

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

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization: ALOHA UNITED WAY INC
 Doing business as:
 Number and street (or P O box if mail is not delivered to street address): 200 N VINEYARD NO 700 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: HONOLULU, HI 968173938

D Employer identification number: 99-0073494

E Telephone number: (808) 536-1951

G Gross receipts \$ 18,988,277

F Name and address of principal officer: CINDY ADAMS, 200 N VINEYARD BLVD 700, HON, HI 96817

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW AUW ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1938 **M** State of legal domicile: HI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE STATEMENT O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	28
4 Number of independent voting members of the governing body (Part VI, line 1b)	28
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	45
6 Total number of volunteers (estimate if necessary)	1,844
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	21,907

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	9,594,302	14,084,322
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	354,911	361,110
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	661,898	723,142
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,611,111	15,168,574
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,476,632	11,706,362
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,423,760	2,733,171
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,590,079		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,945,692	2,599,837
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,846,084	17,039,370
19 Revenue less expenses Subtract line 18 from line 12	-3,234,973	-1,870,796

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	21,034,172	20,637,449
21 Total liabilities (Part X, line 26)	3,555,618	4,580,388
22 Net assets or fund balances Subtract line 21 from line 20	17,478,554	16,057,061

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2019-09-27

CINDY ADAMS CHIEF EXEC OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ACCUITY LLP
 Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P00089337
 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 BRINGS RESOURCES, ORGANIZATIONS AND PEOPLE TOGETHER TO ADVANCE THE HEALTH, EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON IN OUR COMMUNITY

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 \$ 9,305,957 including grants of \$ 7,598,091) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 4,108,271 including grants of \$ 4,108,271) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 416,392 including grants of \$) (Revenue \$)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 331,413 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 14,162,033

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	45		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	No
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (28); 1b Enter the number of voting members included in line 1a, above, who are independent (28); 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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

Table with 1 column: Question. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (HI); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply (Own website, Upon request); 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										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							421,687	0	51,874	

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 ▶ 2			
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3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	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															
	<table border="1"> <thead> <tr> <th>(A) Name and business address</th> <th>(B) Description of services</th> <th>(C) Compensation</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>	(A) Name and business address	(B) Description of services	(C) Compensation												
(A) Name and business address	(B) Description of services	(C) Compensation														

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0
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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	1,940		
	d Related organizations	1d			
	e Government grants (contributions)	1e	4,108,271		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,974,111		
	g Noncash contributions included in lines 1a - 1f \$ _____		488,878		
	h Total. Add lines 1a-1f		14,084,322		

Program Service Revenue	Business Code				
2a _____					
b _____					
c _____					
d _____					
e _____					
f All other program service revenue					
9 Total. Add lines 2a-2f					

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		51,870			51,870	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
			1,451,394				
		b Less rental expenses		964,371			
		c Rental income or (loss)		487,023			
	d Net rental income or (loss)			487,023			487,023
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			3,099,029				
		b Less cost or other basis and sales expenses		2,789,789			
		c Gain or (loss)		309,240			
	d Net gain or (loss)			309,240			309,240
	8a Gross income from fundraising events (not including \$ 1,940 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b	99,894			
c Net income or (loss) from fundraising events				34,351		34,351	
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 PROGRAM FEE REIMBURSEMENT		900099	168,553	168,553			
b ADMIN FEE REIMBURSEMENT		561000	33,215	33,215			
c _____							
d All other revenue							
e Total. Add lines 11a-11d			201,768				
12 Total revenue. See Instructions			15,168,574	201,768	0	882,484	

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	11,706,362	11,706,362		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	421,687	169,853	124,244	127,590
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	1,688,198	679,998	497,403	510,797
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	67,400	25,731	22,852	18,817
9 Other employee benefits	368,252	151,928	121,007	95,317
10 Payroll taxes	187,634	75,387	55,735	56,512
11 Fees for services (non-employees)				
a Management				
b Legal	1,981	1,602	379	
c Accounting	65,262	15,000	50,262	
d Lobbying	19,556		19,556	
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)	1,405,541	899,651	220,711	285,179
12 Advertising and promotion	483,024	154,625	8,060	320,339
13 Office expenses	153,232	84,623	28,443	40,166
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	58,461	17,911	19,643	20,907
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	147,916	55,192	9,974	82,750
20 Interest				
21 Payments to affiliates	127,403	56,914	34,450	36,039
22 Depreciation, depletion, and amortization	153,813	53,529	54,197	46,087
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 MISCELLANEOUS	-16,352	13,727	20,342	-50,421
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	17,039,370	14,162,033	1,287,258	1,590,079
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,670,167	1	1,856,334
	2 Savings and temporary cash investments	972,810	2	483,795
	3 Pledges and grants receivable, net	3,757,043	3	3,513,682
	4 Accounts receivable, net	214,831	4	1,115,223
	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	279,359	9	63,882
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 11,823,588		
	b Less accumulated depreciation	10b 9,071,266	2,415,386	10c 2,752,322
	11 Investments—publicly traded securities	7,646,557	11	6,953,905
	12 Investments—other securities See Part IV, line 11	2,000,373	12	1,957,956
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	2,077,646	15	1,940,350
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,034,172	16	20,637,449	
Liabilities	17 Accounts payable and accrued expenses	707,951	17	1,521,582
	18 Grants payable	2,790,136	18	3,004,966
	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	57,531	25	53,840
	26 Total liabilities. Add lines 17 through 25	3,555,618	26	4,580,388
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	10,259,266	27	8,772,117
	28 Temporarily restricted net assets	4,205,328	28	4,432,280
	29 Permanently restricted net assets	3,013,960	29	2,852,664
	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	17,478,554	33	16,057,061	
34 Total liabilities and net assets/fund balances	21,034,172	34	20,637,449	

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	15,168,574
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,039,370
3	Revenue less expenses Subtract line 2 from line 1	3	-1,870,796
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,478,554
5	Net unrealized gains (losses) on investments	5	-684,050
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	1,133,353
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,057,061

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Additional Data

Software ID:

Software Version:

EIN: 99-0073494

Name: ALOHA UNITED WAY INC

Form 990 (2018)

Form 990, Part III, Line 4a:

