

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
2019
Open to Public Inspection

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

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) Room/suite
200 N VINEYARD NO 700

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 \$ 23,360,649

F Name and address of principal officer:
JOHN FINK
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)	3	26
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	65
6 Total number of volunteers (estimate if necessary)	6	1,023
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	14,084,322	14,350,322
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	361,110	534,472
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	723,142	631,144
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,168,574	15,515,938
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,706,362	12,049,271
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)	2,733,171	3,141,082
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,089,161		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,599,837	2,671,181
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	17,039,370	17,861,534
19 Revenue less expenses. Subtract line 18 from line 12	-1,870,796	-2,345,596
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	20,637,449	20,247,220
21 Total liabilities (Part X, line 26)	4,580,388	4,319,584
22 Net assets or fund balances. Subtract line 21 from line 20	16,057,061	15,927,636

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-11-12
JOHN FINK PRESIDENT & CEO
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: P01450116
Firm's EIN: ▶ 20-5325889
Firm's address: ▶ 999 BISHOP STREET STE 1900
HONOLULU, HI 96813
Phone no. (808) 531-3400

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 \$ 7,773,453 including grants of \$ 7,033,466) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 5,760,860 including grants of \$ 5,015,804) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 446,261 including grants of \$) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ 472,336 including grants of \$) (Revenue \$)
MISCELLANEOUS OTHER PROGRAMS:

4d Other program services (Describe in Schedule O.)
(Expenses \$ 472,336 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 14,452,910

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

<p>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</p>	2a	65		
<p>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)</p>			2b	No
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	No
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	
<p>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)?</p>			4a	No
<p>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).</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a	No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b	No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c	
<p>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?</p>			6a	No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
<p>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?</p>			7a	Yes
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	Yes
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c	No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e	
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f	
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g	
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h	
<p>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?</p>			8	
9 Sponsoring organizations maintaining donor advised funds.				
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a	
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b	
10 Section 501(c)(7) organizations. Enter:				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b			
11 Section 501(c)(12) organizations. Enter:				
<p>a Gross income from members or shareholders</p>	11a			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
<p>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.</p>			13a	
<p>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</p>	13b			
<p>c Enter the amount of reserves on hand</p>	13c			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a	No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>			14b	
<p>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.</p>			15	No
<p>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.</p>			16	No

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



Section A. Governing Body and Management

Table with 5 main rows and 3 sub-columns (1a, 1b, and Yes/No). Rows include: 1a (26), 1b (26), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 16 rows and 3 sub-columns (10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b). Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: HI
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: EARL FUSATO 200 N VINEYARD BLVD STE 700 HONOLULU, HI 96817 (808) 543-2239

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.
- See instructions for the order in which to list the persons above.

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

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

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

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

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶		516,144	0
				50,866

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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>	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>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
OLOMANA LOOMIS ISC 900 FORT STREET MALL SUITE 1548 HONOLULU, HI 96813	ADVERTISING AND MARKETING	363,266

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	50,084		
	d Related organizations	1d			
	e Government grants (contributions)	1e	5,939,619		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,360,619		
	g Noncash contributions included in lines 1a - 1f:\$	1g	476,493		
	h Total. Add lines 1a-1f		14,350,322		

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

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			202,768			202,768
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents	6a	1,543,697				
	b Less: rental expenses	6b	1,023,048				
	c Rental income or (loss)	6c	520,649				
	d Net rental income or (loss)				520,649		520,649
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	7,070,231				
	b Less: cost or other basis and sales expenses	7b	6,738,527				
	c Gain or (loss)	7c	331,704				
	d Net gain or (loss)				331,704		331,704
	8a Gross income from fundraising events (not including \$ 50,084 of contributions reported on line 1c). See Part IV, line 18	8a		92,986			
	b Less: direct expenses	8b		83,136			
	c Net income or (loss) from fundraising events				9,850		9,850
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a ADMIN FEE REIMBURSEMENT	561000		70,760	70,760			
b PROGRAM FEE REIMBURSEMENT	900099		29,885	29,885			
c							
d All other revenue							
e Total. Add lines 11a-11d			100,645				
12 Total revenue. See instructions			15,515,938	100,645	0	1,064,971	

