

PUBLIC DISCLOSURE

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2015 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ALOHA UNITED WAY, INC.</b>		<b>D</b> Employer identification number <b>99-0073494</b>
	Doing business as		<b>E</b> Telephone number <b>808-536-1951</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>200 N. VINEYARD BLVD</b>		<b>G</b> Gross receipts \$ <b>25,674,380.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>HON, HI 96817-3938</b>		
<b>F</b> Name and address of principal officer: <b>CINDY ADAMS</b> <b>200 N. VINEYARD BLVD, #700, HON, HI 96817</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.AUW.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1938</b>
			<b>M</b> State of legal domicile: <b>HI</b>

**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.

<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>27</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>27</b>
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) .....	<b>5</b>	<b>47</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>2224</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>0.</b>

		Prior Year	Current Year
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>13,417,667.</b>	<b>12,394,043.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>66,802.</b>	<b>113,626.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>285,489.</b>	<b>290,398.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>13,769,958.</b>	<b>12,798,067.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>12,162,135.</b>	<b>13,059,563.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>2,203,987.</b>	<b>2,308,292.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,497,638.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>1,743,545.</b>	<b>1,894,293.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>16,109,667.</b>	<b>17,262,148.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>-2,339,709.</b>	<b>-4,464,081.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> <b>24,476,492.</b>	<b>End of Year</b> <b>21,287,808.</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>4,140,269.</b>	<b>3,552,877.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>20,336,223.</b>	<b>17,734,931.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	<input checked="" type="checkbox"/> Signature of officer	<input checked="" type="checkbox"/> Date <b>9/28/15</b>			
	<b>CINDY ADAMS, CHIEF EXEC. OFFICER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ACCUITY LLP</b>	Preparer's signature <i>[Signature]</i>	Date <b>SEP 27 2016</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00089337</b>
	Firm's name ▶ <b>ACCUITY LLP</b>	Firm's EIN ▶ <b>20-5325889</b>	Phone no. <b>808-531-3400</b>		
Firm's address ▶ <b>999 BISHOP STREET, STE. 1900</b>		<b>HONOLULU, HI 96813</b>			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: ALOHA UNITED WAY BUILDS A STRONGER, HEALTHIER COMMUNITY BY PARTNERING WITH BUSINESS, LABOR, GOVERNMENT, AND NONPROFIT ORGANIZATIONS TO DELIVER MEASURABLE AND SUSTAINABLE SOLUTIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 9,626,172. including grants of \$ 8,984,243. ) (Revenue \$ ) COMMUNITY SUPPORT: WE ADDRESS THE GREATEST NEEDS OF OUR COMMUNITY, OFFER HOPE, AND PROVIDE OPPORTUNITIES FOR A BETTER QUALITY OF LIFE. THROUGH COMMUNITY-WIDE FUNDRAISING, WE HELP AMPLIFY THE POWER OF EACH GIFT TO MAKE A DIFFERENCE. CONTINUED DONATIONS PROVIDE KEIKI WITH THE BEST POSSIBLE OPPORTUNITY TO SUCCEED IN SCHOOL AND LIFE, HELP BREAK THE CYCLE OF POVERTY IN FAMILIES AND ASSIST OUR ELDERLY SO THEY CAN AGE GRACEFULLY. THIS FUNDING IS USED TO PROVIDE SERVICES THAT TOUCH THE LIVES OF OVER 830,000 INDIVIDUALS AND FAMILIES. OUR VOLUNTEER COUNCILS REVIEW AND FUND PROGRAMS IN EDUCATION, POVERTY PREVENTION AND SAFETY NET SERVICES.

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

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

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

4e Total program service expenses 14,424,963.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
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		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Form 990 (2015)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses (17, 0, 47, etc.).