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 DURING 2018, ALOHA UNITED WAY SUPPORTED OVER 330 INDEPENDENT AGENCIES, A GOOD PORTION OF WHICH HAVE PROVIDED HEALTH AND HUMAN SERVICES FOR FAMILIES AND INDIVIDUALS IN NEED OUR VOLUNTEER COUNCILS REVIEW AND FUND PROGRAMS IN EDUCATION, POVERTY PREVENTION AND SAFETY NET SERVICES

Form 990, Part III, Line 4b:

CONTINUUM OF CARE ALOHA UNITED WAY IS THE RECIPIENT OF VARIOUS CONTINUUM OF CARE ("COC") GRANTS FUNDED BY THE U S DEPARTMENT OF HOUSING AND URBANDEVELOPMENT ("HUD") THE COC PROGRAM IS DESIGNED TO ASSIST OUR COMMUNITY'S HOMELESS POPLULATION AND TO OPTIMIZE SELF-SUFFICIENCY THE ORGANIZATION HAS BEEN AWARDED FOUR GRANS UNDER THE COC INCLUDING PERMANENT SUPPORTING HOUSING, COC PLANNING ACTIVITIES,HOMELESS MANAGEMENT INFORMATION SYSTEM, AND COORDINATED ENTRY SYSTEM

Form 990, Part III, Line 4c:

211 PROGRAM 211 IS A FREE, CONFIDENTIAL SERVICE OFFERED STATEWIDE FOR PEOPLE WHO NEED HELP 211 PROVIDES INFORMATION ON A BROAD RANGE OF HEALTH AND HUMAN SERVICES FOR THE WHOLE COMMUNITY INCLUDING JOB PLACEMENT, CHILD CARE, 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

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 90,826 including grants of \$) (Revenue \$)

THE WEINBERG FELLOW PROGRAM A LEADERSHIP PROGRAM FOR NON PROFIT EXECUTIVE DIRECTORS WHOSE AGENCIES SERVE THE DISADVANTAGED

(Code) (Expenses \$ 240,587 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/ASST TREASURER/PART YEAR	1 00	X		X				0	0	0
HARRIS CHAN DIRECTOR	1 00	X						0	0	0
RICK CHING DIRECTOR/VICE CHAIR	1 00	X		X				0	0	0
DION DIZON DIRECTOR	1 00	X						0	0	0
CHRISTOPHER DODS DIRECTOR	1 00	X						0	0	0
DENNIS FRANCIS DIRECTOR/PART YEAR	1 00	X						0	0	0
TERRI FUJII DIRECTOR/CHAIR	1 00	X		X				0	0	0
BLENN FUJIMOTO DIRECTOR	1 00	X						0	0	0
GUY FUJIMURA 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			
TRACY HAYASHI DIRECTOR	1 00	X						0	0	0
GREG HAZELTON DIRECTOR	1 00	X						0	0	0
KELLY HOEN DIRECTOR/SECRETARY	1 00	X		X				0	0	0
LEN ISOTOFF DIRECTOR	1 00	X						0	0	0
DAVID LASSNER DIRECTOR	1 00	X						0	0	0
ALICIA MOY DIRECTOR	1 00	X						0	0	0
ERNEST NISHIZAKI DIRECTOR/VICE CHAIR/PART YEAR	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	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			
KEVIN SAKAMOTO DIRECTOR/TREASURER	1 00	X		X				0	0	0
DAN SCHABERG DIRECTOR	1 00	X						0	0	0
MICHAEL STOLLAR DIRECTOR/ASSISTANT TREASURER	1 00	X		X				0	0	0
BRIAN TATSUMURA DIRECTOR	1 00	X						0	0	0
SCOTT VIOLA DIRECTOR	1 00	X						0	0	0
C SCOTT WO DIRECTOR	1 00	X						0	0	0
BRIAN BOWERS DIRECTOR	1 00	X						0	0	0
AJ HALAGAO DIRECTOR	1 00	X						0	0	0
WILBERT HOLCK DIRECTOR	1 00	X						0	0	0
JASON ITO DIRECTOR	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			
JUSTIN KAUWALE DIRECTOR	1 00	X						0	0	0
SAVAN PATEL DIRECTOR	1 00	X						0	0	0
ANDREW SUTTON DIRECTOR	1 00	X						0	0	0
CINDY ADAMS PRESIDENT/CEO	40 00			X				196,642	0	15,331
NORMAN BAKER COO	40 00			X				128,240	0	20,089
NAN KATSUDA VP - FINANCE	40 00			X				96,805	0	16,454

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	13,365,716	12,297,788	16,764,241	9,587,531	14,082,382	66,097,658
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	13,365,716	12,297,788	16,764,241	9,587,531	14,082,382	66,097,658
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						66,097,658

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total	
7	Amounts from line 4	13,365,716	12,297,788	16,764,241	9,587,531	14,082,382	66,097,658	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,184,059	1,377,149	1,688,216	1,916,985	1,910,910	8,077,319	
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.)	106,330	119,588	489,825	174,639	201,768	1,092,150	
11	Total support. Add lines 7 through 10						75,267,127	
12	Gross receipts from related activities, etc (see instructions)						12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	87.820 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	88.010 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
	1		
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).		
	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.		
	3a		
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.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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.		
	4b		
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.		
	4c		
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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
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 I of Schedule L (Form 990 or 990-EZ).		
	8		
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 .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 11	DESCRIPTION 2014 2015 2016 2017 2018 TOTAL OTHER INCOME 106,330 119,588 489,825 174,639 201,768 1,092,150 TOTAL 106,330 119,588 489,825 174,639 201,768 1,092,150

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Public Inspection

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

Name of the organization ALOHA UNITED WAY INC	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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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 For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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)	3,000													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	24,373													
c	Total lobbying expenditures (add lines 1a and 1b)	27,373													
d	Other exempt purpose expenditures	14,134,660													
e	Total exempt purpose expenditures (add lines 1c and 1d)	14,162,033													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	858,102													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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)	214,526													
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	871,248	1,000,000	703,506	858,102	3,432,856
b Lobbying ceiling amount (150% of line 2a, column(e))					5,149,284
c Total lobbying expenditures	6,011	5,078	22,806	27,373	61,268
d Grassroots nontaxable amount	217,812	251,491	175,877	214,525	859,705
e Grassroots ceiling amount (150% of line 2d, column (e))					1,289,558
f Grassroots lobbying expenditures	6,011	5,078	22,806	27,373	61,268

