42	Air Condition	7/22/11	2,480			2,480	15 MO S/L	1,144	165
43	Remodel Office	8/01/11	2,119			2,119	15 MO S/L	977	141
44	PV Inverter	12/01/11	3,550			3,550	15 MO S/L	1,558	237
45	Valley Isle Fencing	7/19/11	2,280			2,280	15 MO S/L	1,051	152
46	Computer Equipment Sold/Scrapped: 7/01/18	4/25/13	7,540			7,540	5 MO S/L	7,540	0
48	2013 Isuzu NPR-HD Refrigerated Truck	6/26/13	82,739			82,739	7 MO S/L	59,100	11,819
49	Facility Improvements - Paving	9/03/14	0			0	0 HY	0	0
50	Conference Table	10/21/14	0			0	0 HY	0	0
51	Office Flooring	11/01/14	0			0	0 HY	0	0
52	Lobby Furniture	12/16/14	0			0	0 HY	0	0
53	Phase 4 Improvements (Betsill/Taniguchi)	12/04/15	596,456			596,456	15 MO S/L	102,723	39,764
54	Lighting Improvements (Energy Industries)	10/06/15	0			0	0 HY	0	0
55	LED Lighting Improvements (Alpha Supply)	6/30/16	0			0	0 HY	0	0
56	Chain Link Fence & Gate (Valley Isle Fenci)	9/23/15	0			0	0 HY	0	0
57	2017 Isuzu Reefer Van	7/01/17	80,987			80,987	7 MO S/L	11,570	11,569
58	Facility Improvements - Paving Repair	10/13/17	0			0	0 HY	0	0
59	Komatsu Forklift	7/17/18	32,500			32,500	7 MO S/L	0	4,256
<b>Total Other Depreciation</b>			<b>3,404,743</b>			<b>3,404,743</b>		<b>1,500,255</b>	<b>208,687</b>
<b>Total ACRS and Other Depreciation</b>			<b>3,404,743</b>			<b>3,404,743</b>		<b>1,500,255</b>	<b>208,687</b>

**AMT Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Listed Property:</b>										
47	2013 Ford E-350	6/17/13	40,322				40,322	7 MO S/L	14,575	1,975
60	2018 Ford Transit Van	10/24/18	39,387				39,387	7 MO S/L	0	3,751
			<u>79,709</u>				<u>79,709</u>		<u>14,575</u>	<u>5,726</u>
<b>Grand Totals</b>			3,484,452				3,484,452		1,514,830	214,413
<b>Less: Dispositions and Transfers</b>			127,729				127,729		124,792	0
<b>Net Grand Totals</b>			<u>3,356,723</u>				<u>3,356,723</u>		<u>1,390,038</u>	<u>214,413</u>



# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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**There are no assets that meet the criteria of this report**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
7	Electric Forklift	5/02/11	36,457	0	0
9	2 Brecknell Electronic Floor Scale	12/13/11	8,611	574	574
12	Yale Electric Pallet Jack	5/15/12	5,784	578	578
13	Premier Carts	5/23/12	4,300	430	430
14	Pallets	11/30/10	30,221	0	0
15	Building	6/12/07	573,304	14,700	14,700
16	Building (Land)	6/12/07	663,800	0	0
17	Building Improvement - New Building	6/30/05	2,730	51	51
18	Building Improvement Warehouse Bldg. - Kolu	7/01/05	13,155	264	264
19	Building Improvement - Warehouse Improvemer	8/29/05	5,515	115	115
20	Building Improvement - Improvement Curr. Elec	9/15/05	3,945	87	87
21	Building Improvement - Improvement-Sturdevan	9/15/05	3,500	76	76
22	Building Improvement - Wall Construction	11/21/05	1,000	24	24
23	Building Improvement - Wall Construction	7/17/06	1,800	117	117
24	Building Improvement - Roof Repair	3/29/07	2,018	130	130
25	Building Improvement - Floor Remodel	4/25/07	3,233	212	212
26	Building Improvement - New Roof - Office	12/13/07	25,905	1,727	1,727
27	Renovation Project	4/30/09	18,912	1,260	1,260
28	Professional Fees - Facility	6/30/09	34,986	2,333	2,333
29	Contractors - Phase I	6/30/09	35,588	2,372	2,372
30	Phase I Arisumi	6/30/10	382,508	25,500	25,500
31	Phase I & Phase II Arisumi	6/30/11	596,842	39,790	39,790
32	PV Solar Installation	12/07/11	566,000	37,734	37,734
33	Permits & Fees	7/15/11	1,007	67	67
34	Walkways - Hinton	2/26/12	1,500	100	100
41	2012 Freightliner Refrigerated Truck	3/14/12	115,064	0	0
42	Air Condition	7/22/11	24,080	1,605	165
43	Remodel Office	8/01/11	2,119	142	142
44	PV Inverter	12/01/11	3,550	236	236
45	Valley Isle Fencing	7/19/11	2,280	152	152
48	2013 Isuzu NPR-HD Refrigerated Truck	6/26/13	82,739	11,820	11,820
49	Facility Improvements - Paving	9/03/14	5,000	333	0
50	Conference Table	10/21/14	5,975	854	0
51	Office Flooring	11/01/14	16,195	2,313	0
52	Lobby Furniture	12/16/14	1,295	185	0
53	Phase 4 Improvements (Betsill/Taniguchi)	12/04/15	596,456	39,764	39,764
54	Lighting Improvements (Energy Industries)	10/06/15	1,259	84	0
55	LED Lighting Improvements (Alpha Supply)	6/30/16	5,560	371	0
56	Chain Link Fence & Gate (Valley Isle Fencing)	9/23/15	3,172	211	0
57	2017 Isuzu Reefer Van	7/01/17	80,987	11,570	11,570
58	Facility Improvements - Paving Repair	10/13/17	4,231	282	0
59	Komatsu Forklift	7/17/18	32,500	4,643	4,643
	<b>Total Other Depreciation</b>		<u>4,005,083</u>	<u>202,806</u>	<u>196,733</u>
	<b>Total ACRS and Other Depreciation</b>		<u>4,005,083</u>	<u>202,806</u>	<u>196,733</u>
<b>Listed Property:</b>					
47	2013 Ford E-350	6/17/13	40,322	1,975	1,975
60	2018 Ford Transit Van	10/24/18	39,387	5,627	5,627
			<u>79,709</u>	<u>7,602</u>	<u>7,602</u>
	<b>Grand Totals</b>		<u>4,084,792</u>	<u>210,408</u>	<u>204,335</u>