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	12,049,271	12,049,271		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	516,144	118,807	221,057	176,280
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	1,953,782	956,230	426,755	570,797
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	65,872	25,567	22,282	18,023
9 Other employee benefits	410,420	180,885	123,392	106,143
10 Payroll taxes	194,864	83,558	53,949	57,357
11 Fees for services (non-employees):				
a Management				
b Legal	8,353	4,500	3,853	
c Accounting	55,201	15,000	40,201	
d Lobbying	11,991		11,991	
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)	1,432,368	653,495	241,143	537,730
12 Advertising and promotion	540,840	98,540	7,571	434,729
13 Office expenses	147,426	81,568	30,963	34,895
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	61,422	25,976	18,781	16,665
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	184,094	36,454	16,384	131,256
20 Interest				
21 Payments to affiliates	113,726	53,274	31,060	29,392
22 Depreciation, depletion, and amortization	145,677	50,026	51,394	44,257
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 EXPENSES	-29,917	19,759	18,687	-68,363
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	17,861,534	14,452,910	1,319,463	2,089,161
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	1,856,334	1	1,893,207
	2 Savings and temporary cash investments	483,795	2	488,130
	3 Pledges and grants receivable, net	3,513,682	3	3,035,146
	4 Accounts receivable, net	1,115,223	4	1,241,933
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	63,882	9	92,524
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	12,068,503		
	b Less: accumulated depreciation	9,367,027		
	11 Investments—publicly traded securities	6,953,905	11	6,611,312
	12 Investments—other securities. See Part IV, line 11	1,957,956	12	2,123,831
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,940,350	15	2,059,661
16 Total assets. Add lines 1 through 15 (must equal line 34)	20,637,449	16	20,247,220	
Liabilities	17 Accounts payable and accrued expenses	1,521,582	17	1,768,125
	18 Grants payable	3,004,966	18	2,501,471
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	53,840	25	49,988
	26 Total liabilities. Add lines 17 through 25	4,580,388	26	4,319,584
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,772,117	27	8,801,711
	28 Net assets with donor restrictions	7,284,944	28	7,125,925
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	16,057,061	32	15,927,636	
33 Total liabilities and net assets/fund balances	20,637,449	33	20,247,220	

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	15,515,938
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,861,534
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,345,596
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,057,061
5	Net unrealized gains (losses) on investments	5	623,613
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	1,592,558
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,927,636

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 (2019)

Form 990, Part III, Line 4a:

COMMUNITY SUPPORT: WE ADDRESS THE GREATEST NEEDS OF OUR COMMUNITY, OFFER HOPE, AND PROVIDE OPPORTUNITIES TO IMPROVE THE QUALITY OF LIFE FOR FAMILIES IN HAWAII. THROUGH COMMUNITY-WIDE FUNDRAISING, WE HELP AMPLIFY THE POWER OF EACH GIFT TO MAKE A DIFFERENCE. ALOHA UNITED WAY HAS LONG SUPPORTED DISASTER, CRISIS, FOOD, SHELTER AND EMERGENCY SUPPORT SERVICES THROUGH THE SAFETY NET FUND, AND ESTABLISHED THE ALICE FUND TO TACKLE THE ISSUES THAT CAUSE FINANCIAL INSTABILITY FOR INDIVIDUALS AND FAMILIES. THROUGH TRANSFORMATIVE INITIATIVES THAT BRING TOGETHER PEOPLE, RESOURCES AND SUSTAINABLE SOLUTIONS, THE ALICE INITIATIVE STRIVES TO ENHANCE FINANCIAL STABILITY TO MAKE OUR COMMUNITY STRONGER AND MORE RESILIENT. ALOHA UNITED WAY SUPPORTED NEARLY 320 INDEPENDENT NONPROFIT AGENCIES, SUPPORTING HEALTH AND HUMAN SERVICE SERVICES ACROSS THE STATE.

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 URBAN DEVELOPMENT ("HUD"). THE COC PROGRAM IS DESIGNED TO ASSIST OUR COMMUNITY'S HOMELESS POPULATION AND TO OPTIMIZE SELF-SUFFICIENCY. ALOHA UNITED WAY HAS BEEN AWARDED FOUR GRANTS UNDER HUD INCLUDING: PERMANENT SUPPORTIVE HOUSING, COC PLANNING ACTIVITIES, HOMELESS MANAGEMENT INFORMATION SYSTEM, AND THE 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 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			
JON BIERLY DIRECTOR	1.00	X						0	0	0
BRIAN BOWERS DIRECTOR	1.00	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 - 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
AJ HALAGAO DIRECTOR	1.00	X						0	0	0
TRACY HAYASHI 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			
GREG HAZELTON DIRECTOR	1.00	X						0	0	0
KELLY HOEN DIRECTOR/SECRETARY	1.00	X		X				0	0	0
WILBERT HOLCK DIRECTOR	1.00	X						0	0	0
LEN ISOTOFF DIRECTOR	1.00	X						0	0	0
JASON ITO 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
TERI ORTON DIRECTOR	1.00	X						0	0	0
SAVAN PATEL DIRECTOR	1.00	X						0	0	0
RANDY PERREIRA DIRECTOR/VICE CHAIR	1.00	X		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			
MARK RHEE DIRECTOR	1.00	X						0	0	0
RICHARD ROSENBLUM DIRECTOR	1.00	X						0	0	0
KEVIN SAKAMOTO DIRECTOR/TREASURER	1.00	X		X				0	0	0
DANIEL SCHABERG DIRECTOR	1.00	X						0	0	0
CARL SEXTON DIRECTOR - PART YEAR	1.00	X						0	0	0
MICHAEL STOLLAR DIRECTOR/ASSISTANT TREASURER	1.00	X		X				0	0	0
ANDREW SUTTON DIRECTOR	1.00	X						0	0	0
BRIAN TATSUMURA DIRECTOR - PART YEAR	1.00	X						0	0	0
SCOTT VIOLA DIRECTOR	1.00	X						0	0	0
C SCOTT WO 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			
CINDY ADAMS PRESIDENT/CEO - PART YEAR	40.00			X				269,612	0	17,541
NORMAN BAKER COO	40.00			X				141,988	0	15,803
NAN KATSUDA VP - FINANCE	40.00			X				104,544	0	17,522

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 instructions and the latest information.