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

	(a)		(b)
	Yes	No	Amount
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?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	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	1	
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).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	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
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|-----------------------------------------|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,718,407	1,718,407	1,718,407	1,718,407	1,718,407
b Contributions					
c Net investment earnings, gains, and losses	13,297	13,297	13,730	4,857	3,800
d Grants or scholarships					
e Other expenditures for facilities and programs	13,297	13,297	13,730	4,857	3,800
f Administrative expenses					
g End of year balance	1,718,407	1,718,407	1,718,407	1,718,407	1,718,407

- 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
- | | | |
|--------------------------------------------------------------------------------------------------------|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | Yes | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | No |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		191,000		191,000
b Buildings		10,645,161	8,547,316	2,097,845
c Leasehold improvements				
d Equipment		789,188	517,342	271,846
e Other		198,239	6,608	191,631
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,752,322

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	65,378	C
(B) RESTRICTED CERTIFICATE OF DEPOSIT	1,000,000	C
(C) MUTUAL AND FIXED INCOME FUNDS	892,578	C
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	1,957,956	

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

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

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUST	901,035
(2) OTHER ASSETS	199,141
(3) THIRD PARTY HOLDINGS	840,174
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	1,940,350

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ANNUITIES PAYABLE	53,840
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	53,840

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	11,063,772
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-688,949
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-95,706
e	Add lines 2a through 2d	2e	-784,655
3	Subtract line 2e from line 1	3	11,848,427
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	3,320,147
c	Add lines 4a and 4b	4c	3,320,147
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	15,168,574

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	12,485,265
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	65,543
e	Add lines 2a through 2d	2e	65,543
3	Subtract line 2e from line 1	3	12,419,722
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	4,619,648
c	Add lines 4a and 4b	4c	4,619,648
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	17,039,370

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 99-0073494

Name: ALOHA UNITED WAY INC

Supplemental 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

Supplemental Information

Return Reference	Explanation
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, 2018 AND 2017, 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, 2015 THROUGH 2018

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	DIRECT FUNDRAISING EXPENSE 65,543 BENEFICIAL INTEREST IN TRUST -161,249

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 3,320,147

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT FUNDRAISING EXPENSE 65,543

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 4,619,648

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2018

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.

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

Department of the Treasury Internal Revenue Service

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... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes a Total row at the bottom.

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

HI

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

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		WOMEN UNITED C4 (event type)	HI CARES RODEO (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	77,150	24,684		101,834
	2 Less Contributions	1,080	860		1,940
	3 Gross income (line 1 minus line 2)	76,070	23,824		99,894
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	3,037	734		3,771
	6 Rent/facility costs		4,302		4,302
	7 Food and beverages	28,188	4,264		32,452
	8 Entertainment	2,606	3,141		5,747
	9 Other direct expenses	16,922	2,349		19,271
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				65,543
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				34,351

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

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

Name ▶
 Address ▶

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

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

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

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

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

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization
ALOHA UNITED WAY INC