Asset	Description	Date In Service	Cost	HI
<b>Other Depreciation:</b>				
7	Electric Forklift	5/02/11	36,457	0
9	2 Brecknell Electronic Floor Scale	12/13/11	8,611	574
12	Yale Electric Pallet Jack	5/15/12	5,784	578
13	Premier Carts	5/23/12	4,300	430
14	Pallets	11/30/10	30,221	0
15	Building	6/12/07	573,304	14,700
16	Building (Land)	6/12/07	663,800	0
17	Building Improvement - New Building	6/30/05	2,730	51
18	Building Improvement Warehouse Bldg. - Kolu	7/01/05	13,155	264
19	Building Improvement - Warehouse Improvemer	8/29/05	5,515	115
20	Building Improvement - Improvement Curr. Elec	9/15/05	3,945	87
21	Building Improvement - Improvement-Sturdevan	9/15/05	3,500	76
22	Building Improvement - Wall Construction	11/21/05	1,000	24
23	Building Improvement - Wall Construction	7/17/06	1,800	117
24	Building Improvement - Roof Repair	3/29/07	2,018	130
25	Building Improvement - Floor Remodel	4/25/07	3,233	212
26	Building Improvement - New Roof - Office	12/13/07	25,905	1,727
27	Renovation Project	4/30/09	18,912	1,260
28	Professional Fees - Facility	6/30/09	34,986	2,333
29	Contractors - Phase I	6/30/09	35,588	2,372
30	Phase I Arisumi	6/30/10	382,508	25,500
31	Phase I & Phase II Arisumi	6/30/11	596,842	39,790
32	PV Solar Installation	12/07/11	566,000	37,734
33	Permits & Fees	7/15/11	1,007	67
34	Walkways - Hinton	2/26/12	1,500	100
41	2012 Freightliner Refrigerated Truck	3/14/12	115,064	0
42	Air Condition	7/22/11	24,080	1,605
43	Remodel Office	8/01/11	2,119	142
44	PV Inverter	12/01/11	3,550	236
45	Valley Isle Fencing	7/19/11	2,280	152
48	2013 Isuzu NPR-HD Refrigerated Truck	6/26/13	82,739	11,820
49	Facility Improvements - Paving	9/03/14	5,000	333
50	Conference Table	10/21/14	5,975	854
51	Office Flooring	11/01/14	16,195	2,313
52	Lobby Furniture	12/16/14	1,295	185
53	Phase 4 Improvements (Betsill/Taniguchi)	12/04/15	596,456	39,764
54	Lighting Improvements (Energy Industries)	10/06/15	1,259	84
55	LED Lighting Improvements (Alpha Supply)	6/30/16	5,560	371
56	Chain Link Fence & Gate (Valley Isle Fencing)	9/23/15	3,172	211
57	2017 Isuzu Reefer Van	7/01/17	80,987	11,106
58	Facility Improvements - Paving Repair	10/13/17	4,231	282
59	Komatsu Forklift	7/17/18	32,500	4,457
	<b>Total Other Depreciation</b>		<u>4,005,083</u>	<u>202,156</u>
	<b>Total ACRS and Other Depreciation</b>		<u>4,005,083</u>	<u>202,156</u>
<b>Listed Property:</b>				
47	2013 Ford E-350	6/17/13	40,322	1,975
60	2018 Ford Transit Van	10/24/18	39,387	5,402
			<u>79,709</u>	<u>7,377</u>
	<b>Grand Totals</b>		<u>4,084,792</u>	<u>209,533</u>

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 18,050		14			
TOTAL	<u>\$ 18,050</u>					

**Federal Statements**

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
TOTAL	\$ 18,324	\$ 17,031	\$ 1,293	\$ 0

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service	Management & General	Fund Raising
EQUIPMENT REPAIRS & MAIN	\$ 52,704	\$ 52,704		
MISCELLANEOUS	16,980	12,500	1,280	3,200
FOOD DRIVE	16,950	16,950		
TOTAL	\$ 86,634	\$ 82,154	\$ 1,280	\$ 3,200

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
	\$ 4,620,331
COUNTY OF MAUI	
CASH CONTRIBUTION	451,571
ALEXANDER & BALDWIN, LLC	
CASH CONTRIBUTION	5,000
ALIVE ENTERPRISES MAUI INC.	
CASH CONTRIBUTION	50,000
ALTMAN, ROBERT	
CASH CONTRIBUTION	10,000
AMERICAN ONLINE GIVING FOUNDATION,	
CASH CONTRIBUTION	10,862
BENDON FAMILY FOUNDATION	
CASH CONTRIBUTION	5,000
BERMAN, MARTIN	
CASH CONTRIBUTION	5,554
BRICKELL, EDIE	
CASH CONTRIBUTION	5,110
CAMERON, BILL	
CASH CONTRIBUTION	5,000
CAPPE, LEN	
CASH CONTRIBUTION	12,000
CHARLES MILLER MEMORIAL FOUNDATION	
CASH CONTRIBUTION	5,000
CHRISTENSON, FLOYD & DORIS	
CASH CONTRIBUTION	5,000
COOKE FOUNDATION-LIMITED	
CASH CONTRIBUTION	5,000
CZECHOWICZ, PAUL & LESLEY	
CASH CONTRIBUTION	6,350
DEUTSCH, JOHN	
CASH CONTRIBUTION	6,700
ELDER, JOHN	
CASH CONTRIBUTION	50,000
ENTERPRISE RENT-A-CAR FOUNDATION	
CASH CONTRIBUTION	8,000
FIRST HAWAIIAN BANK FOUNDATION	
CASH CONTRIBUTION	6,333
FEUSIER, ROGER & JANE	