OMB No. 1545-0047
2019
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) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support
Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support
Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage
Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019; 15 Public support percentage for 2018; 16a 33 1/3% support test-2019; 16b 33 1/3% support test-2018; 17a 10%-facts-and-circumstances test-2019; 17b 10%-facts-and-circumstances test-2018; 18 Private foundation.

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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

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

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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: 2015 2016 2017 2018 2019 TOTAL OTHER INCOME: 119,588 489,825 174,639 201,768 100,645 1,086,465 TOTAL: 119,588 489,825 174,639 201,768 100,645 1,086,465

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
2019
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.)

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

(a) Filing organization's totals	(b) Affiliated group totals
3,300	
8,691	
11,991	
14,441,558	
14,453,549	
872,677	

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)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -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?

218,169
0
0

Yes 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	703,506	858,102	872,677	3,434,285
b Lobbying ceiling amount (150% of line 2a, column(e))					5,151,428
c Total lobbying expenditures	5,078	22,806	27,373	11,991	67,248
d Grassroots nontaxable amount	251,491	175,877	214,525	218,169	860,062
e Grassroots ceiling amount (150% of line 2d, column (e))					1,290,093
f Grassroots lobbying expenditures	5,078	22,806	27,373	11,991	67,248

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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 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	30,402	13,297	13,297	13,730	4,857
d Grants or scholarships					
e Other expenditures for facilities and programs	30,402	13,297	13,297	13,730	4,857
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:
- | | Yes | No |
|--|------------------|----|
| (i) unrelated organizations | 3a(i) Yes | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		191,000		191,000
b Buildings		11,081,008	8,763,595	2,317,413
c Leasehold improvements				
d Equipment		796,495	603,432	193,063
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,701,476

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	77,025	C
(B) RESTRICTED CERTIFICATE OF DEPOSIT	1,000,000	C
(C) MUTUAL AND FIXED INCOME FUNDS	1,046,806	C
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	2,123,831	

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	1,029,310
(2) OTHER ASSETS	201,876
(3) THIRD PARTY HOLDINGS	828,475
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	2,059,661

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	49,988

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	13,571,714
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	623,613	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	367,653	
e	Add lines 2a through 2d			2e 991,266
3	Subtract line 2e from line 1			3 12,580,448
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	2,935,490	
c	Add lines 4a and 4b			4c 2,935,490
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 15,515,938

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	13,701,138
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	83,136	
e	Add lines 2a through 2d			2e 83,136
3	Subtract line 2e from line 1			3 13,618,002
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	4,243,532	
c	Add lines 4a and 4b			4c 4,243,532
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 17,861,534

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, 2019 AND 2018, 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, 2017 THROUGH 2019.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	DIRECT FUNDRAISING EXPENSE 83,136. BENEFICIAL INTEREST IN TRUST 284,517.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATIONS 2,861,513. FUNDRAISING REVENUE IN EXCESS OF BOOK 73,977.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	DIRECT FUNDRAISING EXPENSE 83,136.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATIONS 4,243,532.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

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 10 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) Total events
	WOMEN UNITED C4 (event type)	KNOCKERBALL (event type)	1 (total number)	(add col. (a) through col. (c))
1 Gross receipts	121,105	11,250	10,715	143,070
2 Less: Contributions	49,200		884	50,084
3 Gross income (line 1 minus line 2)	71,905	11,250	9,831	92,986
4 Cash prizes				
5 Noncash prizes	2,070	82	206	2,358
6 Rent/facility costs	3,440	1,130	5,329	9,899
7 Food and beverages	29,752		8,639	38,391
8 Entertainment	8,054		613	8,667
9 Other direct expenses	20,904	941	1,976	23,821
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				83,136
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				9,850

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			
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

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

**Schedule I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

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

Employer identification number
99-0073494

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 ▶ 151
 3 Enter total number of other organizations listed in the line 1 table ▶ 1