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

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

**Section A. Governing Body and Management**

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

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

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

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **NAN KATSUDA - 808-543-2218**  
**200 N. VINEYARD BLVD., STE 700, HONOLULU, HI 96817**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT BARBER DIRECTOR - PART YEAR	1.00	X						0.	0.	0.
(2) CHRIS BENJAMIN DIRECTOR/ASSISTANT TREASURER	1.00	X		X				0.	0.	0.
(3) JODY ENDO CHAI DIRECTOR	1.00	X						0.	0.	0.
(4) JOHN DEAN DIRECTOR	1.00	X						0.	0.	0.
(5) DION DIZON DIRECTOR	1.00	X						0.	0.	0.
(6) CHRISTOPHER DODS DIRECTOR - PART YEAR	1.00	X						0.	0.	0.
(7) DENNIS FRANCIS DIRECTOR	1.00	X						0.	0.	0.
(8) TERRI FUJII DIRECTOR/TREASURER	1.00	X		X				0.	0.	0.
(9) GUY FUJIMURA DIRECTOR - PART YEAR	1.00	X						0.	0.	0.
(10) MICHAEL GOLD DIRECTOR	1.00	X						0.	0.	0.
(11) TRACY HAYASHI DIRECTOR - PART YEAR	1.00	X						0.	0.	0.
(12) KELLY HOEN DIRECTOR	1.00	X						0.	0.	0.
(13) LEN ISOTOFF DIRECTOR - PART YEAR	1.00	X						0.	0.	0.
(14) DAVID LASSNER DIRECTOR	1.00	X						0.	0.	0.
(15) ALICIA MOY DIRECTOR	1.00	X						0.	0.	0.
(16) DAYTON NAKANELUA DIRECTOR	1.00	X						0.	0.	0.
(17) ERNEST NISHIZAKI DIRECTOR/VICE CHAIR	1.00	X		X				0.	0.	0.

**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 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			
(18) TERI ORTON DIRECTOR	1.00	X						0.	0.	0.
(19) RANDY PERREIRA DIRECTOR/VICE CHAIR	1.00	X		X				0.	0.	0.
(20) RICHARD ROSENBLUM DIRECTOR/CHAIR	1.00	X		X				0.	0.	0.
(21) MICHELE SAITO DIRECTOR/SECRETARY	1.00	X		X				0.	0.	0.
(22) KEVIN SAKAMOTO DIRECTOR - PART YEAR	1.00	X						0.	0.	0.
(23) CHRIS SEBARBARO DIRECTOR	1.00	X						0.	0.	0.
(24) BRIAN TATSUMURA DIRECTOR	1.00	X						0.	0.	0.
(25) JEFFREY WATANABE DIRECTOR - PART YEAR	1.00	X						0.	0.	0.
(26) JEFF WESTPHAL DIRECTOR - PART YEAR	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								490,810.	0.	54,174.
<b>d Total (add lines 1b and 1c)</b>								490,810.	0.	54,174.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII** Statement of Revenue

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

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

**Part IX Statement of Functional Expenses**

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

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

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

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

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

**Part XI Reconciliation of Net Assets**

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

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

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2015)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization **ALOHA UNITED WAY, INC.** Employer identification number **99-0073494**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



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

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

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	14,483,287.	15,981,355.	13,656,253.	13,365,716.	12,297,788.	69,784,399.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	848,481.	1,351,282.	1,696,689.	1,184,059.	1,377,149.	6,457,660.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	118,559.	201,218.	210,771.	106,330.	119,588.	756,466.
11 Total support. Add lines 7 through 10						76,998,525.

12 Gross receipts from related activities, etc. (see instructions) 12

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

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

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	90.63 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	91.24 %

16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

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

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

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

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

**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)? 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).		

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

**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? 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.	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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

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

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

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





**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

**ALOHA UNITED WAY, INC.**

Employer identification number

**99-0073494**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization <b>ALOHA UNITED WAY, INC.</b>	Employer identification number <b>99-0073494</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>4,075,320.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ALOHA UNITED WAY, INC.</b>	Employer identification number <b>99-0073494</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization <b>ALOHA UNITED WAY, INC.</b>	Employer identification number <b>99-0073494</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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 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.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours .....

