

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALOHA UNITED WAY INC		D Employer identification number 99-0073494
	Doing business as		E Telephone number (808) 536-1951
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 25,674,380
	200 N VINEYARD BLVD NO 700		
City or town, state or province, country, and ZIP or foreign postal code HON, HI 968173938		F Name and address of principal officer CINDY ADAMS 200 N VINEYARD BLVD 700 HON, HI 96817	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
J Website: WWW AUW ORG		L Year of formation 1938 M State of legal domicile HI	

K Form of organization Corporation Trust Association Other ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE STATEMENT O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	47
	6 Total number of volunteers (estimate if necessary)	6	2,224
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,417,667	12,394,043
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,802	113,626
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	285,489	290,398
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,769,958	12,798,067
	14 Benefits paid to or for members (Part IX, column (A), line 4)	12,162,135	13,059,563
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,203,987	2,308,292
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,497,638	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,743,545	1,894,293
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	16,109,667	17,262,148	
19 Revenue less expenses Subtract line 18 from line 12	-2,339,709	-4,464,081	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	24,476,492	21,287,808
	22 Net assets or fund balances Subtract line 21 from line 20	4,140,269	3,552,877
		20,336,223	17,734,931

Part II Signature Block

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

Sign Here	***** Signature of officer	2016-09-15 Date
	CINDY ADAMS CHIEF EXEC OFFICER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ACCUTY LLP	Preparer's signature ACCUTY LLP	Date	Check <input type="checkbox"/> if self-employed	PTIN P00089337
	Firm's name ▶ ACCUTY LLP			Firm's EIN ▶ 20-5325889	
	Firm's address ▶ 999 BISHOP STREET STE 1900 HONOLULU, HI 96813			Phone no (808) 531-3400	

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

ALOHA UNITED WAY BUILDS A STRONGER, HEALTHIER COMMUNITY BY PARTNERING WITH BUSINESS, LABOR, GOVERNMENT, AND NONPROFIT ORGANIZATIONS TO DELIVER MEASURABLE AND SUSTAINABLE SOLUTIONS

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 \$ 9,626,172 including grants of \$ 8,984,243) (Revenue \$)
COMMUNITY SUPPORT WE ADDRESS THE GREATEST NEEDS OF OUR COMMUNITY, OFFER HOPE, AND PROVIDE OPPORTUNITIES FOR A BETTER QUALITY OF LIFE THROUGH COMMUNITY-WIDE FUNDRAISING, WE HELP AMPLIFY THE POWER OF EACH GIFT TO MAKE A DIFFERENCE. CONTINUED DONATIONS PROVIDE KEIKI WITH THE BEST POSSIBLE OPPORTUNITY TO SUCCEED IN SCHOOL AND LIFE, HELP BREAK THE CYCLE OF POVERTY IN FAMILIES AND ASSIST OUR ELDERLY SO THEY CAN AGE GRACEFULLY. THIS FUNDING IS USED TO PROVIDE SERVICES THAT TOUCH THE LIVES OF OVER 830,000 INDIVIDUALS AND FAMILIES. OUR VOLUNTEER COUNCILS REVIEW AND FUND PROGRAMS IN EDUCATION, POVERTY PREVENTION AND SAFETY NET SERVICES

4b (Code) (Expenses \$ 4,075,320 including grants of \$ 4,075,320) (Revenue \$)
COMBINED FEDERAL CAMPAIGN AUW, AS THE PRINCIPAL COMBINED FUND ORGANIZATION FOR THE HAWAII PACIFIC COMBINED FEDERAL CAMPAIGN, ORGANIZES THE CAMPAIGN AND DISBURSES FUNDS TO AGENCIES THAT QUALIFY UNDER FEDERAL REGULATIONS

4c (Code) (Expenses \$ 353,941 including grants of \$) (Revenue \$)
211 PROGRAM 211 IS A FREE, CONFIDENTIAL SERVICE OFFERED STATEWIDE FOR PEOPLE WHO NEED HELP. EACH YEAR, WE CONNECT OVER 40,000 CALLERS AND HELP THEM GET THE SUPPORT THEY NEED FROM THOUSANDS OF NONPROFIT SERVICES. 211 PROVIDES INFORMATION ON A BROAD RANGE OF HEALTH AND HUMAN SERVICES FOR THE WHOLE COMMUNITY INCLUDING JOB PLACEMENT, CHILD CARE, AND SUMMER CAMP INFORMATION, AS WELL AS BASIC FOOD, SHELTER, CRISIS AND OTHER NEEDS. 211 IS ALSO THE NUMBER TO CALL WHEN PEOPLE WANT TO DONATE GOODS OR VOLUNTEER IN THE COMMUNITY

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 369,530 including grants of \$) (Revenue \$)

4e Total program service expenses 14,424,963

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	HI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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	NAN KATSUDA 200 N VINEYARD BLVD STE 700 HONOLULU, HI 96817 (808) 543-2218

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							490,810	0	54,174	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 3**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KINETIC PRODUCTIONS INC 770 KAPIOLANI BLVD 605 HONOLULU, HI 96813	FUNDRAISING MATERIAL	118,894

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 1**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	96,255				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	12,297,788				
	g	Noncash contributions included in lines 1a-1f \$	495,493				
	h	Total. Add lines 1a-1f	12,394,043				
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	245,741			245,741	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	1,334,744			
			(ii) Personal				
			b Less rental expenses	1,141,067			
			c Rental income or (loss)	193,677			
	d	Net rental income or (loss)	193,677			193,677	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	11,514,223			
			(ii) Other				
			b Less cost or other basis and sales expenses	11,646,338			
			c Gain or (loss)	-132,115			
	d	Net gain or (loss)	-132,115			-132,115	
	8a	Gross income from fundraising events (not including \$ 96,255 of contributions reported on line 1c) See Part IV, line 18					
	a		65,619				
b	Less direct expenses b	88,908					
c	Net income or (loss) from fundraising events	-23,289			-23,289		
9a	Gross income from gaming activities See Part IV, line 19						
a							
b	Less direct expenses b						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a	ADMIN FEE REIMBURSEMENT	561000	89,201	89,201			
b	PROGRAM FEE REIMBURSEMENT	900099	30,809	30,809			
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d		120,010				
12	Total revenue. See Instructions		12,798,067	120,010	0	284,014	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,059,563	13,059,563		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	490,810	141,167	187,597	162,046
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,118,539	321,715	427,528	369,296
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	259,495	32,943	116,277	110,275
9	Other employee benefits	298,005	112,782	95,224	89,999
10	Payroll taxes	141,443	42,916	51,495	47,032
11	Fees for services (non-employees)				
a	Management	17,307	10,676	6,631	
b	Legal	62,612		62,612	
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	703,222	220,805	247,996	234,421
12	Advertising and promotion	628,147	268,886	7,520	351,741
13	Office expenses	110,073	19,521	26,299	64,253
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	28,001	9,180	7,520	11,301
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	115,374	31,248	6,397	77,729
20	Interest				
21	Payments to affiliates	103,979	29,536	38,215	36,228
22	Depreciation, depletion, and amortization	91,028	28,449	37,207	25,372
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	DUE TO UWSAH	88,145	88,145		
b	OTHER	-53,595	7,431	21,029	-82,055
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	17,262,148	14,424,963	1,339,547	1,497,638
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	7,524,618	1	1,730,533
	2 Savings and temporary cash investments	6,299,774	2	1,457,455
	3 Pledges and grants receivable, net	4,429,200	3	3,804,958
	4 Accounts receivable, net	619,279	4	622,375
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	60,187	9	91,201
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 9,615,545		
	b Less accumulated depreciation	10b 8,292,330	1,572,128	10c 1,323,215
	11 Investments—publicly traded securities	1,931,694	11	8,135,018
	12 Investments—other securities. See Part IV, line 11		12	1,902,195
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,039,612	15	2,220,858
16 Total assets. Add lines 1 through 15 (must equal line 34)	24,476,492	16	21,287,808	
Liabilities	17 Accounts payable and accrued expenses	483,962	17	425,522
	18 Grants payable	3,590,812	18	2,910,718
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	65,495	25	216,637
	26 Total liabilities. Add lines 17 through 25	4,140,269	26	3,552,877
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,822,696	27	10,592,978
	28 Temporarily restricted net assets	4,579,483	28	4,317,557
	29 Permanently restricted net assets	2,934,044	29	2,824,396
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	20,336,223	33	17,734,931	
34 Total liabilities and net assets/fund balances	24,476,492	34	21,287,808	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,798,067
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,262,148
3	Revenue less expenses Subtract line 2 from line 1	3	-4,464,081
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,336,223
5	Net unrealized gains (losses) on investments	5	-71,221
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,934,010
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,734,931