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
ACCESSSURF HAWAII PO BOX 15152 HONOLULU, HI 96830	20-4420646	501(C) (3)	17,320	0			GENERAL OPERATING GRANT
ADULT FRIENDS FOR YOUTH 3375 KOAPAKA ST STE B290 HONOLULU, HI 968191876	99-0254581	501(C) (3)	20,710	0			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)	19,196	0			GENERAL OPERATING GRANT
AIO FOUNDATION 1000 BISHOP ST STE 405 HONOLULU, HI 96813	94-3278794	501(C) (3)	7,500	0			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 HARVEST 3599 WAIALAE AVE 23 HONOLULU, HI 968162759	99-0344209	501(C) (3)	65,052	0			GENERAL OPERATING GRANT
ALOHA MEDICAL MISSION 810 N VINEYARD BLVD HONOLULU, HI 96817	99-0234811	501(C) (3)	63,835	0			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
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION INC 1130 N NIMITZ HIGHWAYSUITE A-265 HONOLULU, HI 96817	13-3039601	501(C) (3)	89,279	0			GENERAL OPERATING GRANT
AMERICAN CANCER SOCIETY INC 2370 NUUANU AVE HONOLULU, HI 96817	13-1788491	501(C) (3)	76,878	0			GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION INC PIONEER PLAZA900 FORT STREET MALL SUITE 940 HONOLULU, HI 96813	13-1623888	501(C) (3)	47,694	0			GENERAL OPERATING GRANT
AMERICAN HEART ASSOCIATION OF HAWAII 677 ALA MOANA BLVD 600 HONOLULU, HI 96813	13-5613797	501(C) (3)	81,742	0			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)	117,911	0			GENERAL OPERATING GRANT
ARMED SERVICES YMCA OF HONOLULU 1260 PIERCE STREET PEARL HARBOR, HI 96860	99-0075037	501(C) (3)	15,190	0			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)	12,119	0			GENERAL OPERATING GRANT
ASSETS SCHOOL ONE OHANA NUI WAY HONOLULU, HI 96818	99-6001152	501(C) (3)	57,542	0			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
BIG BROTHERS BIG SISTERS HAWAII INC 418 KUWILI ST STE 106 HONOLULU, HI 968175364	99-0109970	501(C) (3)	37,718	0			GENERAL OPERATING GRANT
BLOOD BANK OF HAWAII 2043 DILLINGHAM BLVD HONOLULU, HI 96819	99-0073479	501(C) (3)	9,849	0			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)	9,780	0			GENERAL OPERATING GRANT
BOY SCOUTS OF AMERICA - ALOHA COUNCIL 42 PUIWA ROAD HONOLULU, HI 96817	99-0073482	501(C) (3)	57,198	0			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
BOYS & GIRLS CLUB OF HAWAII 345 QUEEN STREET SUITE 900 HONOLULU, HI 96813	99-6005407	501(C) (3)	55,349	0			GENERAL OPERATING GRANT
CATHOLIC CHARITIES HAWAII 1822 KEEAUMOKU ST HONOLULU, HI 96822	99-0073547	501(C) (3)	230,735	0			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)	11,901	0			GENERAL OPERATING GRANT
CHAMINADE UNIVERSITY OF HONOLULU 3140 WAIALAE AVE HONOLULU, HI 96816	99-0272261	501(C) (3)	51,750	0			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)	111,630	3,125	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)	5,409	0			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
COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT 91-1270 KINOIKIK ST HONOLULU, HI 96807	91-0313383	501(C) (3)	221,951	0			GENERAL OPERATING GRANT
DAMIEN MEMORIAL HIGH SCHOOL 1401 HOUGHTAILING ST HONOLULU, HI 968172797	99-0108341	501(C) (3)	7,789	0			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
DEPARTMENT OF EDUCATION 1390 MILLER ST HONOLULU, HI 96813	99-0266482	170(C)(1)	0	11,104	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
DIAMOND HEAD THEATRE 520 MAKAPUU AVE HONOLULU, HI 968162319	99-0073495	501(C) (3)	74,351	0			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
DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	52-1521276	501(C) (3)	5,117	0			GENERAL OPERATING GRANT
DOMESTIC VIOLENCE ACTION CENTER PO BOX 3198 HONOLULU, HI 968013198	99-0290389	501(C) (3)	23,194	0			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
EASTER SEALS HAWAII 710 GREEN ST HONOLULU, HI 968132119	99-0075235	501(C) (3)	19,370	2,500	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
EPILEPSY FOUNDATION OF HAWAII 1050 ALA MOANA BLVD SUITE 2550 HONOLULU, HI 96814	23-7216782	501(C) (3)	6,259	0			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 PROGRAMS OF HAWAII 250 VINEYARD ST HONOLULU, HI 96813	99-0280498	501(C) (3)	5,419	0			GENERAL OPERATING GRANT
FAMILY PROMISE OF HAWAII 245 N KUKUI ST 101 HONOLULU, HI 96817	20-2645489	501(C) (3)	66,599	0			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
FEED THE HUNGER FUND FKA FEED THE HUNGER FOUNDATION 100 MONTGOMERY ST SAN FRANCISCO, CA 94129	26-2975093	501(C) (3)	102,467	0			GENERAL OPERATING GRANT
FISHER HOUSE FOUNDATION INC - TRIPLER ARMY MEDICAL CENTER 12300 TWINBROOK PKWY ROCKVILLE, MD 20852	11-3158401	501(C) (3)	11,079	0			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
FRANCISCAN CARE SERVICES 2226 LILIHA STREET STE 227 HONOLULU, HI 96817	27-4348363	501(C) (3)	5,708	0			GENERAL OPERATING GRANT
FRIENDS OF THE CANCER RESEARCH CENTER OF HAWAII 701 ILALO STREET SUITE 606 HONOLULU, HI 96813	99-0207313	501(C) (3)	5,442	0			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 CHILDRENS JUSTICE CENTER OF OAHU 3019 PALI HWY HONOLULU, HI 96817	27-3663109	501(C) (3)	8,212	0			GENERAL OPERATING GRANT
FRIENDS OF THE LIBRARY OF HAWAII 99-1132 IWAENA STREET AIEA, HI 96701	99-6003670	501(C) (3)	5,308	15,795	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
FRIENDS OF YOUTH OUTREACH FOUNDATION DBA RYSE 91-1264 KAIOPUA STREET EWA BEACH, HI 96706	81-2102826	501(C) (3)	50,000	0			GENERAL OPERATING GRANT
GIRL SCOUTS OF HAWAII 410 ATKINSON DR STE 2E1BOX 3 HONOLULU, HI 96814	99-0073488	501(C) (3)	22,606	0			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
GOODWILL INDUSTRIES OF HAWAII INC 2610 KILIAU ST HONOLULU, HI 96819	99-6001264	501(C) (3)	264,040	0			GENERAL OPERATING GRANT
GREGORY HOUSE PROGRAMS 200 N VINEYARD BLVD STE A310 HONOLULU, HI 96817	99-0265111	501(C) (3)	23,103	1,139	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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GUIDE DOGS OF HAWAII ADAPTIVE AIDS CANINES & ADVOCACY FOR THE BLIND747 AMANA ST 407 HONOLULU, HI 96814	99-0103779	501(C) (3)	17,349	0			GENERAL OPERATING GRANT
HABILITAT INC PO BOX 801 KANEHOE, HI 96744	99-0146306	501(C) (3)	13,963	0			GENERAL OPERATING GRANT