**Schedule A, Part II, Line 1(e) (continued)**

Description	Amount
CASH CONTRIBUTION	\$ 5,000
FOODLAND SUPER MARKET LIMITED	
CASH CONTRIBUTION	10,056
FRED BALDWIN MEMORIAL FOUNDATION	
CASH CONTRIBUTION	15,000
GAINARD, JAYSON AND KANDICE	
CASH CONTRIBUTION	22,500
GARMAR FOUNDATION	
CASH CONTRIBUTION	10,000
GEORGE&BETTY HARBAUGH CHARITABLE FND	
CASH CONTRIBUTION	25,000
HAFER, KEVIN	
CASH CONTRIBUTION	5,621
HAWAII COMMUNITY FOUNDATION	
CASH CONTRIBUTION	10,000
HAWAII COMMUNITY FOUNDATION	
CASH CONTRIBUTION	20,000
HAWAII HOTEL INDUSTRY FOUNDATION	
CASH CONTRIBUTION	58,417
HAWAIIAN STYLE REALTY LLC	
CASH CONTRIBUTION	5,147
HERSHFIELD, LAWRENCE AND TAMMY	
CASH CONTRIBUTION	5,000
ISHIYAMA FAMILY FUND	
CASH CONTRIBUTION	10,000
JAMES, SULARA	
CASH CONTRIBUTION	5,000
JP'S PEACE, LOVE & HAPPINESS FOUNDAT	
CASH CONTRIBUTION	10,000
KROEGER, MICHAEL	
CASH CONTRIBUTION	6,025
LUCAS, MARCIA	
CASH CONTRIBUTION	10,000
LUCZO, STEVE & AGATHA	
CASH CONTRIBUTION	20,000
MERRIMAN, VICTORINE & PETER	
CASH CONTRIBUTION	5,000
MOSS FOUNDATION	

**Schedule A, Part II, Line 1(e) (continued)**

Description	Amount
CASH CONTRIBUTION NETWORK FOR GOOD	\$ 10,000
CASH CONTRIBUTION NEVER FORGOTTEN FOUNDATION	6,374
CASH CONTRIBUTION NORTHERNCROSS PARTNERS, LLC	10,000
CASH CONTRIBUTION OL MOORE FOUNDATIONS	10,000
CASH CONTRIBUTION ONE OHANA CHARITABLE TRUST	5,000
CASH CONTRIBUTION ROBIDEAUX, JOHN	5,000
CASH CONTRIBUTION SEATTLE FOUNDATION - CLAPP FAMILY FU	10,000
CASH CONTRIBUTION STARKEY HEARING TECHNOLOGIES	10,000
CASH CONTRIBUTION STEELE, PATRICIA	10,000
CASH CONTRIBUTION TATIANA S BOTTON CHARITABLE FUND	5,000
CASH CONTRIBUTION THE DONEGAN-BURNS FOUNDATION	10,000
CASH CONTRIBUTION THE LAWRENCE&DEIDRE GORDON FOUNDATIO	5,000
CASH CONTRIBUTION THE LENOBLE FAMILY CHARITABLE FUND	5,000
CASH CONTRIBUTION THE RANDALL FAMILY FOUNDATION	12,500
CASH CONTRIBUTION TIMES SUPER MARKET	20,000
CASH CONTRIBUTION VANDERBEEK, REBECCA	12,819
CASH CONTRIBUTION WHIPPLE, HUGH	5,000
CASH CONTRIBUTION WIKIWIKI ELECTRIC	15,000
CASH CONTRIBUTION WINN, ELAINE	8,500



**Schedule A, Part II, Line 1(e) (continued)**

Description	Amount
CASH CONTRIBUTION WIRELESS EVOLUTION	\$ 15,000
CASH CONTRIBUTION WORDEMAN, ANN & MATTHEW	5,000
CASH CONTRIBUTION YARNOLD, ADRIENNE & DAVID	5,699
CASH CONTRIBUTION WORKMAN, BARBARA	10,102
CASH CONTRIBUTION	20,000
TOTAL	\$ <u>5,761,571</u>