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	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	Yes	
2c	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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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		

Additional Data

Software ID:
Software Version:
EIN: 99-0073494
Name: ALOHA UNITED WAY INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	104,000	including grants of \$) (Revenue \$)
THE WEINBERG FELLOW PROGRAM A LEADERSHIP PROGRAM FOR NON PROFIT EXECUTIVE DIRECTORS WHOSE AGENCIES SERVE THE DISADVANTAGED					
(Code) (Expenses \$	265,530	including grants of \$) (Revenue \$)
MISCELLANEOUS OTHER PROGRAMS					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
SCOTT BARBER DIRECTOR - PART YEAR	1 00	X						0	0	0
CHRIS BENJAMIN DIRECTOR/ASSISTANT TREASURER	1 00	X		X				0	0	0
JODY ENDO CHAI DIRECTOR	1 00	X						0	0	0
JOHN DEAN DIRECTOR	1 00	X						0	0	0
DION DIZON DIRECTOR	1 00	X						0	0	0
CHRISTOPHER DODS DIRECTOR - PART YEAR	1 00	X						0	0	0
DENNIS FRANCIS DIRECTOR	1 00	X						0	0	0
TERRI FUJII DIRECTOR/TREASURER	1 00	X		X				0	0	0
GUY FUJIMURA DIRECTOR - PART YEAR	1 00	X						0	0	0
MICHAEL GOLD DIRECTOR	1 00	X						0	0	0
TRACY HAYASHI DIRECTOR - PART YEAR	1 00	X						0	0	0
KELLY HOEN DIRECTOR	1 00	X						0	0	0
LEN ISOTOFF DIRECTOR - PART YEAR	1 00	X						0	0	0
DAVID LASSNER DIRECTOR	1 00	X						0	0	0
ALICIA MOY DIRECTOR	1 00	X						0	0	0
DAYTON NAKANELUA DIRECTOR	1 00	X						0	0	0
ERNEST NISHIZAKI DIRECTOR/VICE CHAIR	1 00	X		X				0	0	0
TERI ORTON DIRECTOR	1 00	X						0	0	0
RANDY PERREIRA DIRECTOR/VICE CHAIR	1 00	X		X				0	0	0
RICHARD ROSENBLUM DIRECTOR/CHAIR	1 00	X		X				0	0	0
MICHELE SAITO DIRECTOR/SECRETARY	1 00	X		X				0	0	0
KEVIN SAKAMOTO DIRECTOR - PART YEAR	1 00	X						0	0	0
CHRIS SBARBARO DIRECTOR	1 00	X						0	0	0
BRIAN TATSUMURA DIRECTOR	1 00	X						0	0	0
JEFFREY WATANABE DIRECTOR - PART YEAR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JEFF WESTPHAL DIRECTOR - PART YEAR	1 00	X						0	0	0
C SCOTT WO DIRECTOR	1 00	X						0	0	0
VIC ANGOLO DIRECTOR - PART YEAR	1 00	X						0	0	0
DONNA DOMINGO DIRECTOR - PART YEAR	1 00	X						0	0	0
DAMIEN KIM DIRECTOR - PART YEAR	1 00	X						0	0	0
PETER HO DIRECTOR - PART YEAR	1 00	X						0	0	0
RAYMOND ONO DIRECTOR - PART YEAR	1 00	X						0	0	0
AARON WIEHE DIRECTOR - PART YEAR	1 00	X						0	0	0
ERIC YEAMAN DIRECTOR - PART YEAR	1 00	X						0	0	0
CINDY ADAMS PRESIDENT/CEO	40 00			X				169,600	0	11,227
NORMAN BAKER COO	40 00			X				116,995	0	16,182
NAN KATSUDA VP - FINANCE	40 00			X				22,500	0	2,447
PAMELA MAEDA VP, FUNDRAISING & MAJOR GIFTS FORMER	40 00						X	109,031	0	18,411
LINDA NELSON CFO FORMER	40 00						X	72,684	0	5,907

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ALOHA UNITED WAY INC

Employer identification number
99-0073494

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 11, 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 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)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - 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- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	14,483,287	15,981,355	13,656,253	13,365,716	12,297,788	69,784,399
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14,483,287	15,981,355	13,656,253	13,365,716	12,297,788	69,784,399
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						69,784,399

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	14,483,287	15,981,355	13,656,253	13,365,716	12,297,788	69,784,399
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	848,481	1,351,282	1,696,689	1,184,059	1,377,149	6,457,660
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	118,559	201,218	210,771	106,330	119,588	756,466
11 Total support. Add lines 7 through 10						76,998,525
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	90.630%
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	91.240%
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
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.		