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HALE KIPA INC 615 PIIKOI ST STE 203 HONOLULU, HI 96814	23-7061499	501(C) (3)	96,611	0			GENERAL OPERATING GRANT
HANAHAU'OLI SCHOOL 1922 MAKIKI ST HONOLULU, HI 96822	99-0074143	501(C) (3)	11,000	0			GENERAL OPERATING GRANT

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

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HAWAII 3RS PO BOX 1196 HONOLULU, HI 968071401	43-1990722	501(C) (3)	7,514	0			GENERAL OPERATING GRANT
HAWAII APPLESEED CENTER FOR LAW AND ECONOMIC JUSTICE PO BOX 37952 HONOLULU, HI 968370952	76-0748976	501(C) (3)	12,074	0			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)	7,135	0			GENERAL OPERATING GRANT
HAWAII BOOK & MUSIC FESTIVAL 47-231 KAMAKOI ROAD KANEHOE, HI 96744	30-0261277	501(C) (3)	7,460	15,125	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT

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HAWAII CHILDREN'S ACTION NETWORK 850 RICHARDS ST STE 201 HONOLULU, HI 96813	94-3257650	501(C) (3)	151,564	0			GENERAL OPERATING GRANT
HAWAII CHILDREN'S CANCER FOUNDATION 1814 LILIHA ST HONOLULU, HI 96817	99-0299937	501(C) (3)	35,272	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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HAWAII COMMUNITY FOUNDATION 1164 BISHOP ST STE 800 HONOLULU, HI 96813	99-0261283	501(C) (3)	7,500	0			GENERAL OPERATING GRANT
HAWAII COUNCIL ON ECONOMIC EDUCATION 1136 UNION MALL STE 310 HONOLULU, HI 96813	99-6010090	501(C) (3)	9,640	0			GENERAL OPERATING GRANT

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

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HAWAII DOG FOUNDATION 94-1221 KA UKA BLVD 108-315 WAIPAHU, HI 96797	05-0594693	501(C) (3)	21,804	0			GENERAL OPERATING GRANT
HAWAII FI-DO SERVICE DOG 59-790 KAMEHAMEHA HWY HALEIWA, HI 96712	99-0353345	501(C) (3)	12,647	0			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)	129,391	0			GENERAL OPERATING GRANT
HAWAII HOME OWNERSHIP CENTER 1259 AALA ST 201 HONOLULU, HI 968173962	68-0544935	501(C) (3)	150,392	0			GENERAL OPERATING GRANT

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

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HAWAII ISLAND UNITED WAY PO BOX 745 HILO, HI 96720	99-6012257	501(C) (3)	21,888	0			GENERAL OPERATING GRANT
HAWAII LIONS FOUNDATION P O BOX 834 HONOLULU, HI 968080834	99-6010563	501(C) (3)	2,394	16,500	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 LITERACY INC 245 NORTH KUKUI STREET SUITE 202 HONOLULU, HI 96817	23-7198698	501(C) (3)	24,830	7,840	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
HAWAII MEALS ON WHEELS INC PO BOX 61194 HONOLULU, HI 968391194	99-0198132	501(C) (3)	131,244	0			GENERAL OPERATING GRANT

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

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HAWAII MOTHERS MILK INC 1319 PUNAHOU ST HONOLULU, HI 96826	99-0161419	501(C) (3)	5,861	0			GENERAL OPERATING GRANT
HAWAII NATURE CENTER INC 2131 MAKIKI HEIGHTS DRIVE HONOLULU, HI 96822	99-0208246	501(C) (3)	7,236	0			GENERAL OPERATING GRANT

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

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HAWAII PERFORMING ARTS COMPANY LTD DBA MANOA VALLEY THEATRE 2833 EAST MANOA ROAD HONOLULU, HI 96822	99-0148833	501(C) (3)	6,000	0			GENERAL OPERATING GRANT
HAWAII PUBLIC TELEVISION FOUNDATION DBA PBS HAWAII PO BOX 29805 HONOLULU, HI 968202006	99-0334518	501(C) (3)	25,825	1,440	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 THEATRE CENTER 1130 BETHEL STREET HONOLULU, HI 96813	99-0229658	501(C) (3)	5,184	0			GENERAL OPERATING GRANT
HAWAII YOUTH SYMPHONY ASSOCIATION 1110 UNIVERSITY AVE STE 200 HONOLULU, HI 968261598	99-0119771	501(C) (3)	19,296	0			GENERAL OPERATING GRANT