Employer identification number
99-0073494

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	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
ACCESSURF HAWAII PO BOX 15152 HONOLULU, HI 96830	20-4420646	501(C) (3)	9,658				GENERAL OPERATING GRANT
ADULT FRIENDS FOR YOUTH 3375 KOAPAKA ST STE B290 HONOLULU, HI 968191876	99-0254581	501(C) (3)	12,911				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
AFTER-SCHOOL ALL-STARS HAWAII 4747 KILAUEA AVE 210 HONOLULU, HI 96816	27-4604870	501(C) (3)	54,105	600	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
ALOHA HARVEST 3599 WAIALAE AVE 23 HONOLULU, HI 968162759	99-0344209	501(C) (3)	23,110				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 HOUSE PO BOX 791749 PAIA, HI 96779	99-0173804	501(C) (3)	35,048				GENERAL OPERATING GRANT
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION INC 1130 N NIMITZ HIGHWAY SUITE A-265 HONOLULU, HI 96817	13-3039601	501(C) (3)	88,828	2,800	FMV	VARIOUS SUPPLIES	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 CANCER SOCIETY INC 2370 NUUANU AVE HONOLULU, HI 96817	13-1788491	501(C) (3)	84,524				GENERAL OPERATING GRANT
AMERICAN DIABETES ASSOCIATION INC PIONEER PLAZA 900 FORT STREET MALL SUITE 940 HONOLULU, HI 96813	13-1623888	501(C) (3)	36,551	11,028	FMV	VARIOUS SUPPLIES	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 HEART ASSOCIATION OF HAWAII 677 ALA MOANA BLVD 600 HONOLULU, HI 96813	13-5613797	501(C) (3)	81,419	2,218	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
AMERICAN LUNG ASSOCIATION OF THE MOUNTAIN PACIFIC 810 RICHARDS STREET SUITE 750 HONOLULU, HI 96813	93-0386887	501(C) (3)	5,443	185	FMV	VARIOUS SUPPLIES	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)	243,056				GENERAL OPERATING GRANT
ARMED SERVICES YMCA OF HONOLULU 1260 PIERCE STREET PEARL HARBOR, HI 96860	99-0075037	501(C) (3)	10,234	810	FMV	VARIOUS SUPPLIES	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
ARTHRITIS FOUNDATION HI CHAPTER 2752 WOODLAWN DRIVE STE 5-204B HONOLULU, HI 96822	58-1341679	501(C) (3)	7,153				GENERAL OPERATING GRANT
ASSETS SCHOOL ONE OHANA NUI WAY HONOLULU, HI 96818	99-6001152	501(C) (3)	110,423				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
BALLET HAWAII 777 S HOTEL ST STE 101 HONOLULU, HI 968132591	99-0163014	501(C) (3)	5,108				GENERAL OPERATING GRANT
BIG BROTHERS BIG SISTERS HAWAII INC 418 KUWILI ST STE 106 HONOLULU, HI 968175364	99-0109970	501(C) (3)	103,445				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
BISHOP MUSEUM 1525 BERNICE STREET HONOLULU, HI 96817	99-0161980	501(C) (3)	7,093				GENERAL OPERATING GRANT
BLOOD BANK OF HAWAII 2043 DILLINGHAM BLVD HONOLULU, HI 96819	99-0073479	501(C) (3)	11,036				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
BLUE PLANET FOUNDATION 55 MERCHANT ST SUITE 1700 HONOLULU, HI 96813	20-8247917	501(C) (3)	9,424				GENERAL OPERATING GRANT
BOBBY BENSON CENTER 56-660 KAMEHAMEHA HWY KAHUKU, HI 96731	99-0243991	501(C) (3)	12,996	180	FMV	VARIOUS SUPPLIES	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)	61,872				GENERAL OPERATING GRANT
BOYS & GIRLS CLUB OF HAWAII 345 QUEEN STREET SUITE 900 HONOLULU, HI 96813	99-6005407	501(C) (3)	138,423				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
CATHOLIC CHARITIES HAWAII 1822 KEEAUMOKU ST HONOLULU, HI 96822	99-0073547	501(C) (3)	250,222	2,442	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
CENTER FOR STRATEGIC & INTERNATIONAL STUDIES 1003 BISHOP ST 1150 PAUAHI TOWER HONOLULU, HI 96813	52-1501082	501(C) (3)	7,000				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 TOMORROW'S LEADERS 677 ALA MOANA BLVD SUITE 1100 HONOLULU, HI 96813	46-3490591	501(C) (3)	24,837				GENERAL OPERATING GRANT
CHAMINADE UNIVERSITY OF HONOLULU 3140 WAIALAE AVE HONOLULU, HI 96816	99-0272261	501(C) (3)	5,029				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
CHILD & FAMILY SERVICE 91-1841 FORT WEAVER RD EWA BEACH, HI 96706	99-0073483	501(C) (3)	94,499	3,444	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
COALITION FOR A DRUG-FREE HAWAII 1130 N NIMITZ HWY A259 HONOLULU, HI 96817	99-0255126	501(C) (3)	7,160	2,218	FMV	VARIOUS SUPPLIES	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
COMMON GRACE PO BOX 31116 HONOLULU, HI 96820	30-0110074	501(C) (3)	5,347	249	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
COMMUNITY ASSISTANCE CENTER 200 N VINEYARD BLVD 330 HONOLULU, HI 96817	99-0093057	501(C) (3)	10,644				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
COOLINGCANCER 2225 HOONEE PLACE HONOLULU, HI 96819	46-4024424	501(C) (3)	10,000				GENERAL OPERATING GRANT
DAMIEN MEMORIAL HIGH SCHOOL 1401 HOUGHTAILING ST HONOLULU, HI 968172797	99-0108341	501(C) (3)	13,195				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
DIAMOND HEAD THEATRE 520 MAKAPUU AVE HONOLULU, HI 968162319	99-0073495	501(C) (3)	114,159				GENERAL OPERATING GRANT
DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	52-1521276	501(C) (3)	8,757				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)	42,055	2,518	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
EASTER SEALS HAWAII 710 GREEN ST HONOLULU, HI 968132119	99-0075235	501(C) (3)	55,722	1,075	FMV	VARIOUS SUPPLIES	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
EPILEPSY FOUNDATION OF HAWAII 1050 ALA MOANA BLVD SUITE 2550 HONOLULU, HI 96814	23-7216782	501(C) (3)	6,709				GENERAL OPERATING GRANT
FAMILY PROGRAMS OF HAWAII 250 VINEYARD ST HONOLULU, HI 96813	99-0280498	501(C) (3)	9,423				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
FAMILY PROMISE OF HAWAII 245 N KUKUI ST 101 HONOLULU, HI 96817	20-2645489	501(C) (3)	68,149	1,349	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
FEEDING HAWAII TOGETHER 615 KEAWE STREET HONOLULU, HI 968135122	47-0901806	501(C) (3)	11,223				GENERAL OPERATING GRANT

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

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FILIPINO COMMUNITY CENTER INC 94-428 MOKUOLA ST STE 302 WAIPAHU, HI 96797	99-0305884	501(C) (3)	5,000				GENERAL OPERATING GRANT
FRANCISCAN CARE SERVICES 2226 LILIHA STREET STE 227 HONOLULU, HI 96817	27-4348363	501(C) (3)	203,997				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
FRIENDS OF THE CANCER RESEARCH CENTER OF HAWAII 701 ILALO STREET SUITE 606 HONOLULU, HI 96813	99-0207313	501(C) (3)	11,291				GENERAL OPERATING GRANT
FRIENDS OF THE CHILDRENS JUSTICE CENTER OF OAHU 3019 PALI HWY HONOLULU, HI 96817	27-3663109	501(C) (3)	7,169				GENERAL OPERATING GRANT

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

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FRIENDS OF THE LIBRARY OF HAWAII 99-1132 IWAENA STREET AIEA, HI 96701	99-6003670	501(C) (3)	10,721				GENERAL OPERATING GRANT
FRIENDS OF YOUTH OUTREACH FOUNDATION DBA RYSE 91-1264 KAIOPUA STREET EWA BEACH, HI 96706	81-2102826	501(C) (3)	50,000	700	FMV	VARIOUS SUPPLIES	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)	24,781				GENERAL OPERATING GRANT
GOODWILL INDUSTRIES OF HAWAII INC 2610 KILIHOU ST HONOLULU, HI 96819	99-6001264	501(C) (3)	57,213	4,391	FMV	VARIOUS SUPPLIES	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
GREGORY HOUSE PROGRAMS 200 N VINEYARD BLVD STE A310 HONOLULU, HI 96817	99-0265111	501(C) (3)	32,838	2,218	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
GUIDE DOGS OF HAWAII ADAPTIVE AIDS CANINES 747 AMANA ST 407 HONOLULU, HI 96814	99-0103779	501(C) (3)	19,265	413	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT

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

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HALE KIPA INC 615 PIIKOI ST STE 203 HONOLULU, HI 96814	23-7061499	501(C) (3)	133,766	1,100	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
HAWAII 3RS PO BOX 1196 HONOLULU, HI 968071401	43-1990722	501(C) (3)	11,237				GENERAL OPERATING GRANT

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

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HAWAII APPLESEED CENTER FOR LAW AND ECONOMIC JUSTICE PO BOX 37952 HONOLULU, HI 968370952	76-0748976	501(C) (3)	30,008	11,028	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
HAWAII ARTS ALLIANCE 1040 RICHARDS ST STE 301 HONOLULU, HI 96813	99-0211535	501(C) (3)	6,055				GENERAL OPERATING GRANT