Part IV Supporting Organizations (continued)**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
1		
2		

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
1		

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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the 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
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

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

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

Return Reference	Explanation																					
SCHEDULE A, PART II - OTHER INCOME	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">DESCRIPTION</td> <td style="width: 5%;">2011</td> <td style="width: 5%;">2012</td> <td style="width: 5%;">2013</td> <td style="width: 5%;">2014</td> <td style="width: 5%;">2015</td> <td style="width: 5%;">TOTAL</td> <td style="width: 5%;">OTHER INCOME</td> <td style="width: 5%;">118,559</td> <td style="width: 5%;">201,218</td> <td style="width: 5%;">210,771</td> </tr> <tr> <td>106,330</td> <td>119,588</td> <td>756,466</td> <td>TOTALS</td> <td>118,559</td> <td>201,218</td> <td>210,771</td> <td>106,330</td> <td>119,588</td> <td>756,466</td> </tr> </table>	DESCRIPTION	2011	2012	2013	2014	2015	TOTAL	OTHER INCOME	118,559	201,218	210,771	106,330	119,588	756,466	TOTALS	118,559	201,218	210,771	106,330	119,588	756,466
DESCRIPTION	2011	2012	2013	2014	2015	TOTAL	OTHER INCOME	118,559	201,218	210,771												
106,330	119,588	756,466	TOTALS	118,559	201,218	210,771	106,330	119,588	756,466													

Schedule A (Form 990 or 990-EZ) 2015

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2015

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
-Complete if the organization is described below. -Attach to Form 990 or Form 990-EZ.
-Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Table with 2 columns: Name of the organization (ALOHA UNITED WAY INC) and Employer identification number (99-0073494)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	6,011													
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)	6,011													
d Other exempt purpose expenditures	14,418,953													
e Total exempt purpose expenditures (add lines 1c and 1d)	14,424,964													
f Lobbying nontaxable amount Enter the amount from the following table in both columns	871,248													
<table border="1"> <thead> <tr> <th align="left">If the amount on line 1e, column (a) or (b) is:</th> <th align="left">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)	217,812													
h Subtract line 1g from line 1a If zero or less, enter -0-	0													
i Subtract line 1f from line 1c If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Y e s **N o**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount	866,632	817,099	818,016	871,248	3,372,995
b Lobbying ceiling amount (150% of line 2a, column(e))					5,059,493
c Total lobbying expenditures	4,274	4,321	6,890	6,011	21,496
d Grassroots nontaxable amount	216,658	204,275	204,504	217,812	843,249
e Grassroots ceiling amount (150% of line 2d, column (e))					1,264,874
f Grassroots lobbying expenditures	4,274	4,321	6,890	6,011	21,496

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

- 1** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of
 - a** Volunteers?
 - b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
 - c** Media advertisements?
 - d** Mailings to members, legislators, or the public?
 - e** Publications, or published or broadcast statements?
 - f** Grants to other organizations for lobbying purposes?
 - g** Direct contact with legislators, their staffs, government officials, or a legislative body?
 - h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
 - i** Other activities?
 - j** Total Add lines 1c through 1i
- 2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- b** If "Yes," enter the amount of any tax incurred under section 4912
- c** If "Yes," enter the amount of any tax incurred by organization managers under section 4912
- d** If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

		(a)	(b)
		Yes	No
		Amount	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

- 1** Were substantially all (90% or more) dues received nondeductible by members?
- 2** Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3** Did the organization agree to carry over lobbying and political expenditures from the prior year?

	Yes	No
1		
2		
3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

- 1** Dues, assessments and similar amounts from members
- 2** Section 162(e) nondeductible lobbying and political expenditures (**do not include amounts of political expenses for which the section 527(f) tax was paid**).
 - a** Current year
 - b** Carryover from last year
 - c** Total
- 3** Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4** If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5** Taxable amount of lobbying and political expenditures (see instructions)

1	
2a	
2b	
2c	
3	
4	
5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization ALOHA UNITED WAY INC

Employer identification number 99-0073494

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 total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, and monitoring expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures.

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?

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

Table with 2 columns: Description (1c-1f) and Amount

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment
b Permanent endowment 100.000%
c Temporarily restricted endowment
The percentages on lines 2a, 2b, and 2c should equal 100%

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

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

- (i) unrelated organizations
(ii) related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c.).

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) CASH	115,311	C
(B) RESTRICTED CERTIFICATE OF DEPOSIT	1,000,000	C
(C) GOVERNMENT OBLIGATIONS	59,836	C
(D) CORPORATE AND FOREIGN BONDS	35,893	C
(E) MUTUAL AND FIXED INCOME FUNDS	691,155	C
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	1,902,195	

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
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUST	929,682
(2) OTHER ASSETS	188,926
(3) THIRD PARTY HOLDINGS	1,102,250
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	2,220,858

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
ANNUITIES PAYABLE	66,751
PENSION LIABILITY	149,886
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	216,637

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	6,298,499
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-71,221	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	-20,740	
e	Add lines 2a through 2d			2e -91,961
3	Subtract line 2e from line 1			3 6,390,460
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	6,407,607	
c	Add lines 4a and 4b			4c 6,407,607
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 12,798,067

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

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

1	Total expenses and losses per audited financial statements		1	8,882,378
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	88,908	
e	Add lines 2a through 2d			2e 88,908
3	Subtract line 2e from line 1			3 8,793,470
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	8,468,678	
c	Add lines 4a and 4b			4c 8,468,678
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 17,262,148

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	ENDOWED FUNDS HAVE THE PRINCIPAL AMOUNTS SET UP IN PERPETUITY WITH INCOME FROM THESE FUNDS AVAILABLE FOR UNRESTRICTED OPERATIONAL COSTS
PART X, LINE 2	ALOHA UNITED WAY EVALUATES UNCERTAIN TAX POSITIONS UTILIZING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN AT DECEMBER 31, 2015 AND 2014, MANAGEMENT BELIEVES THERE WERE NO SIGNIFICANT UNCERTAIN TAX POSITIONS AND THERE WERE NO PENDING FEDERAL OR STATE INCOME TAX AUDITS THE FEDERAL STATUTE OF LIMITATIONS REMAINS OPEN FOR ALOHA UNITED WAY FOR THE YEARS ENDED DECEMBER 31, 2012 THROUGH 2015
PART XI, LINE 2D - OTHER ADJUSTMENTS	DIRECT FUNDRAISING EXPENSE 88,908 BENEFICIAL INTEREST IN TRUST -109,648
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 2,332,287 COMBINED FEDERAL CAMPAIGN 4,075,320
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT FUNDRAISING EXPENSE 88,908
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 4,393,358 COMBINED FEDERAL CAMPAIGN 4,075,320

Part XIII Supplemental Information (*continued*)

Return Reference	Explanation

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization
ALOHA UNITED WAY INC

Employer identification number

99-0073494

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

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

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

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

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

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

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

Part II Fundraising Events.

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

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		GOLF TOURNAMENT (event type)	WOMEN UNITED (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	87,205	74,669		161,874
	2 Less Contributions	68,305	27,950		96,255
	3 Gross income (line 1 minus line 2)	18,900	46,719		65,619
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	13,525	18,066		31,591
	6 Rent/facility costs	6,370	931		7,301
	7 Food and beverages	8,841	12,418		21,259
	8 Entertainment		5,583		5,583
	9 Other direct expenses	4,458	18,716		23,174
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				88,908
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-23,289	

Part III Gaming.