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

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HAWAIIAN COMMUNITY ASSETS 200 N VINEYARD BLVD STE A300 HONOLULU, HI 96817	99-0348767	501(C) (3)	350,123	2,278	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
HAWAIIAN HUMANE SOCIETY 2700 WAIALAE AVE HONOLULU, HI 968261899	99-0073490	501(C) (3)	158,640	0			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)	69,741	108,619	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
HISTORIC HAWAII FOUNDATION 680 IWILEI ROAD STE 690 HONOLULU, HI 96817	23-7441972	501(C) (3)	7,384	0			GENERAL OPERATING GRANT

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HOOLA NA PUA 66-382 KAAMOOLOA RD WAIALUA, HI 96791	46-5139164	501(C) (3)	43,534	0			GENERAL OPERATING GRANT
HOA AINA O MAKAHA 84-766 LAHAINA ST WAIANAE, HI 96792	99-0292820	501(C) (3)	26,666	0			GENERAL OPERATING GRANT

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HONOLULU ACADEMY OF ARTS DBA HONOLULU MUSEUM OF ART 900 S BERETANIA ST HONOLULU, HI 96814	99-0079713	501(C) (3)	6,614	0			GENERAL OPERATING GRANT
HONOLULU HABITAT FOR HUMANITY 922 AUSTIN LANE C-1 HONOLULU, HI 96817	99-0261871	501(C) (3)	101,483	0			GENERAL OPERATING GRANT

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HONOLULU JAPANESE CHAMBER OF COMMERCE CHARITABLE CORPORATION 2454 S BERETANIA ST STE 201 HONOLULU, HI 96826	99-0354364	501(C) (3)	6,300	0			GENERAL OPERATING GRANT
HONOLULU POLICE COMMUNITY FOUNDATION 6650 HAWAII KAI DR STE 250 HONOLULU, HI 96825	94-3274384	501(C) (3)	10,816	0			GENERAL OPERATING GRANT

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HONOLULU THEATRE FOR YOUTH 1149 BETHEL ST STE 700 HONOLULU, HI 968132236	99-0107563	501(C) (3)	11,860	0			GENERAL OPERATING GRANT
HONPA HONGWANJI MISSION OF HAWAII 1727 PALI HWY HONOLULU, HI 96813	99-0073500	501(C) (3)	5,677	0			GENERAL OPERATING GRANT

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HOSPICE HAWAII INC 860 IWILEI RD HONOLULU, HI 96817	99-0203930	501(C) (3)	70,712	0			GENERAL OPERATING GRANT
HUGS (HELP UNDERSTANDING & GROUP SUPPORT) 3636 KILAUEA AVE HONOLULU, HI 968162318	99-0213594	501(C) (3)	31,250	0			GENERAL OPERATING GRANT

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IHS THE INSTITUTE FOR HUMAN SERVICES INC 546 KAAHI ST HONOLULU, HI 96817	99-0199107	501(C) (3)	140,447	1,319	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
IOLANI SCHOOL 563 KAMOKU STREET HONOLULU, HI 96826	99-0073502	501(C) (3)	52,777	0			GENERAL OPERATING GRANT

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JUNIOR ACHIEVEMENT OF HAWAII INC 1888 KALAKAUA AVE SUITE C312 HONOLULU, HI 96815	99-0088861	501(C) (3)	16,017	0			GENERAL OPERATING GRANT
KALIHI-PALAMA HEALTH CENTER 915 N KING ST HONOLULU, HI 96817	99-0161221	501(C) (3)	8,889	585	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT

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KAPIOLANI HEALTH FOUNDATION 55 MERCHANT ST 26TH FL HONOLULU, HI 96813	99-0246364	501(C) (3)	42,708	0			GENERAL OPERATING GRANT
KAUAI UNITED WAY 4374 KUKUI GROVE ST STE 201 LIHUE, HI 96766	99-0146288	501(C) (3)	10,580	0			GENERAL OPERATING GRANT

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KCAA PRESCHOOLS OF HAWAII 2707 S KING ST HONOLULU, HI 968263325	99-0075242	501(C) (3)	21,909	0			GENERAL OPERATING GRANT
KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES 2239 N SCHOOL ST HONOLULU, HI 96819	99-0149797	501(C) (3)	150,376	800	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT

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KUAKINI FOUNDATION 347 N KUAKINI ST HONOLULU, HI 968172336	99-0225067	501(C) (3)	11,416	0			GENERAL OPERATING GRANT
KUPU 677 ALA MOANA BLVD 1200 HONOLULU, HI 96813	51-0652665	501(C) (3)	18,302	0			GENERAL OPERATING GRANT

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LANAKILA PACIFIC 1809 BACHELOT ST HONOLULU, HI 96817	99-0103922	501(C) (3)	17,862	0			GENERAL OPERATING GRANT
LE JARDIN ACADEMY 917 KALANIANAOLE HWY KAILUA, HI 96734	99-0146978	501(C) (3)	17,518	0			GENERAL OPERATING GRANT