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

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HAWAII AUTISM FOUNDATION PO BOX 2775 HONOLULU, HI 96803	26-1563850	501(C) (3)	7,026				GENERAL OPERATING GRANT
HAWAII BOOK & MUSIC FESTIVAL 47-231 KAMAKOI ROAD KANEHOE, HI 96744	30-0261277	501(C) (3)	6,549	11,348	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT

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

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HAWAII BRANCH OF THE INTERNATIONAL DYSLEXIA ASSOCIATION 913 ALEWA DR HONOLULU, HI 96817	99-0238843	501(C) (3)	5,020				GENERAL OPERATING GRANT
HAWAII CHILDREN'S CANCER FOUNDATION 1814 LILIHA ST HONOLULU, HI 96817	99-0299937	501(C) (3)	43,785				GENERAL OPERATING GRANT

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

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HAWAII COMMUNITY FOUNDATION 1164 BISHOP ST STE 800 HONOLULU, HI 96813	99-0261283	501(C) (3)	13,500				GENERAL OPERATING GRANT
HAWAII COUNCIL ON ECONOMIC EDUCATION 1136 UNION MALL STE 310 HONOLULU, HI 96813	99-6010090	501(C) (3)	5,145				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
HAWAII DOG FOUNDATION 94-1221 KA UKA BLVD 108-315 WAIPAHU, HI 96797	05-0594693	501(C) (3)	15,881				GENERAL OPERATING GRANT
HAWAII FI-DO SERVICE DOG 59-790 KAMEHAMEHA HWY HALEIWA, HI 96712	99-0353345	501(C) (3)	12,175				GENERAL OPERATING GRANT

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

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HAWAII FOODBANK INC 2611 KILIHOU ST HONOLULU, HI 96819	99-0220699	501(C) (3)	171,517	170	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
HAWAII HOME OWNERSHIP CENTER 1259 AALA ST 201 HONOLULU, HI 968173962	68-0544935	501(C) (3)	32,144				GENERAL OPERATING GRANT

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

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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)	5,178				GENERAL OPERATING GRANT
HAWAII ISLAND UNITED WAY PO BOX 745 HILO, HI 96720	99-6012257	501(C) (3)	31,371				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
HAWAII LIONS FOUNDATION P O BOX 834 HONOLULU, HI 968080834	99-6010563	501(C) (3)	877	7,150	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
HAWAII LITERACY INC 245 NORTH KUKUI STREET SUITE 202 HONOLULU, HI 96817	23-7198698	501(C) (3)	93,089	25,106	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT

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

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HAWAII MEALS ON WHEELS INC PO BOX 61194 HONOLULU, HI 968391194	99-0198132	501(C) (3)	162,737	2,381	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
HAWAII MOTHERS MILK INC 1319 PUNAHOU ST HONOLULU, HI 96826	99-0161419	501(C) (3)	7,540				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
HAWAII NATURE CENTER INC 2131 MAKIKI HEIGHTS DRIVE HONOLULU, HI 96822	99-0208246	501(C) (3)	8,571				GENERAL OPERATING GRANT
HAWAII OPERA THEATRE 848 S BERETANIA ST STE 301 HONOLULU, HI 96813	99-0197758	501(C) (3)	6,602				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
HAWAII PACIFIC HEALTH 55 MERCHANT ST 24TH FLOOR HONOLULU, HI 96813	99-0246363	501(C) (3)	8,500				GENERAL OPERATING GRANT
HAWAII PERFORMING ARTS COMPANY LTD DBA MANOA VALLEY THEATRE 2833 EAST MANOA ROAD HONOLULU, HI 96822	99-0148833	501(C) (3)	5,226				GENERAL OPERATING GRANT

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

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HAWAII PUBLIC TELEVISION FOUNDATION DBA PBS HAWAII PO BOX 29805 HONOLULU, HI 968202006	99-0334518	501(C) (3)	76,100				GENERAL OPERATING GRANT
HAWAII SPEED AND QUICKNESS 1750 KALAKAUA AVE STE 1410 HONOLULU, HI 96826	20-1008630	501(C) (3)	11,000				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
HAWAII THEATRE CENTER 1130 BETHEL STREET HONOLULU, HI 96813	99-0229658	501(C) (3)	5,291				GENERAL OPERATING GRANT
HAWAII YOUTH SYMPHONY ASSOCIATION 1110 UNIVERSITY AVE STE 200 HONOLULU, HI 968261598	99-0119771	501(C) (3)	13,470				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
HAWAIIAN COMMUNITY ASSETS 200 N VINEYARD BLVD STE A300 HONOLULU, HI 96817	99-0304876	501(C) (3)	110,050	800	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
HAWAIIAN HUMANE SOCIETY 2700 WAIALAE AVE HONOLULU, HI 968261899	99-0073490	501(C) (3)	194,000				GENERAL OPERATING GRANT

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

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HAWAIIKIDSCAN PO BOX 450 KAHULUI, HI 96734	27-3069592	501(C) (3)	5,000				GENERAL OPERATING GRANT
HEALTHY MOTHERS HEALTHY BABIES COALITION OF HAWAII 310 PAOKALANI AVE SUITE 202A HONOLULU, HI 968153738	99-0299264	501(C) (3)	4,168	986	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT

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

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HELPING HANDS HAWAII 2100 N NIMITZ HWY HONOLULU, HI 968192218	23-7365077	501(C) (3)	135,668	38,659	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
HISTORIC HAWAII FOUNDATION 680 IWILEI ROAD STE 690 HONOLULU, HI 96817	23-7441972	501(C) (3)	7,793				GENERAL OPERATING GRANT

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

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HOOLA NA PUA 66-382 KAAMOOLOA RD WAIALUA, HI 96791	46-5139164	501(C) (3)	59,727				GENERAL OPERATING GRANT
HOLY NATIVITY SCHOOL 5286 KALANIANAOLE HWY HONOLULU, HI 96821	91-1877098	501(C) (3)	10,000				GENERAL OPERATING GRANT