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

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

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

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

b If "No," explain _____

.....

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

b If "Yes," explain _____

.....

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

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

13 Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
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OMB No 1545-0047

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

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

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
ALOHA UNITED WAY INC

Employer identification number
99-0073494

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

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

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

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

Return Reference	Explanation
PART I, LINE 2	IN GENERAL, AUW'S GRANT FUNDS ARE UNRESTRICTED AGENCIES MUST PREQUALIFY TO BE CONSIDERED FOR ALLOCATIONS ONE OF THE PREREQUISITES IS REPORTING ON PROGRAM RESULTS AGENCIES MUST PROVIDE THOSE REPORTS OR THEY MAY BE EXCLUDED FROM FUTURE ALLOCATIONS

Additional Data

Software ID:

Software Version:

EIN: 99-0073494

Name: ALOHA UNITED WAY INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADULT FRIENDS FOR YOUTH 3375 KOAPAKA ST STE B290 HONOLULU, HI 968191876	99-0254581	501(C)(3)	8,135				GENERAL OPERATING GRANT
AFTER-SCHOOL ALL-STARS HAWAII 4747 KILAUEA AVE 210 HONOLULU, HI 96816	27-4604870	501(C)(3)	53,815				GENERAL OPERATING GRANT
ALOHA HARVEST 3599 WAIALAE AVE 23 HONOLULU, HI 968162759	99-0344209	501(C)(3)	9,802				GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALOHA MEDICAL MISSION 810 N VINEYARD BLVD HONOLULU, HI 968173590	99-0234811	501(C)(3)	7,342				GENERAL OPERATING GRANT
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION INC 1130 N NIMITZ HIGHWAY HONOLULU, HI 96817	13-3039601	501(C)(3)	79,301				GENERAL OPERATING GRANT
AMERICAN CANCER SOCIETY INC 2370 NUUANU AVE HONOLULU, HI 96817	13-1788491	501(C)(3)	201,480				GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION INC PIONEER PLAZA 900 FORT STREET MALL SUITE 940 HONOLULU, HI 96813	13-1623888	501(C)(3)	65,672				GENERAL OPERATING GRANT
AMERICAN HEART ASSOCIATION OF HAWAII 677 ALA MOANA BLVD 600 HONOLULU, HI 96813	13-5613797	501(C)(3)	64,125				GENERAL OPERATING GRANT
AMERICAN LUNG ASSOCIATION OF THE MOUNTAIN PACIFIC 810 RICHARDS STREET SUITE 750 HONOLULU, HI 96813	93-0386887	501(C)(3)	7,783				GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS HAWAII STATE CHAPTER 4155 DIAMOND HEAD ROAD HONOLULU, HI 96816	53-0196605	501(C)(3)	260,086				GENERAL OPERATING GRANT
ASSETS SCHOOL ONE OHANA NUI WAY HONOLULU, HI 96818	99-6001152	501(C)(3)	143,961				GENERAL OPERATING GRANT
BIG BROTHERS BIG SISTERS HAWAII INC 418 KUWILI ST STE 106 HONOLULU, HI 968175364	99-0109970	501(C)(3)	113,066				GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA - ALOHA COUNCIL 42 PUIWA ROAD HONOLULU, HI 96817	99-0073482	501(C)(3)	21,036				GENERAL OPERATING GRANT
BOYS & GIRLS CLUB OF HAWAII 345 QUEEN STREET SUITE 900 HONOLULU, HI 96813	99-6005407	501(C)(3)	174,570				GENERAL OPERATING GRANT
CATHOLIC CHARITIES HAWAII 1822 KEEAUMOKU ST HONOLULU, HI 96822	99-0073547	501(C)(3)	309,339				GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR STRATEGIC & INTERNATIONAL STUDIES 1003 BISHOP ST 1150 PAUAAHI TOWER HONOLULU, HI 96813	52-1501082	501(C)(3)	8,620				GENERAL OPERATING GRANT
CHILD & FAMILY SERVICE 1003 BISHOP ST 1150 PAUAAHI TOWER EWA BEACH, HI 96706	99-0073483	501(C)(3)	161,796				GENERAL OPERATING GRANT
CHILDRENS ALLIANCE OF HAWAII INC 200 N VINEYARD BLVD SUITE 410 HONOLULU, HI 96817	99-0257743	501(C)(3)	30,564				GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION FOR A DRUG-FREE HAWAII 1130 N NIMITZ HWY A 259 HONOLULU, HI 96817	99-0255126	501(C)(3)	9,262				GENERAL OPERATING GRANT
COMMON GRACE PO BOX 31116 HONOLULU, HI 96820	30-0110074	501(C)(3)	6,506				GENERAL OPERATING GRANT
COMMUNITY ASSISTANCE CENTER 200 N VINEYARD BLVD 330 HONOLULU, HI 96817	99-0093057	501(C)(3)	5,140				GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAMIEN MEMORIAL HIGH SCHOOL 1401 HOUGHTAILING ST HONOLULU, HI 968172797	99-0108341	501(C)(3)	20,591				GENERAL OPERATING GRANT
DIAMOND HEAD THEATRE 520 MAKAPUU AVE HONOLULU, HI 968162319	99-0073495	501(C)(3)	35,019				GENERAL OPERATING GRANT
DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	52-1521276	501(C)(3)	9,266				GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOMESTIC VIOLENCE ACTION CENTER PO BOX 3198 HONOLULU, HI 968013198	99-0290389	501(C)(3)	77,013				GENERAL OPERATING GRANT
EASTER SEALS HAWAII 710 GREEN ST HONOLULU, HI 968132119	99-0075235	501(C)(3)	76,950				GENERAL OPERATING GRANT
EPILEPSY FOUNDATION OF HAWAII 1050 ALA MOANA BLVD SUITE 2550 HONOLULU, HI 96814	23-7216782	501(C)(3)	6,889				GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EYE OF THE PACIFIC GUIDE DOGS FOUNDATION 747 AMANA ST 407 HONOLULU, HI 96814	99-0103779	501(C)(3)	8,266				GENERAL OPERATING GRANT
FAMILY PROGRAMS OF HAWAII 250 VINEYARD ST HONOLULU, HI 96813	99-0280498	501(C)(3)	42,731				GENERAL OPERATING GRANT
FAMILY PROMISE OF HAWAII 245 N KUKUI ST 101 HONOLULU, HI 96817	20-2645489	501(C)(3)	20,189				GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDLY ISLE UNITED FUND PO BOX 2047 KAUNAKAKAI, HI 96748	23-7426312	501(C)(3)	14,922				GENERAL OPERATING GRANT
FRIENDS OF THE CHILDRENS JUSTICE CENTER OF OAHU 3019 PALI HWY HONOLULU, HI 96817	27-3663109	501(C)(3)	9,113				GENERAL OPERATING GRANT
FRIENDS OF THE LIBRARY OF HAWAII 99-1132 IWAENA STREET AIEA, HI 96701	99-6003670	501(C)(3)	14,785				GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF HAWAII 410 ATKINSON DR STE 2E1BOX3 HONOLULU, HI 96814	99-0073488	501(C)(3)	13,438				GENERAL OPERATING GRANT
GOOD BEGINNINGS ALLIANCE 850 RICHARDS ST 201 HONOLULU, HI 96813	94-3257650	501(C)(3)	28,716				GENERAL OPERATING GRANT
GOODWILL INDUSTRIES OF HAWAII INC 2610 KILIHOU ST HONOLULU, HI 96819	99-6001264	501(C)(3)	60,590				GENERAL OPERATING GRANT