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LEADERSHIP IN DISABILITIES & ACHIEVEMENT OF HAWAII (LDAH) 245 N KUKUI ST STE 205 HONOLULU, HI 96817	99-0119223	501(C) (3)	6,527	15,669	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
LEGACY OF LIFE HAWAII 405 N KUAKINI ST 810 HONOLULU, HI 96817	99-0257883	501(C) (3)	7,521	0			GENERAL OPERATING GRANT

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LEGAL AID SOCIETY OF HAWAII 924 BETHEL ST HONOLULU, HI 96813	99-0076020	501(C) (3)	6,335	0			GENERAL OPERATING GRANT
LIFE FOUNDATION 677 ALA MOANA BLVD STE 226 HONOLULU, HI 968135405	99-0230542	501(C) (3)	9,606	0			GENERAL OPERATING GRANT

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MAKE A WISH HAWAII INC PO BOX 1877 HONOLULU, HI 96805	99-0220777	501(C) (3)	65,618	0			GENERAL OPERATING GRANT
MALAMA LEARNING CENTER CORP PO BOX 75467 KAPOLEI, HI 96707	20-0442056	501(C) (3)	31,772	569	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT

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MARCH OF DIMES FOUNDATION 1580 MAKALOA ST SUITE 1200 HONOLULU, HI 96814	13-1846366	501(C) (3)	29,134	0			GENERAL OPERATING GRANT
MAUI UNITED WAY 270 HOOKAHI STREET SUITE 301 WAILUKU, HI 96793	99-0086524	501(C) (3)	11,461	0			GENERAL OPERATING GRANT

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MENTAL HEALTH AMERICA OF HAWAII 1136 UNION MALL 510 HONOLULU, HI 96813	99-0076458	501(C) (3)	5,547	0			GENERAL OPERATING GRANT
MID-PACIFIC INSTITUTE 2445 KAALA ST HONOLULU, HI 968222299	99-0073514	501(C) (3)	25,258	0			GENERAL OPERATING GRANT

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MOILIILI COMMUNITY CENTER 2535 S KING ST HONOLULU, HI 96826	99-0073515	501(C) (3)	7,798	200	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
NATIONAL KIDNEY FOUNDATION OF HAWAII 1314 S KING ST STE 1555 HONOLULU, HI 96814	99-0266733	501(C) (3)	12,793	0			GENERAL OPERATING GRANT