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

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532041  
10-05-15



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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	6,011.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
c	Total lobbying expenditures (add lines 1a and 1b) .....	6,011.													
d	Other exempt purpose expenditures .....	14,418,953.													
e	Total exempt purpose expenditures (add lines 1c and 1d) .....	14,424,964.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	871,248.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f) .....	217,812.													
h	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

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

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

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

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization **ALOHA UNITED WAY, INC.** Employer identification number **99-0073494**

**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 a 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 Tax 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 8/17/06, 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 ..... ▶ \$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

532061  
11-02-15

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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	4,857.	3,800.	5,700.	10,625.	10,596.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,857.	3,800.	5,700.	10,625.	10,596.
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  100.00 %
  - 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  | X   |    |
| (ii) related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" 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		8,960,145.	7,900,813.	1,059,332.
c Leasehold improvements				
d Equipment		464,400.	391,517.	72,883.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>1,323,215.</b>

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) CASH	115,311.	COST
(B) RESTRICTED CERTIFICATE OF DEPOSIT	1,000,000.	COST
(D) GOVERNMENT OBLIGATIONS	59,836.	COST
(E) CORPORATE AND FOREIGN BONDS	35,893.	COST
(G) MUTUAL AND FIXED INCOME FUNDS	691,155.	COST
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,902,195.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUST	929,682.
(2) OTHER ASSETS	188,926.
(3) THIRD PARTY HOLDINGS	1,102,250.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,220,858.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	66,751.
(3) PENSION LIABILITY	149,886.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	216,637.

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

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

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

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

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

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

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

**Part XIII Supplemental information.**

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

**PART V, LINE 4:**

ENDOWED FUNDS HAVE THE PRINCIPAL AMOUNTS SET UP IN PERPETUITY WITH INCOME FROM THESE FUNDS AVAILABLE FOR UNRESTRICTED OPERATIONAL COSTS.

**PART X, LINE 2:**

ALOHA UNITED WAY EVALUATES UNCERTAIN TAX POSITIONS UTILIZING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. AT DECEMBER 31, 2015 AND 2014, MANAGEMENT BELIEVES THERE WERE NO SIGNIFICANT UNCERTAIN TAX POSITIONS AND THERE WERE NO PENDING FEDERAL OR STATE INCOME TAX AUDITS. THE FEDERAL STATUTE OF LIMITATIONS REMAINS OPEN FOR ALOHA UNITED WAY FOR THE YEARS ENDED DECEMBER



**Part XIII** Supplemental Information (continued)

31, 2012 THROUGH 2015.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

DIRECT FUNDRAISING EXPENSE	88,908.
BENEFICIAL INTEREST IN TRUST	-109,648.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-20,740.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

DONOR DESIGNATIONS	2,332,287.
COMBINED FEDERAL CAMPAIGN	4,075,320.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	6,407,607.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

DIRECT FUNDRAISING EXPENSE	88,908.
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**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

DONOR DESIGNATIONS	4,393,358.
COMBINED FEDERAL CAMPAIGN	4,075,320.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	8,468,678.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	WOMEN UNITED (event type)	NONE (total number)	
Revenue	1	Gross receipts	87,205.	74,669.	161,874.
	2	Less: Contributions	68,305.	27,950.	96,255.
	3	Gross income (line 1 minus line 2)	18,900.	46,719.	65,619.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	13,525.	18,066.	31,591.
	6	Rent/facility costs	6,370.	931.	7,301.
	7	Food and beverages	8,841.	12,418.	21,259.
	8	Entertainment		5,583.	5,583.
	9	Other direct expenses	4,458.	18,716.	23,174.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			88,908.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-23,289.