**Schedule A, Part II, Line 5 - Excess Gifts**

Donor Name	Total	Excess
COUNTY OF MAUI	\$ 451,571	\$
ALEXANDER & BALDWIN, LLC	5,000	
ALIVE ENTERPRISES MAUI INC.	50,000	
ALTMAN, ROBERT	10,000	
AMERICAN ONLINE GIVING FOUNDATION,	10,862	
BENDON FAMILY FOUNDATION	5,000	
BERMAN, MARTIN	5,554	
BRICKELL, EDIE	5,110	
CAMERON, BILL	5,000	
CAPPE, LEN	12,000	
CHARLES MILLER MEMORIAL FOUNDATION	5,000	
CHRISTENSON, FLOYD & DORIS	5,000	
COOKE FOUNDATION-LIMITED	5,000	
CZECHOWICZ, PAUL & LESLEY	6,350	
DEUTSCH, JOHN	6,700	
ELDER, JOHN	50,000	
ENTERPRISE RENT-A-CAR FOUNDATION	8,000	
FIRST HAWAIIAN BANK FOUNDATION	6,333	
FEUSIER, ROGER & JANE	5,000	
FOODLAND SUPER MARKET LIMITED	10,056	
FRED BALDWIN MEMORIAL FOUNDATION	15,000	
GAIGNARD, JAYSON AND KANDICE	22,500	
GARMAR FOUNDATION	10,000	
GEORGE&BETTY HARBAUGH CHARTIABLE FND	25,000	
HAFER, KEVIN	5,621	
HAWAII COMMUNITY FOUNDATION	10,000	
HAWAII COMMUNITY FOUNDATION	20,000	
HAWAII HOTEL INDUSTRY FOUNDATION	58,417	
HAWAIIAN STYLE REALTY LLC	5,147	
HERSHFIELD, LAWRENCE AND TAMMY	5,000	
ISHIYAMA FAMILY FUND	10,000	
JAMES, SULARA	5,000	
JP'S PEACE, LOVE & HAPPINESS FOUNDAT	10,000	
KROEGER, MICHAEL	6,025	
LUCAS, MARCIA	10,000	
LUCZO, STEVE & AGATHA	20,000	
MERRIMAN, VICTORINE & PETER	5,000	
MOSS FOUNDATION	10,000	
NETWORK FOR GOOD	6,374	
NEVER FORGOTTEN FOUNDATION	10,000	
NORTHERNCROSS PARTNERS, LLC	10,000	
OL MOORE FOUNDATIONS	5,000	
ONE OHANA CHARITABLE TRUST	5,000	
ROBIDEAUX, JOHN	10,000	
SEATTLE FOUNDATION - CLAPP FAMILY FU	10,000	
STARKEY HEARING TECHNOLOGIES	10,000	
STEELE, PATRICIA	5,000	
TATIANA S BOTTON CHARITABLE FUND	10,000	
THE DONEGAN-BURNS FOUNDATION	5,000	
THE LAWRENCE&DEIDRE GORDON FOUNDATIO	5,000	
THE LENOBLE FAMILY CHARITABLE FUND	12,500	
THE RANDALL FAMILY FOUNDATION	20,000	
TIMES SUPER MARKET	12,819	
VANDERBEEK, REBECCA	5,000	

**Schedule A, Part II, Line 5 - Excess Gifts (continued)**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
WHIPPLE, HUGH	\$ 15,000	\$
WIKIWIKI ELECTRIC	8,500	
WINN, ELAINE	15,000	
WIRELESS EVOLUTION	5,000	
WORDEMAN, ANN & MATTHEW	5,699	
YARNOLD, ADRIENNE & DAVID	10,102	
WORKMAN, BARBARA	20,000	
TOTAL	<u>\$ 1,141,240</u>	<u>\$ 0</u>

## Federal Statements

### Schedule A, Part II, Line 8(e)

Description	Amount
TOTAL	\$ 18,050
	\$ <u>18,050</u>

### Schedule A, Part II, Line 12 - Current year

Description	Amount
SHARED MAINTENANCE COSTS	\$ 106,349
FOOD COLLECTION/DISTRIBUTION	37,049
TOTAL	\$ <u>143,398</u>