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

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NATURE CONSERVANCY 923 NUUANU AVE HONOLULU, HI 96817	53-0242652	501(C) (3)	43,900	0			GENERAL OPERATING GRANT
NAVY HALE KEIKI SCHOOL 153 BOUGAINVILLE DRIVE HONOLULU, HI 96818	99-0299640	501(C) (3)	5,759	250	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
NEW HOPE WINDWARD 43 ONEAWA ST STE 203 KAILUA, HI 96734	99-0348925	501(C) (3)	10,000	0			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)	40,634	250	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)	18,220	0			GENERAL OPERATING GRANT
PALAMA SETTLEMENT 810 N VINEYARD BLVD HONOLULU, HI 96817	99-0074140	501(C) (3)	13,274	0			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)	20,594	600	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
PARENTS AND CHILDREN TOGETHER (PACT) 1485 LINAPUNI ST STE 105 HONOLULU, HI 96819	99-0119678	501(C) (3)	239,518	1,300	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
PARTNERS IN DEVELOPMENT FOUNDATION SUITE 105 HONOLULU, HI 968172433	94-3271325	501(C) (3)	23,427	1,250	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)	11,065	0			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 THE GREAT NORTHWEST & HAWAIIAN ISLANDS 2001 E MADISON STREET SEATTLE, WA 96815	91-0686012	501(C) (3)	39,964	0			GENERAL OPERATING GRANT
PROJECT DANA 2720 NAKOOKOO ST HONOLULU, HI 96826		501(C) (3)	54,952	0			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 VISION HAWAII PO BOX 23212 HONOLULU, HI 96823	27-2831637	501(C) (3)	25,100	0			GENERAL OPERATING GRANT
PUNAHOU SCHOOL 1601 PUNAHOU ST HONOLULU, HI 96822	99-0073523	501(C) (3)	17,000	0			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
QUEEN'S MEDICAL CENTER 1301 PUNCHBOWL ST HONOLULU, HI 96821	99-0073524	501(C) (3)	10,000	0			GENERAL OPERATING GRANT
REHABILITATION HOSPITAL OF THE PACIFIC 226 N KUAKINI ST HONOLULU, HI 968172488	99-0241634	501(C) (3)	34,749	0			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)	11,809	0			GENERAL OPERATING GRANT
RONALD MCDONALD HOUSE CHARITIES OF HAWAII INC PO BOX 61777 HONOLULU, HI 968391777	99-0222124	501(C) (3)	25,025	100	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
SAINT LOUIS SCHOOL 3142 WAIALAE AVE HONOLULU, HI 96816	99-0272260	501(C) (3)	38,171	0			GENERAL OPERATING GRANT
SHRINER'S HOSPITAL 1310 PUNAHOU STREET HONOLULU, HI 96826	36-2193608	501(C) (3)	24,913	0			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)	80,751	0			GENERAL OPERATING GRANT
ST FRANCIS HEALTHCARE FOUNDATION OF HAWAII 2228 LILIHA ST STE 205 HONOLULU, HI 96817	99-0240060	501(C) (3)	50,158	1,000	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
STRAUB FOUNDATION 55 MERCHANT ST 26TH FL HONOLULU, HI 96813	99-0109350	501(C) (3)	17,620	0			GENERAL OPERATING GRANT
SUSAN G KOMEN BREAST CANCER FOUNDATION 3555 HARDING AVENUE SUITE 2D HONOLULU, HI 96816	75-2844638	501(C) (3)	6,587	0			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)	44,006	0			GENERAL OPERATING GRANT
TEACH FOR AMERICA INC 500 ALA MOANA BLVD STE 3-400 HONOLULU, HI 96813	13-3541913	501(C) (3)	77,990	0			GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ALCOHOLIC REHABILITATION SERVICES OF HI DBA HINA MAUKA 45-845 POOKELA ST KANEHOE, HI 96744	99-0173356	501(C) (3)	14,815	350	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
THE ARC IN HAWAII 3989 DIAMOND HEAD RD HONOLULU, HI 96816	99-0089327	501(C) (3)	14,940	0			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 MEDIATION CENTER OF THE PACIFIC INC 245 N KUKUI ST 206 HONOLULU, HI 96817	99-0192700	501(C) (3)	53,052	0			GENERAL OPERATING GRANT
THE SALVATION ARMY HAWAIIAN & PACIFIC ISLANDS DIVISION 2950 MANOA RD HONOLULU, HI 96822	94-1156347	501(C) (3)	75,153	0			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)	5,821	0			GENERAL OPERATING GRANT
UNITED CHURCH OF CHRIST TRANSITION HOUSE 2468 BINGHAM ST HONOLULU, HI 96826	35-2390776	501(C) (3)	8,884	0			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 SERVICE ORGANIZATIONS INC 4825 BOUGAINVILLE DR 210 HONOLULU, HI 96819	13-1610451	501(C) (3)	5,884	0			GENERAL OPERATING GRANT
UNITED STATES VETERANS INITIATIVE - HAWAII 800 W 6TH ST STE 1505 LOS ANGELES, CA 90017	95-4382752	501(C) (3)	44,342	0			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)	72,982	0			GENERAL OPERATING GRANT
VOLUNTEER LEGAL SERVICES HAWAII 545 QUEEN ST STE 100 HONOLULU, HI 96813	99-0207024	501(C) (3)	6,567	500	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
WAIANAE COMMUNITY RE-DEVELOPMENT CORPORATION 86-148 PUHAWAI RD WAIANAE, HI 96792	99-0350803	501(C) (3)	10,000	0			GENERAL OPERATING GRANT
WAIANAE DISTRICT COMPREHENSIVE HEALTH AND HOSPITAL BOARD INC 86-260 FARRINGTON HWY WAIANAE, HI 96792	99-0148164	501(C) (3)	77,576	0			GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAIKIKI COMMUNITY CENTER 310 PAOKALANI AVE HONOLULU, HI 96815	99-0179392	501(C) (3)	103,720	0			GENERAL OPERATING GRANT
WAIKIKI HEALTH 277 OHUA AVE HONOLULU, HI 96815	99-0159253	501(C) (3)	73,947	0			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
WAIMANALO HEALTH CENTER 41-1347 KALANIANAOLE HWY WAIMANALO, HI 96795	99-0273205	501(C) (3)	25,272	85	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
YMCA OF HONOLULU 1441 PALI HWY HONOLULU, HI 96813	99-0073533	501(C) (3)	111,481	80	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
YOUTH FOR CHRIST USA INC PO BOX 11145 HONOLULU, HI 96828	99-6001292	501(C) (3)	7,851	0			GENERAL OPERATING GRANT
YWCA OF OAHU 1040 RICHARDS ST HONOLULU, HI 96813	99-0073534	501(C) (3)	20,145	125	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
ALOHA UNITED WAY INC

Employer identification number
99-0073494

Part I Questions Regarding Compensation

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

Part III **Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **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.**

OMB No. 1545-0047

2019

Open to Public Inspection

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		63,495	SALE OF COMP PROP
5 Clothing and household goods	X		147,788	SALE OF COMP PROP
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	13	152,380	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				
20 Drugs and medical supplies	X	10	17,590	SALE OF COMP PROP
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>DONATED MEDIA</u>)	X	1	71,348	COST OR SALE PRICE
26 Other ▶ (<u>OFFICE SUPPLIES</u>)	X	1	18,222	SALE OF COMP PROP
27 Other ▶ (<u>EVENT TICKETS</u>)	X	2	5,670	COST OR SALE PRICE
28 Other ▶ (_____)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a	Yes	

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?

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

b If "Yes," describe in Part II.

33 If the organization didn't 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

OMB No. 1545-0047

2019

Open to Public Inspection

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.

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	BEFORE FILING, A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR ITS REVIEW.

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 284,517. ADJUSTMENT FOR DONOR D ESIGNATIONS 1,382,019. FUNDRAISING REVENUE IN EXCESS OF BOOK -73,978.