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility		%
b An outside facility		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law to be 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).



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

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

Name of the organization

**ALOHA UNITED WAY, INC.**

Employer identification number  
**99-0073494**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADULT FRIENDS FOR YOUTH 3375 KOAPAKA ST., STE. B290 HONOLULU, HI 96819-1876	99-0254581	501(C) (3)	8,135.	0.			GENERAL OPERATING GRANT
AFTER-SCHOOL ALL-STARS HAWAII 4747 KILAUEA AVE., #210 HONOLULU, HI 96816	27-4604870	501(C) (3)	53,815.	0.			GENERAL OPERATING GRANT
ALOHA HARVEST 3599 WAIATAE AVE., #23 HONOLULU, HI 96816-2759	99-0344209	501(C) (3)	9,802.	0.			GENERAL OPERATING GRANT
ALOHA MEDICAL MISSION 810 N. VINEYARD BLVD. HONOLULU, HI 96817-3590	99-0234811	501(C) (3)	7,342.	0.			GENERAL OPERATING GRANT
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC. - 1130 N. NIMITZ HIGHWAY - HONOLULU, HI 96817	13-3039601	501(C) (3)	79,301.	0.			GENERAL OPERATING GRANT
AMERICAN CANCER SOCIETY, INC. 2370 NUUANU AVE. HONOLULU, HI 96817	13-1788491	501(C) (3)	201,480.	0.			GENERAL OPERATING GRANT

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

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

1,116.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

ALOHA UNITED WAY, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION INC. PIONEER PLAZA 900 FORT STREET MALL, SUITE 940 - HONOLULU, HI 96813	13-1623888	501(C) (3)	65,672.	0.			GENERAL OPERATING GRANT
AMERICAN HEART ASSOCIATION OF HAWAII - 677 ALA MOANA BLVD. #600 - HONOLULU, HI 96813	13-5613797	501(C) (3)	64,125.	0.			GENERAL OPERATING GRANT
AMERICAN LUNG ASSOCIATION OF THE MOUNTAIN PACIFIC - 810 RICHARDS STREET, SUITE 750 - HONOLULU, HI 96813	93-0386887	501(C) (3)	7,783.	0.			GENERAL OPERATING GRANT
AMERICAN RED CROSS, HAWAII STATE CHAPTER - 4155 DIAMOND HEAD ROAD - HONOLULU, HI 96816	53-0196605	501(C) (3)	260,086.	0.			GENERAL OPERATING GRANT
ASSETS SCHOOL ONE OHANA NUI WAY HONOLULU, HI 96818	99-6001152	501(C) (3)	143,961.	0.			GENERAL OPERATING GRANT
BIG BROTHERS BIG SISTERS HAWAII, INC. - 418 KUWILI ST., STE. 106 - HONOLULU, HI 96817-5364	99-0109970	501(C) (3)	113,066.	0.			GENERAL OPERATING GRANT
BOY SCOUTS OF AMERICA - ALOHA COUNCIL - 42 PUIWA ROAD - HONOLULU, HI 96817	99-0073482	501(C) (3)	21,036.	0.			GENERAL OPERATING GRANT
BOYS & GIRLS CLUB OF HAWAII 345 QUEEN STREET, SUITE 900 HONOLULU, HI 96813	99-6005407	501(C) (3)	174,570.	0.			GENERAL OPERATING GRANT
CATHOLIC CHARITIES HAWAII 1822 KEEAUMOKU ST. HONOLULU, HI 96822	99-0073547	501(C) (3)	309,339.	0.			GENERAL OPERATING GRANT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)		(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		CENTER FOR STRATEGIC & INTERNATIONAL STUDIES - 1003 BISHOP ST., #1150 PUAHAI TOWER - HONOLULU, HI 96813	52-1501082	501(C) (3)	8,620.	0.			GENERAL OPERATING GRANT
		CHILD & FAMILY SERVICE 1003 BISHOP ST., #1150 PUAHAI TOWER EWA BEACH, HI 96706	99-0073483	501(C) (3)	161,796.	0.			GENERAL OPERATING GRANT
		CHILDRENS ALLIANCE OF HAWAII, INC. 200 N. VINEYARD BLVD., SUITE 410 HONOLULU, HI 96817	99-0257743	501(C) (3)	30,564.	0.			GENERAL OPERATING GRANT
		COALITION FOR A DRUG-FREE HAWAII 1130 N. NIMITZ HWY., #A259 HONOLULU, HI 96817	99-0255126	501(C) (3)	9,262.	0.			GENERAL OPERATING GRANT
		COMMON GRACE P.O. BOX 31116 HONOLULU, HI 96820	30-0110074	501(C) (3)	6,506.	0.			GENERAL OPERATING GRANT
		COMMUNITY ASSISTANCE CENTER 200 N. VINEYARD BLVD., #330 HONOLULU, HI 96817	99-0093057	501(C) (3)	5,140.	0.			GENERAL OPERATING GRANT
		DAMIEN MEMORIAL HIGH SCHOOL 1401 HOUGHTAILING ST. HONOLULU, HI 96817-2797	99-0108341	501(C) (3)	20,591.	0.			GENERAL OPERATING GRANT
		DIAMOND HEAD THEATRE 520 MAKAPUU AVE. HONOLULU, HI 96816-2319	99-0073495	501(C) (3)	35,019.	0.			GENERAL OPERATING GRANT
		DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST - 3725 ALEXANDRIA PIKE - COLD SPRING, KY 41076	52-1521276	501(C) (3)	9,266.	0.			GENERAL OPERATING GRANT