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HONOLULU HABITAT FOR HUMANITY 922 AUSTIN LANE C-1 HONOLULU, HI 96817	99-0261871	501(C) (3)	5,699				GENERAL OPERATING GRANT
HONOLULU POLICE COMMUNITY FOUNDATION 6650 HAWAII KAI DR STE 250 HONOLULU, HI 96825	94-3274384	501(C) (3)	8,081				GENERAL OPERATING GRANT

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HONOLULU THEATRE FOR YOUTH 1149 BETHEL ST STE 700 HONOLULU, HI 968132236	99-0107563	501(C) (3)	15,286				GENERAL OPERATING GRANT
HONPA HONGWANJI MISSION OF HAWAII 1727 PALI HWY HONOLULU, HI 96813	99-0073500	501(C) (3)	5,245				GENERAL OPERATING GRANT

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

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HOSPICE HAWAII INC 860 IWILEI RD HONOLULU, HI 96817	99-0203930	501(C) (3)	94,188				GENERAL OPERATING GRANT
HUGS (HELP UNDERSTANDING & GROUP SUPPORT) 3636 KILAUEA AVE HONOLULU, HI 968162318	99-0213594	501(C) (3)	76,752	565	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT

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

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IHS THE INSTITUTE FOR HUMAN SERVICES INC 546 KAAHI ST HONOLULU, HI 96817	99-0199107	501(C) (3)	148,370	1,000	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
INSTITUTE FOR NATIVE PACIFIC EDUCATION AND CULTURE (INPEACE) 1001 KAMOKILA BLVD 226 KAPOLEI, HI 96707	99-0315193	501(C) (3)	10,799	4,742	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT

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

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IOLANI SCHOOL 563 KAMOKU STREET HONOLULU, HI 96826	99-0073502	501(C) (3)	31,090				GENERAL OPERATING GRANT
JAPANESE CULTURAL CENTER OF HAWAII 2454 S BERETANIA STREET HONOLULU, HI 96826	99-0256147	501(C) (3)	11,273				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
JUNIOR ACHIEVEMENT OF HAWAII INC 1888 KALAKAUA AVE SUITE C312 HONOLULU, HI 96815	99-0088861	501(C) (3)	35,461				GENERAL OPERATING GRANT
KALIHI-PALAMA HEALTH CENTER 915 N KING ST HONOLULU, HI 96817	99-0161221	501(C) (3)	10,438				GENERAL OPERATING GRANT

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

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KAMP HAWAII 92-681 WAINOHIA PL KAPOLEI, HI 96707	20-3412425	501(C) (3)	2,047	3,942	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
KAPIOLANI HEALTH FOUNDATION 55 MERCHANT ST 26TH FL HONOLULU, HI 96813	99-0246364	501(C) (3)	27,707				GENERAL OPERATING GRANT

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

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KCAA PRESCHOOLS OF HAWAII 2707 S KING ST HONOLULU, HI 968263325	99-0075242	501(C) (3)	23,594				GENERAL OPERATING GRANT
KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES 2239 N SCHOOL ST HONOLULU, HI 96819	99-0149797	501(C) (3)	358,139	2,507	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT

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

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KUAKINI FOUNDATION 347 N KUAKINI ST HONOLULU, HI 968172336	99-0225067	501(C) (3)	13,236				GENERAL OPERATING GRANT
KUALOA-HEEIA ECUMENICAL YOUTH PROJECT 47-200 WAIHEE RD KANEEOHE, HI 96744	99-0118209	501(C) (3)	98,014				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
KUPU 677 ALA MOANA BLVD 1200 HONOLULU, HI 96813	51-0652665	501(C) (3)	13,686				GENERAL OPERATING GRANT
LANAKILA PACIFIC 1809 BACHELOT ST HONOLULU, HI 96817	99-0103922	501(C) (3)	204,253				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
LE JARDIN ACADEMY 917 KALANIANAOLE HWY KAILUA, HI 96734	99-0146978	501(C) (3)	16,124				GENERAL OPERATING GRANT
LEADERSHIP IN DISABILITIES & ACHIEVEMENT OF HAWAII (LDAH) 245 N KUKUI ST STE 205 HONOLULU, HI 96817	99-0119223	501(C) (3)	9,550	15,116	FMV	VARIOUS SUPPLIES	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
LEGACY OF LIFE HAWAII 405 N KUAKINI ST 810 HONOLULU, HI 96817	99-0257883	501(C) (3)	6,588				GENERAL OPERATING GRANT
LEGAL AID SOCIETY OF HAWAII 924 BETHEL ST HONOLULU, HI 96813	99-0076020	501(C) (3)	37,867	300	FMV	VARIOUS SUPPLIES	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
LIFE FOUNDATION 677 ALA MOANA BLVD STE 226 HONOLULU, HI 968135405	99-0230542	501(C) (3)	13,177				GENERAL OPERATING GRANT
MAKE A WISH HAWAII INC PO BOX 1877 HONOLULU, HI 96805	99-0220777	501(C) (3)	81,595	1,556	FMV	VARIOUS SUPPLIES	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
MARCH OF DIMES FOUNDATION 1580 MAKALOA ST SUITE 1200 HONOLULU, HI 96814	13-1846366	501(C) (3)	14,513	2,808	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
MARYKNOLL SCHOOL 1526 ALEXANDER ST HONOLULU, HI 96822	99-0110569	501(C) (3)	15,000				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
MAUI UNITED WAY 270 HOOKAHI STREET SUITE 301 WAILUKU, HI 96793	99-0086524	501(C) (3)	12,586				GENERAL OPERATING GRANT
MENTAL HEALTH AMERICA OF HAWAII 1136 UNION MALL 510 HONOLULU, HI 96813	99-0076458	501(C) (3)	8,221				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
MENTAL HEALTH KOKUA 1221 KAPIOLANI BLVD STE 345 HONOLULU, HI 96814	99-0154505	501(C) (3)	6,001	4,356	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
MID-PACIFIC INSTITUTE 2445 KAALA ST HONOLULU, HI 968222299	99-0073514	501(C) (3)	55,904				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
MOILIILI COMMUNITY CENTER 2535 S KING ST HONOLULU, HI 96826	99-0073515	501(C) (3)	8,336				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