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GREGORY HOUSE PROGRAMS 200 N VINEYARD BLVD STE A 310 HONOLULU, HI 96817	99-0265111	501(C)(3)	5,268				GENERAL OPERATING GRANT
GUIDE DOGS OF HAWAII ADAPTIVE AIDS CANINES 747 AMANA ST 407 HONOLULU, HI 96814	99-0103779	501(C)(3)	14,752				GENERAL OPERATING GRANT
HABILITAT INC PO BOX 801 KANEEOHE, HI 96744	99-0146306	501(C)(3)	44,623				GENERAL OPERATING GRANT

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HACBED 1575 S BERETANIA STREET SUITE 211 HONOLULU, HI 96826	99-0308587	501(C)(3)	17,500				GENERAL OPERATING GRANT
HALE KIPA INC 615 PIIKOI ST STE 203 HONOLULU, HI 96814	23-7061499	501(C)(3)	181,066				GENERAL OPERATING GRANT
HAWAII 3RS PO BOX 1196 HONOLULU, HI 968071401	43-1990722	501(C)(3)	15,000				GENERAL OPERATING GRANT

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HAWAII CHILDREN'S ACTION NETWORK 850 RICHARDS ST 201 HONOLULU, HI 96813	94-3257650	501(C)(3)	25,438				GENERAL OPERATING GRANT
HAWAII CHILDREN'S CANCER FOUNDATION 1814 LILIHA ST HONOLULU, HI 96817	99-02999937	501(C)(3)	48,065				GENERAL OPERATING GRANT
HAWAII COMMUNITY FOUNDATION 827 FORT STREET MALL HONOLULU, HI 96813	99-0261283	501(C)(3)	124,134				GENERAL OPERATING GRANT

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HAWAII FI-DO SERVICE DOG 59-790 KAMEHAMEHA HWY HALEIWA, HI 96712	99-0353345	501(C)(3)	7,621				GENERAL OPERATING GRANT
HAWAII FOODBANK INC 2611 KILIHOU ST HONOLULU, HI 96819	99-0220699	501(C)(3)	297,803				GENERAL OPERATING GRANT
HAWAII HOME OWNERSHIP CENTER 1259 AALA ST 201 HONOLULU, HI 968173962	68-0544935	501(C)(3)	33,939				GENERAL OPERATING GRANT

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HAWAII INTERNATIONAL CHILD PLACEMENT & FAMILY SERVICES INC 200 N VINEYARD BLVD ROOM 209 HONOLULU, HI 96817	99-0164045	501(C)(3)	7,243				GENERAL OPERATING GRANT
HAWAII ISLAND UNITED WAY PO BOX 745 HILO, HI 96720	99-6012257	501(C)(3)	28,025				GENERAL OPERATING GRANT
HAWAII LITERACY INC 245 NORTH KUKUI STREET SUITE 202 HONOLULU, HI 96817	23-7198698	501(C)(3)	108,871				GENERAL OPERATING GRANT

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HAWAII MEALS ON WHEELS INC PO BOX 61194 HONOLULU, HI 968391194	99-0198132	501(C)(3)	172,240				GENERAL OPERATING GRANT
HAWAII MOTHERS MILK INC 1319 PUNAHOU ST HONOLULU, HI 96826	99-0161419	501(C)(3)	13,228				GENERAL OPERATING GRANT
HAWAII NATURE CENTER INC 2131 MAKIKI HEIGHTS DR HONOLULU, HI 968222520	99-0208246	501(C)(3)	5,667				GENERAL OPERATING GRANT

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HAWAII PACIFIC UNIVERSITY 1164 BISHOP ST SUITE 307 HONOLULU, HI 96813	99-0113930	501(C)(3)	25,677				GENERAL OPERATING GRANT
HAWAII PUBLIC RADIO 738 KAHEKA ST 101 HONOLULU, HI 96814	51-0191809	501(C)(3)	5,250				GENERAL OPERATING GRANT
HAWAII PUBLIC TELEVISION FOUNDATION DBA PBS HAWAII 2350 DOLE ST HONOLULU, HI 96822	99-0334518	501(C)(3)	35,924				GENERAL OPERATING GRANT

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HAWAII YOUTH OPERA CHORUS PO BOX 22304 HONOLULU, HI 96823	99-0142646	501(C)(3)	10,059				GENERAL OPERATING GRANT
HAWAII YOUTH SYMPHONY ASSOCIATION 1110 UNIVERSITY AVE STE 200 HONOLULU, HI 968261598	99-0119771	501(C)(3)	15,129				GENERAL OPERATING GRANT
HAWAIIAN HUMANE SOCIETY 2700 WAIALAE AVE HONOLULU, HI 968261899	99-0073490	501(C)(3)	77,373				GENERAL OPERATING GRANT

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HELPING HANDS HAWAII 2100 N NIMITZ HWY HONOLULU, HI 968192218	23-7365077	501(C)(3)	181,434				GENERAL OPERATING GRANT
HONOLULU ACADEMY OF ARTS 900 S BERETANIA ST HONOLULU, HI 968141429	99-0079713	501(C)(3)	11,937				GENERAL OPERATING GRANT
HONOLULU COMMUNITY ACTION PROGRAM INC (HCAP) 33 S KING ST STE 300 HONOLULU, HI 96813	99-0140622	501(C)(3)	5,129				GENERAL OPERATING GRANT

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HONOLULU HABITAT FOR HUMANITY 922 AUSTIN LANE C-1 HONOLULU, HI 96817	99-0261871	501(C)(3)	10,335				GENERAL OPERATING GRANT
HONOLULU POLICE COMMUNITY FOUNDATION 6650 HAWAII KAI DR STE 250 HONOLULU, HI 96825	94-3274384	501(C)(3)	17,589				GENERAL OPERATING GRANT
HONOLULU THEATRE FOR YOUTH 1149 BETHEL ST STE 700 HONOLULU, HI 968132236	99-0107563	501(C)(3)	12,189				GENERAL OPERATING GRANT

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HONOLULU ZOOLOGICAL SOCIETY 151 KAPAHULU AVE HONOLULU, HI 968154011	23-7057714	501(C)(3)	6,369				GENERAL OPERATING GRANT
HOSPICE HAWAII INC 860 IWILEI RD HONOLULU, HI 96817	99-0203930	501(C)(3)	99,170				GENERAL OPERATING GRANT
HUGS (HELP UNDERSTANDING & GROUP SUPPORT) 3636 KILAUEA AVE HONOLULU, HI 968162318	99-0213594	501(C)(3)	30,492				GENERAL OPERATING GRANT