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOMESTIC VIOLENCE ACTION CENTER P.O. BOX 3198 HONOLULU, HI 96801-3198	99-0290389	501(C) (3)	77,013.	0.			GENERAL OPERATING GRANT
EASTER SEALS HAWAII 710 GREEN ST. HONOLULU, HI 96813-2119	99-0075235	501(C) (3)	76,950.	0.			GENERAL OPERATING GRANT
EPILEPSY FOUNDATION OF HAWAII 1050 ALA MOANA BLVD., SUITE 2550 HONOLULU, HI 96814	23-7216782	501(C) (3)	6,889.	0.			GENERAL OPERATING GRANT
EYE OF THE PACIFIC GUIDE DOGS FOUNDATION - 747 AMANA ST., #407 - HONOLULU, HI 96814	99-0103779	501(C) (3)	8,266.	0.			GENERAL OPERATING GRANT
FAMILY PROGRAMS OF HAWAII 250 VINEYARD ST. HONOLULU, HI 96813	99-0280498	501(C) (3)	42,731.	0.			GENERAL OPERATING GRANT
FAMILY PROMISE OF HAWAII 245 N. KUKUI ST., #101 HONOLULU, HI 96817	20-2645489	501(C) (3)	20,189.	0.			GENERAL OPERATING GRANT
FRIENDLY ISLE UNITED FUND P.O. BOX 2047 KAUNAKAKAI, HI 96748	23-7426312	501(C) (3)	14,922.	0.			GENERAL OPERATING GRANT
FRIENDS OF THE CHILDRENS JUSTICE CENTER OF OAHU - 3019 PALI HWY. - HONOLULU, HI 96817	27-3663109	501(C) (3)	9,113.	0.			GENERAL OPERATING GRANT
FRIENDS OF THE LIBRARY OF HAWAII 99-1132 IWAENA STREET AIEA, HI 96701	99-6003670	501(C) (3)	14,785.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

ALOHA UNITED WAY, INC.

Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF HAWAII 410 ATKINSON DR., STE. 2E1BOX3 HONOLULU, HI 96814	99-0073488	501(C) (3)	13,438.	0.			GENERAL OPERATING GRANT
GOOD BEGINNINGS ALLIANCE 850 RICHARDS ST. #201 HONOLULU, HI 96813	94-3257650	501(C) (3)	28,716.	0.			GENERAL OPERATING GRANT
GOODWILL INDUSTRIES OF HAWAII, INC. - 2610 KILIHAI ST. - HONOLULU, HI 96819	99-6001264	501(C) (3)	60,590.	0.			GENERAL OPERATING GRANT
GREGORY HOUSE PROGRAMS 200 N. VINEYARD BLVD., STE. A310 HONOLULU, HI 96817	99-0265111	501(C) (3)	5,268.	0.			GENERAL OPERATING GRANT
GUIDE DOGS OF HAWAII ADAPTIVE AIDS CANINES - 747 AMANA ST., #407 - HONOLULU, HI 96814	99-0103779	501(C) (3)	14,752.	0.			GENERAL OPERATING GRANT
HABILITAT, INC P.O. BOX 801 KANEHOE, HI 96744	99-0146306	501(C) (3)	44,623.	0.			GENERAL OPERATING GRANT
HACBED 1575 S. BERETANIA STREET, SUITE 211 HONOLULU, HI 96826	99-0308587	501(C) (3)	17,500.	0.			GENERAL OPERATING GRANT
HALE KIPA, INC. 615 PIKOI ST., STE. 203 HONOLULU, HI 96814	23-7061459	501(C) (3)	181,066.	0.			GENERAL OPERATING GRANT
HAWAII 3RS P.O. BOX 1196 HONOLULU, HI 96807-1401	43-1990722	501(C) (3)	15,000.	0.			GENERAL OPERATING GRANT

**ALOHA UNITED WAY, INC.**

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAII CHILDREN'S ACTION NETWORK 850 RICHARDS ST. #201 HONOLULU, HI 96813	94-3257650	501(C) (3)	25,438.	0.			GENERAL OPERATING GRANT
HAWAII CHILDREN'S CANCER FOUNDATION - 1814 LILIHA ST. - HONOLULU, HI 96817	99-0299937	501(C) (3)	48,065.	0.			GENERAL OPERATING GRANT
HAWAII COMMUNITY FOUNDATION 827 FORT STREET MALL HONOLULU, HI 96813	99-0261283	501(C) (3)	124,134.	0.			GENERAL OPERATING GRANT
HAWAII FI-DO SERVICE DOG 59-790 KAMEHAMEHA HWY. HALEIWA, HI 96712	99-0353345	501(C) (3)	7,621.	0.			GENERAL OPERATING GRANT
HAWAII FOODBANK, INC. 2611 KILIHOU ST. HONOLULU, HI 96819	99-0220699	501(C) (3)	297,803.	0.			GENERAL OPERATING GRANT
HAWAII HOME OWNERSHIP CENTER 1259 AALA ST., #201 HONOLULU, HI 96817-3962	68-0544935	501(C) (3)	33,939.	0.			GENERAL OPERATING GRANT
HAWAII INTERNATIONAL CHILD PLACEMENT & FAMILY SERVICES INC. - 200 N VINEYARD BLVD, ROOM 209 - HONOLULU, HI 96817	99-0164045	501(C) (3)	7,243.	0.			GENERAL OPERATING GRANT
HAWAII ISLAND UNITED WAY P.O. BOX 745 HILO, HI 96720	99-6012257	501(C) (3)	28,025.	0.			GENERAL OPERATING GRANT
HAWAII LITERACY, INC. 245 NORTH KUKUI STREET, SUITE 202 HONOLULU, HI 96817	23-7198698	501(C) (3)	108,871.	0.			GENERAL OPERATING GRANT