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
NATIONAL KIDNEY FOUNDATION OF HAWAII 1314 S KING ST STE 1555 HONOLULU, HI 96814	99-0266733	501(C) (3)	15,721				GENERAL OPERATING GRANT
NATURE CONSERVANCY 923 NUUANU AVE HONOLULU, HI 96817	53-0242652	501(C) (3)	24,501				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
NAVY HALE KEIKI SCHOOL 153 BOUGAINVILLE DRIVE HONOLULU, HI 96818	99-0299640	501(C) (3)	6,830				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)	43,721				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
OLELO COMMUNITY TELEVISION 1122 MAPUNAPUNA STREET HONOLULU, HI 96819	99-0275429	501(C) (3)	30,249	2,218	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
OUT REACH FOR GRIEVING YOUTH ALLIANCE DBA KIDS HURT TOO 245 NORTH KUKUI ST SUITE 203 HONOLULU, HI 96817	99-0353665	501(C) (3)	21,733	50	FMV	VARIOUS SUPPLIES	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
PACIFIC AND ASIAN AFFAIRS COUNCIL 1601 EAST-WEST ROAD 4TH FLOOR HONOLULU, HI 968481601	99-0073501	501(C) (3)	20,498				GENERAL OPERATING GRANT
PALAMA SETTLEMENT 810 N VINEYARD BLVD HONOLULU, HI 96817	99-0074140	501(C) (3)	52,982	60	FMV	VARIOUS SUPPLIES	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
PALOLO CHINESE HOME 2459 10TH AVE HONOLULU, HI 96816	99-0073521	501(C) (3)	21,102	1,400	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
PARENTS AND CHILDREN TOGETHER (PACT) 1485 LINAPUNI ST STE 105 HONOLULU, HI 96819	99-0119678	501(C) (3)	42,435	4,308	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT

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

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PARTNERS IN DEVELOPMENT FOUNDATION 2040 BACHELOT ST HONOLULU, HI 968172433	94-3271325	501(C) (3)	72,554	4,281	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
PATCH (PEOPLE ATTENTIVE TO CHILDREN) 560 N NIMITZ HWY STE 218 HONOLULU, HI 96817	99-0167464	501(C) (3)	12,377	2,800	FMV	VARIOUS SUPPLIES	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
PLANNED PARENTHOOD OF HAWAII 2001 E MADISON STREET SEATTLE, WA 96815	91-0686012	501(C) (3)	67,704				GENERAL OPERATING GRANT
PREVENT CHILD ABUSE HAWAII PO BOX 147 HONOLULU, HI 96810	99-0223044	501(C) (3)	7,606				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
PROJECT DANA 2720 NAKOOKOO ST HONOLULU, HI 96822			52,573				GENERAL OPERATING GRANT
PROJECT VISION HAWAII PO BOX 23212 HONOLULU, HI 96823	27-2831637	501(C) (3)	380	6,000	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT

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

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PUA FOUNDATION 2331 SEAVIEW AVE HONOLULU, HI 96822	99-0328687	501(C) (3)	5,286	1,325	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
READ TO ME INTERNATIONAL FOUNDATION 1833 KALAKAUA AVE STE 301 HONOLULU, HI 96815	99-0327529	501(C) (3)	7,286	1,571	FMV	VARIOUS SUPPLIES	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
REHABILITATION HOSPITAL OF THE PACIFIC 226 N KUAKINI ST HONOLULU, HI 968172488	99-0241634	501(C) (3)	15,716				GENERAL OPERATING GRANT
REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION 226 N KUAKINI ST HONOLULU, HI 96817	99-0241634	501(C) (3)	6,325				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
RIVER OF LIFE MISSION PO BOX 37939 HONOLULU, HI 96837	99-0253651	501(C) (3)	23,023				GENERAL OPERATING GRANT
RONALD MCDONALD HOUSE CHARITIES OF HAWAII INC PO BOX 61777 HONOLULU, HI 968391777	99-0222124	501(C) (3)	37,071				GENERAL OPERATING GRANT

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

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SAINT LOUIS SCHOOL 3142 WAIALAE AVE HONOLULU, HI 96816	99-0272260	501(C) (3)	18,716				GENERAL OPERATING GRANT
SAMARITAN COUNSELING CENTER HAWAII 1020 S BERETANIA ST/ HONOLULU, HI 96814	99-0250073	501(C) (3)	15,367				GENERAL OPERATING GRANT

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

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SHIDLER COLLEGE OF BUSINESS ALUMNI ASSOCIATION 2404 MAILE WAY C202 HONOLULU, HI 96822	99-0339302	501(C) (3)	7,500				GENERAL OPERATING GRANT
SHRINER'S HOSPITAL 1310 PUNAHOU STREET HONOLULU, HI 96826	36-2193608	501(C) (3)	42,571				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
SPECIAL OLYMPICS HAWAII 1833 KALAKAUA AVENUE SUITE 500 HONOLULU, HI 96815	23-7173957	501(C) (3)	59,365	130	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
ST ANDREW'S PRIORY 224 QUEEN EMMA SQ HONOLULU, HI 96813	99-0073525	501(C) (3)	13,000				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 HEALTHCARE FOUNDATION OF HAWAII 2228 LILIHA ST STE 205 HONOLULU, HI 96817	99-0240060	501(C) (3)	15,838	5,410	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
ST FRANCIS HOSPICETHE SISTER MAUREEN KELEHER CENTER 2228 LILILHA STREET SUITE 205 HONOLULU, HI 96817	99-0325194	501(C) (3)	16,662				GENERAL OPERATING GRANT

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

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STRAUB FOUNDATION 55 MERCHANT ST 26TH FL HONOLULU, HI 96813	99-0109350	501(C) (3)	11,882				GENERAL OPERATING GRANT
SUSAN G KOMEN BREAST CANCER FOUNDATION 3555 HARDING AVENUE SUITE 2D HONOLULU, HI 96816	75-2844638	501(C) (3)	11,803				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
SUSANNAH WESLEY COMMUNITY CENTER 1117 KAILI ST HONOLULU, HI 96819	99-0073528	501(C) (3)	45,179	1,706	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
TEACH FOR AMERICA INC 500 ALA MOANA BLVD STE 3-400 HONOLULU, HI 96813	13-3541913	501(C) (3)	27,280				GENERAL OPERATING GRANT

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

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THE ALCOHOLIC REHABILITATION SERVICES OF HI DBA HINA MAUKA 45-845 POOKELA ST KANEHOE, HI 96744	99-0173356	501(C) (3)	6,259	165	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
THE ARC IN HAWAII 3989 DIAMOND HEAD RD HONOLULU, HI 96816	99-0089327	501(C) (3)	19,365	156	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT