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IHS THE INSTITUTE FOR HUMAN SERVICES INC 546 KAAHI ST HONOLULU, HI 96817	99-0199107	501(C)(3)	249,203				GENERAL OPERATING GRANT
IOLANI SCHOOL 563 KAMOKU STREET HONOLULU, HI 96826	99-0073502	501(C)(3)	6,000				GENERAL OPERATING GRANT
JAPANESE CULTURAL CENTER OF HAWAII 2454 S BERETANIA STREET HONOLULU, HI 96826	99-0256147	501(C)(3)	12,188				GENERAL OPERATING GRANT

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JUNIOR ACHIEVEMENT OF HAWAII INC 1888 KALAKAUA AVE SUITE C312 HONOLULU, HI 96815	99-0088861	501(C)(3)	33,996				GENERAL OPERATING GRANT
JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL 1019 WAIMANU ST STE 214 HONOLULU, HI 96814	23-1907729	501(C)(3)	7,748				GENERAL OPERATING GRANT
KALIHI-PALAMA HEALTH CENTER 915 N KING ST HONOLULU, HI 96817	99-0161221	501(C)(3)	12,598				GENERAL OPERATING GRANT

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KAMAAINA CARE INC 156 HAMAKUA DR C KAILUA, HI 967342826	99-0261935	501(C)(3)	5,723				GENERAL OPERATING GRANT
KAPIOLANI HEALTH FOUNDATION 55 MERCHANT ST 26TH FL HONOLULU, HI 96813	99-0246364	501(C)(3)	33,575				GENERAL OPERATING GRANT
KAUAI UNITED WAY PO BOX 1087 LIHUE, HI 96766	99-0146288	501(C)(3)	10,802				GENERAL OPERATING GRANT

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KCAA PRESCHOOLS OF HAWAII 2707 S KING ST HONOLULU, HI 968263325	99-0075242	501(C)(3)	30,441				GENERAL OPERATING GRANT
KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES 2239 N SCHOOL ST HONOLULU, HI 96819	99-0149797	501(C)(3)	366,361				GENERAL OPERATING GRANT
KU ALOHA OLA MAU 1130 N NIMITZ HWY C302 HONOLULU, HI 96817	99-0165675	501(C)(3)	42,731				GENERAL OPERATING GRANT

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KUAKINI FOUNDATION 347 N KUAKINI ST HONOLULU, HI 968172336	99-0225067	501(C)(3)	16,072				GENERAL OPERATING GRANT
KUALOA-HEEIA ECUMENICAL YOUTH PROJECT 47-200 WAIHEE RD KANEHOE, HI 96744	99-0118209	501(C)(3)	130,736				GENERAL OPERATING GRANT
LANAKILA PACIFIC 1809 BACHELOT ST HONOLULU, HI 96817	99-0103922	501(C)(3)	263,573				GENERAL OPERATING GRANT

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LE JARDIN ACADEMY 917 KALANIAOALE HWY KAILUA, HI 96734	99-0146978	501(C)(3)	18,928				GENERAL OPERATING GRANT
LEARNING DISABILITIES ASSOCIATION OF HAWAII (LDAH) 245 N KUKUI ST STE 205 HONOLULU, HI 96817	99-0119223	501(C)(3)	301,267				GENERAL OPERATING GRANT
LEGAL AID SOCIETY OF HAWAII 924 BETHEL ST HONOLULU, HI 96813	99-0076020	501(C)(3)	46,782				GENERAL OPERATING GRANT

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LIFE FOUNDATION 677 ALA MOANA BLVD STE 226 HONOLULU, HI 968135405	99-0230542	501(C)(3)	18,038				GENERAL OPERATING GRANT
MAKE A WISH HAWAII INC PO BOX 1877 HONOLULU, HI 96805	99-0220777	501(C)(3)	111,797				GENERAL OPERATING GRANT
MALAMA MAUNALUA 6600 KALANIAOALE HIGHWAY SUITE 212 212 HONOLULU, HI 96825	36-4671116	501(C)(3)	16,989				GENERAL OPERATING GRANT

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MARCH OF DIMES FOUNDATION 1580 MAKALOA ST SUITE 1200 HONOLULU, HI 96814	13-1846366	501(C)(3)	12,013				GENERAL OPERATING GRANT
MARYKNOLL SCHOOL 1526 ALEXANDER ST HONOLULU, HI 96822	99-0110569	501(C)(3)	5,000				GENERAL OPERATING GRANT
MAUI UNITED WAY 270 HOOKAHI STREET SUITE 301 WAILUKU, HI 96793	99-0086524	501(C)(3)	9,390				GENERAL OPERATING GRANT

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MENTAL HEALTH KOKUA 1221 KAPIOLANI BLVD STE 345 HONOLULU, HI 96814	99-0154505	501(C)(3)	74,581				GENERAL OPERATING GRANT
MID-PACIFIC INSTITUTE 2445 KAALA ST HONOLULU, HI 96822299	99-0073514	501(C)(3)	15,052				GENERAL OPERATING GRANT
MOIILILI COMMUNITY CENTER 2535 S KING ST HONOLULU, HI 96826	99-0073515	501(C)(3)	12,165				GENERAL OPERATING GRANT

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MOIILILI HONGWANJI MISSION 902 UNIVERSITY AVENUE HONOLULU, HI 96826	99-0143990	501(C)(3)	31,515				GENERAL OPERATING GRANT
MOTHERS AGAINST DRUNK DRIVING (MADD) 745 FORT ST STE 303 HONOLULU, HI 96813	94-2707273	501(C)(3)	6,654				GENERAL OPERATING GRANT
NA WAHINE PAANI O PUNAHOU 1601 PUNAHOU STREET C/O THE ALUMNI HOUSE HONOLULU, HI 96822	99-0251941	501(C)(3)	5,000				GENERAL OPERATING GRANT

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NATIONAL KIDNEY FOUNDATION OF HAWAII 1314 S KING ST STE 1555 HONOLULU, HI 96814	99-0266733	501(C)(3)	38,485				GENERAL OPERATING GRANT
NATURE CONSERVANCY 923 NUUANU AVE HONOLULU, HI 96817	53-0242652	501(C)(3)	38,766				GENERAL OPERATING GRANT
OAHU SOCIETY FOR THE PREVENTION OF CRUELTY OF ANIMALS OAHU SPCA PO BOX 25145 HALEIWA, HI 96825	61-1569948	501(C)(3)	18,529				GENERAL OPERATING GRANT