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

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THE LEAHI-MALUHIA FOUNDATION INC 1027 HALA DR HONOLULU, HI 96817	44-0933985	501(C) (3)	5,079				GENERAL OPERATING GRANT
THE MEDIATION CENTER OF THE PACIFIC INC 245 N KUKUI ST STE 206 HONOLULU, HI 96817	99-0192700	501(C) (3)	51,934				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)	162,941	4,180	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
THE TODDLER PROGRAM 3509 PAHOA AVENUE HONOLULU, HI 96816	99-0316421	501(C) (3)	7,000				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 CEREBRAL PALSY ASSOCIATION OF HAWAII 414 KUWILI ST 105 HONOLULU, HI 96817	99-0092154	501(C) (3)	8,960				GENERAL OPERATING GRANT
UNITED SERVICE ORGANIZATIONS INC 4825 BOUGAINVILLE DR 210 HONOLULU, HI 96819	13-1610451	501(C) (3)	5,855				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
UNIVERSITY OF HAWAII FOUNDATION PO BOX 11270 HONOLULU, HI 96828	99-0085260	501(C) (3)	69,074				GENERAL OPERATING GRANT
UNIVERSITY OF VIRGINIA MCINTIRE PO BOX 400173 CHARLOTEESVILLE, VA 229044173	51-0159775	501(C) (3)	5,000				GENERAL OPERATING GRANT

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

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US JAPAN COUNCIL 1819 L STREET NW STE 200 WASHINGTON, HI 20036	90-0447211	501(C) (3)	10,000				GENERAL OPERATING GRANT
VARIETY SCHOOL OF HAWAII 710 PALEKAUA ST HONOLULU, HI 96816	99-0105604	501(C) (3)	5,866				GENERAL OPERATING GRANT

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

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WAIANAE DISTRICT COMPREHENSIVE HEALTH AND HOSPITAL BOARDING 86-260 FARRINGTON HWY WAIANAE, HI 96792	99-0148164	501(C) (3)	32,754				GENERAL OPERATING GRANT
WAIKIKI COMMUNITY CENTER 310 PAOKALANI AVE HONOLULU, HI 96815	99-0179392	501(C) (3)	175,620				GENERAL OPERATING GRANT

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

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WAIKIKI HEALTH CENTER 277 OHUA AVE HONOLULU, HI 96815	99-0159253	501(C) (3)	85,857				GENERAL OPERATING GRANT
WAIMANALO HEALTH CENTER 41-1347 KALANIANAOLE HWY WAIMANALO, HI 96795	99-0273205	501(C) (3)	79,709	175	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT

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

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WALLY YONAMINE FOUNDATION 4595 WAIKUI STREET HONOLULU, HI 96821	99-0282532	501(C) (3)	10,000				GENERAL OPERATING GRANT
YMCA OF HONOLULU 1441 PALI HWY HONOLULU, HI 96813	99-0073533	501(C) (3)	106,714	5,394	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT

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

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YOUTH FOR CHRIST USA INC PO BOX 11145 HONOLULU, HI 96828	99-6001292	501(C) (3)	7,452				GENERAL OPERATING GRANT
YWCA OF OAHU 1040 RICHARDS ST HONOLULU, HI 96813	99-0073534	501(C) (3)	84,720	19,738	FMV	VARIOUS SUPPLIES	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.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2018

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
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		
	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
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	1b	
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?	2	
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		
	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
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		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
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	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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		
a	The organization?	5a	No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
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		
a	The organization?	6a	No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
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	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ALOHA UNITED WAY INC

Employer identification number
99-0073494

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		12,200	SALE OF COMP PROP
5 Clothing and household goods	X		105,614	SALE OF COMP PROP
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	11	181,898	COST OR SALE PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	170	SALE OF COMP PROP
20 Drugs and medical supplies	X	10	7,906	SALE OF COMP PROP
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (DONATED MEDIA)	X	1	85,360	COST OR SALE PRICE
26 Other ▶ (MISC)	X	43	55,414	SALE OF COMP PROP
27 Other ▶ (SCHL SUPPLIES)	X	1	35,311	COST OR SALE PRICE
28 Other ▶ (ELECTRONICS)	X	9	5,005	COST OR SALE PRICE

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

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

Part II Supplemental Information.

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

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

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

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

▶ Attach to Form 990 or 990-EZ.

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

2018**Open to Public Inspection**

Department of the Treasury

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 BRINGS RESOURCES, ORGANIZATIONS AND PEOPLE TOGETHER TO ADVANCE THE HEALTH, EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON IN OUR COMMUNITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	1 C SCOTT WO IS ON THE BOARD OF DIRECTORS OF FIRST HAWAIIAN BANK WHERE CHRISTOPHER DODS IS EVP, CONSUMER BANKING & MARKETING GROUP 2 RANDY PERREIRA IS ON THE BOARD OF DIRECTORS OF HMSA WHERE MICHAEL STOLLAR IS PRESIDENT & COO 3 ALICIA MOY IS ON THE BOARD OF DIRECTORS OF BANK OF HAWAII WHERE KEVIN SAKAMOTO IS THE SENIOR EXECUTIVE VICE PRESIDENT, ENTERPRISE OPERATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE BEFORE FILING, A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD AND REVIEWED AT THE NEXT BOARD MEETING AFTER FILING, THE FORM 990 IS POSTED TO THE ORGANIZATION'S WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD MEMBERS REPORT ANY POSSIBLE CONFLICTS OF INTEREST AND EXCUSE THEMSELVES FROM VOTING IF THERE IS A POSSIBILITY OF AN APPEARANCE OF A CONFLICT OF INTEREST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE PRESIDENT & CEO IS DETERMINED BY THE BOARD COMMITTEE WHO EVALUATES WORK PERFORMANCE BASED ON A WORK PLAN WITH GOALS AND SPECIFIC OBJECTIVES THE AMOUNT OF COMPENSATION IS ALSO DETERMINED BASED ON INFORMATION FROM VARIOUS SALARY SURVEYS OF SIMILAR-SIZED 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUST -161,249 ADJUSTMENT FOR DONOR DESIGNATIONS 1,294,602