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OLELO COMMUNITY TELEVISION 1122 MAPUNAPUNA STREET HONOLULU, HI 96819	99-0275429	501(C)(3)	52,823				GENERAL OPERATING GRANT
PALAMA SETTLEMENT 810 N VINEYARD BLVD HONOLULU, HI 96817	99-0074140	501(C)(3)	70,951				GENERAL OPERATING GRANT
PALOLO CHINESE HOME 2459 10TH AVE HONOLULU, HI 96816	99-0073521	501(C)(3)	32,166				GENERAL OPERATING GRANT

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PARENTS AND CHILDREN TOGETHER (PACT) 1485 LINAPUNI ST STE 105 HONOLULU, HI 96819	99-0119678	501(C)(3)	335,927				GENERAL OPERATING GRANT
PARTNERS IN DEVELOPMENT FOUNDATION 2040 BACHELOT ST HONOLULU, HI 968172433	94-3271325	501(C)(3)	104,201				GENERAL OPERATING GRANT
PATCH (PEOPLE ATTENTIVE TO CHILDREN) 560 N NIMITZ HWY STE 218 HONOLULU, HI 96817	99-0167464	501(C)(3)	16,590				GENERAL OPERATING GRANT

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PHOCUSED 1001 BISHOP STREET STE 780 HONOLULU, HI 96813	26-3024861	501(C)(3)	50,000				GENERAL OPERATING GRANT
PLANNED PARENTHOOD OF THE GREAT NORTHWEST 2001 E MADISON STREET SEATTLE, WA 98122	91-0686012	501(C)(3)	85,969				GENERAL OPERATING GRANT
PO'AILANI INC 970 N KALAHEO AVE STE A-102 KAILUA, HI 96734	99-0185750	501(C)(3)	10,936				GENERAL OPERATING GRANT

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PREVENT CHILD ABUSE HAWAII PO BOX 147 HONOLULU, HI 96810	99-0223044	501(C)(3)	14,536				GENERAL OPERATING GRANT
READ ALOUD AMERICA INC 1314 S KING ST G-4 HONOLULU, HI 96814	99-0323798	501(C)(3)	10,034				GENERAL OPERATING GRANT
REHABILITATION HOSPITAL OF THE PACIFIC 226 N KUAKINI ST HONOLULU, HI 968172488	99-0241634	501(C)(3)	27,039				GENERAL OPERATING GRANT

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REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION 226 N KUAKINI ST HONOLULU, HI 96817	99-0241634	501(C)(3)	10,000				GENERAL OPERATING GRANT
RIVER OF LIFE MISSION PO BOX 37939 HONOLULU, HI 96837	99-0253651	501(C)(3)	18,435				GENERAL OPERATING GRANT
RONALD MCDONALD HOUSE CHARITIES OF HAWAII INC PO BOX 61777 HONOLULU, HI 968391777	99-0222124	501(C)(3)	50,668				GENERAL OPERATING GRANT

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SACRED HEARTS ACADEMY 3253 WAIALAE AVE HONOLULU, HI 96816	99-0093012	501(C)(3)	20,000				GENERAL OPERATING GRANT
SAINT LOUIS SCHOOL 3142 WAIALAE AVE HONOLULU, HI 96816	99-0272260	501(C)(3)	23,348				GENERAL OPERATING GRANT
SEAGULL SCHOOL 1300 KAILUA RD KAILUA, HI 96734	99-0155163	501(C)(3)	9,351				GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHRINER'S HOSPITAL 1310 PUNAHOU STREET HONOLULU, HI 96826	36-2193608	501(C)(3)	14,111				GENERAL OPERATING GRANT
SPECIAL OLYMPICS HAWAII 1833 KALAKAUA AVENUE SUITE 500 HONOLULU, HI 96815	23-7173957	501(C)(3)	45,583				GENERAL OPERATING GRANT
ST FRANCIS HEALTHCARE FOUNDATION OF HAWAII 2228 LILIHA ST STE 205 HONOLULU, HI 96817	99-0240060	501(C)(3)	11,353				GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST FRANCIS HOSPICEMAUURICE J SULLIVAN FAMILY HOSPICE CENTER ST FRANCIS HEALTHCARE FOUNDATION HONOLULU, HI 96817	99-03225194	501(C)(3)	9,021				GENERAL OPERATING GRANT
ST FRANCIS HOSPICETHE SISTER MAUREEN KELEHER CENTER 2228 LILILHA STREET SUITE 205 HONOLULU, HI 96817	99-03225194	501(C)(3)	206,930				GENERAL OPERATING GRANT
STRAUB FOUNDATION 55 MERCHANT ST 26TH FL HONOLULU, HI 96813	99-0109350	501(C)(3)	8,075				GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN BREAST CANCER FOUNDATION 3555 HARDING AVENUE SUITE 2D HONOLULU, HI 96816	75-2844638	501(C)(3)	28,611				GENERAL OPERATING GRANT
SUSANNAH WESLEY COMMUNITY CENTER 1117 KAILI ST HONOLULU, HI 96819	99-0073528	501(C)(3)	51,318				GENERAL OPERATING GRANT
TEACH FOR AMERICA INC 500 ALA MOANA BLVD STE 3-400 HONOLULU, HI 96813	13-3541913	501(C)(3)	71,937				GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ALCOHOLIC REHABILITATION SERVICES OF HI DBA HINA MAUKA 45-845 POOKELA ST KANEHOE, HI 96744	99-0173356	501(C)(3)	51,843				GENERAL OPERATING GRANT
THE ARC IN HAWAII 3989 DIAMOND HEAD RD HONOLULU, HI 96816	99-0089327	501(C)(3)	11,993				GENERAL OPERATING GRANT
THE MEDIATION CENTER OF THE PACIFIC INC 245 N KUKUI ST STE 206 HONOLULU, HI 96817	99-0192700	501(C)(3)	6,259				GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY HAWAIIAN & PACIFIC ISLANDS DIVISION 2950 MANOA RD HONOLULU, HI 96822	94-1156347	501(C)(3)	228,705				GENERAL OPERATING GRANT
UNITED CEREBRAL PALSY ASSOCIATION OF HAWAII 414 KUWILI ST 105 HONOLULU, HI 96817	99-0092154	501(C)(3)	8,773				GENERAL OPERATING GRANT
UNITED SERVICE ORGANIZATIONS INC 4825 BOUGAINVILLE DR 210 HONOLULU, HI 96819	13-1610451	501(C)(3)	7,692				GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES VETERANS INITIATIVE - HAWAII PO BOX 75329 BLDG 37 SHANGRILA RD WAIANAЕ, HI 96707	95-4382752	501(C)(3)	49,264				GENERAL OPERATING GRANT
UNITED WAY STATEWIDE 200 N VINEYARD BLVD STE 700 HONOLULU, HI 96817	99-0286056	501(C)(3)	10,000				GENERAL OPERATING GRANT
UNIVERSITY OF HAWAII FOUNDATION PO BOX 11270 HONOLULU, HI 96828	99-0085260	501(C)(3)	113,054				GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VARIETY SCHOOL OF HAWAII 710 PALEKAUA ST HONOLULU, HI 96816	99-0105604	501(C)(3)	8,024				GENERAL OPERATING GRANT
WAIANAЕ DISTRICT COMPREHENSIVE HEALTH AND HOSPITAL BOARDING 86-260 FARRINGTON HWY WAIANAЕ, HI 96792	99-0148164	501(C)(3)	150,448				GENERAL OPERATING GRANT
WAIKIKI COMMUNITY CENTER 310 PAOKALANI AVE HONOLULU, HI 96815	99-0179392	501(C)(3)	136,769				GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAIKIKI HEALTH CENTER 277 OHUA AVE HONOLULU, HI 96815	99-0159253	501(C)(3)	160,784				GENERAL OPERATING GRANT
WAIMANALO HEALTH CENTER 41-1347 KALANIAOALE HWY WAIMANALO, HI 96795	99-0273205	501(C)(3)	83,096				GENERAL OPERATING GRANT
WOMEN IN NEED WIN PO BOX 414 WAIMANALO, HI 96795	94-3266305	501(C)(3)	25,404				GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF HONOLULU 1441 PALI HWY HONOLULU, HI 96813	99-0073533	501(C)(3)	74,383				GENERAL OPERATING GRANT
YOUTH FOR CHRIST USA INC PO BOX 11145 HONOLULU, HI 96828	99-6001292	501(C)(3)	6,353				GENERAL OPERATING GRANT
YWCA OF OAHU 1040 RICHARDS ST HONOLULU, HI 96813	99-0073534	501(C)(3)	160,601				GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY STATEWIDE ASSOCIATION OF HAWAII 200 NORTH VINEYARD BLVD SUITE 700 HONOLULU, HI 96817	99-0286056	501(C)(3)	171,544				GENERAL OPERATING GRANT
COMBINED FEDERAL CAMPAIGN			4,075,320				GENERAL OPERATING GRANT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ALOHA UNITED WAY INC

Employer identification number

99-0073494

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>	5a	No								
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>a The organization?</p>	6a	No								
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CINDY ADAMS PRESIDENT/CEO	(i) 160,000	9,600	0	0	11,227	180,827	0
	(ii) 0	0	0	0	0	0	0
2 PAMELA MAEDA VP, FUNDRAISING & MAJOR GIFTS FORMER	(i) 109,031	0	0	0	18,411	127,442	0
	(ii) 0	0	0	0	0	0	0
3 LINDA NELSON CFO FORMER	(i) 72,684	0	0	0	5,907	78,591	0
	(ii) 0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference

Explanation

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization ALOHA UNITED WAY INC

Employer identification number 99-0073494

Part I Types of Property

Table with 4 columns: (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. Rows include Art, Books and publications, Clothing and household goods, Securities, Food inventory, Drugs and medical supplies, etc.

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part III Supplemental Information.

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

Return Reference	Explanation
PART I, LINE 32B	THE ORGANIZATION UTILIZES THE SERVICES OF ITS INVESTMENT ADVISOR TO PROCESS AND SELL PUBLICALLY TRADED STOCK DONATIONS

Schedule M (Form 990) (2015)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
ALOHA UNITED WAY INC

Employer identification number

99-0073494

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	ALOHA UNITED WAY BUILDS A STRONGER, HEALTHIER COMMUNITY BY PARTNERING WITH BUSINESS, LABOR, GOVERNMENT, AND NONPROFIT ORGANIZATIONS TO DELIVER MEASURABLE AND SUSTAINABLE SOLUTIONS
FORM 990, PART VI, SECTION A, LINE 2	1 ERIC YEAMAN AND MICHELE SAITO ARE ON THE BOARD OF DIRECTORS OF ALEXANDER & BALDWIN WHERE E CHRISTOPHER BENJAMIN IS PRESIDENT & CEO 2 ERIC YEAMAN IS ON THE BOARD OF DIRECTORS OF HAWAIIAN TELCOM WHERE SCOTT BARBER IS PRESIDENT & CEO 3 C SCOTT WO IS ON THE BOARD OF D IRECTORS OF FIRST HAWAIIAN BANK WHERE ERIC YEAMAN IS THE PRESIDENT AND COO, RAYMOND ONO IS VICE CHAIRMAN & CBO, AND CHRISTOPHER DODS IS EVP, MARKETING & CARD SERVICES 4 JEFFREY W ATANABE IS ON THE BOARD OF DIRECTORS OF MATSON, INC WHERE VIC ANGOCO IS A SENIOR VICE PRE SIDENT (PACIFIC) AND LEN ISOTOFF IS THE DIRECTOR OF SALES (PACIFIC REGION) 5 RICHARD ROS ENBLUM SERVED AS SENIOR ADVISOR OF HAWAIIAN ELECTRIC COMPANY , INC WHICH IS A SUBSIDIARY O F HAWAIIAN ELECTRIC INDUSTRIES INC WHERE JEFFREY WATANABE IS CHAIRMAN OF THE BOARD 6 PE TER HO AND RANDY PERREIRA ARE ON THE BOARD OF DIRECTORS OF HMSA WHERE MICHAEL GOLD IS PRES IDENT & CEO 7 PETER HO IS CHAIRMAN, PRESIDENT & CEO OF BANK OF HAWAII AND KEVIN SAKAMOTO IS EVP & DIVISION MANAGER - BRANCH DIVISION OF BANK OF HAWAII
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE BEFORE FILING, A COPY OF T HE FORM 990 IS PROVIDED TO THE BOARD AND REVIEWED AT THE NEXT BOARD MEETING AFTER FILING, THE FORM 990 IS POSTED TO THE ORGANIZATIONS WEBSITE
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD MEMBERS REPORT ANY POSSIBLE CONFLICTS OF INTEREST AND EXCUSE THEMSELVES FROM VOT ING IF THERE IS A POSSIBILITY OF AN APPEARANCE OF A CONFLICT OF INTEREST
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE PRESIDENT & CEO IS DETERMINED BY THE BOARD COMMITTEE WHO EVALUATES WO RK PERFORMANCE BASED ON A WORK PLAN WITH GOALS AND SPECIFIC OBJECTIVES THE AMOUNT OF COMP ENSATION IS ALSO DETERMINED BASED ON INFORMATION FROM VARIOUS SALARY SURVEYS OF SIMILAR-SI ZED UNITED WAYS AND OTHER NON-PROFIT COMPANIES COMPENSATION OF THE COO AND VICE PRESIDENT WAS DETERMINED BY THE PRESIDENT IN CONSULTATION WITH THE BOARD CHAIR BASED ON EVALUATION OF WORK PERFORMANCE AND SALARY SURVEYS THIS PROCESS WAS LAST USED IN AUGUST 2014
FORM 990, PART VI, SECTION C, LINE 19	AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE THE GOVERNING DO CUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 9	PENSION ADJUSTMENTS -17,413 CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUST -1 09,648 ADJUSTMENT FOR DONOR DESIGNATIONS 2,061,071