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

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HAWAII MEALS ON WHEELS, INC. P.O. BOX 61194 HONOLULU, HI 96839-1194	99-0198132	501(C) (3)	172,240.	0.			GENERAL OPERATING GRANT
HAWAII MOTHERS MILK, INC. 1319 PUNAHOU ST. HONOLULU, HI 96826	99-0161419	501(C) (3)	13,228.	0.			GENERAL OPERATING GRANT
HAWAII NATURE CENTER INC. 2131 MAKIKI HEIGHTS DR. HONOLULU, HI 96822-2520	99-0208246	501(C) (3)	5,667.	0.			GENERAL OPERATING GRANT
HAWAII PACIFIC UNIVERSITY 1164 BISHOP ST., SUITE 307 HONOLULU, HI 96813	99-0113930	501(C) (3)	25,677.	0.			GENERAL OPERATING GRANT
HAWAII PUBLIC RADIO 738 KAHEKA ST., #101 HONOLULU, HI 96814	51-0191809	501(C) (3)	5,250.	0.			GENERAL OPERATING GRANT
HAWAII PUBLIC TELEVISION FOUNDATION DBA PBS HAWAII - 2350 DOLE ST. - HONOLULU, HI 96822	99-0334518	501(C) (3)	35,924.	0.			GENERAL OPERATING GRANT
HAWAII YOUTH OPERA CHORUS P.O. BOX 22304 HONOLULU, HI 96823	99-0142646	501(C) (3)	10,059.	0.			GENERAL OPERATING GRANT
HAWAII YOUTH SYMPHONY ASSOCIATION 1110 UNIVERSITY AVE., STE. 200 HONOLULU, HI 96826-1598	990119771	501(C) (3)	15,129.	0.			GENERAL OPERATING GRANT
HAWAIIAN HUMANE SOCIETY 2700 WAIALAE AVE. HONOLULU, HI 96826-1899	99-0073490	501(C) (3)	77,373.	0.			GENERAL OPERATING GRANT

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

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HELPING HANDS HAWAII 2100 N. NIMITZ HWY. HONOLULU, HI 96819-2218	23-7365077	501(C) (3)	181,434.	0.			GENERAL OPERATING GRANT
HONOLULU ACADEMY OF ARTS 900 S. BERETANIA ST. HONOLULU, HI 96814-1429	99-0079713	501(C) (3)	11,937.	0.			GENERAL OPERATING GRANT
HONOLULU COMMUNITY ACTION PROGRAM, INC. (HCAP) - 33 S. KING ST., STE. 300 - HONOLULU, HI 96813	99-0140622	501(C) (3)	5,129.	0.			GENERAL OPERATING GRANT
HONOLULU HABITAT FOR HUMANITY 922 AUSTIN LANE, #C-1 HONOLULU, HI 96817	99-0261871	501(C) (3)	10,335.	0.			GENERAL OPERATING GRANT
HONOLULU POLICE COMMUNITY FOUNDATION - 6650 HAWAII KAI DR., STE. 250 - HONOLULU, HI 96825	94-3274384	501(C) (3)	17,589.	0.			GENERAL OPERATING GRANT
HONOLULU THEATRE FOR YOUTH 1149 BETHEL ST., STE. 700 HONOLULU, HI 96813-2236	99-0107563	501(C) (3)	12,189.	0.			GENERAL OPERATING GRANT
HONOLULU ZOOLOGICAL SOCIETY 151 KAPAHULU AVE. HONOLULU, HI 96815-4011	237057714	501(C) (3)	6,369.	0.			GENERAL OPERATING GRANT
HOSPFICE HAWAI'I, INC. 860 IWILEI RD. HONOLULU, HI 96817	99-0203930	501(C) (3)	99,170.	0.			GENERAL OPERATING GRANT
HUGS (HELP, UNDERSTANDING & GROUP SUPPORT) - 3636 KILAUEA AVE. - HONOLULU, HI 96816-2318	99-0213594	501(C) (3)	30,492.	0.			GENERAL OPERATING GRANT

ALOHA UNITED WAY, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

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IHS, THE INSTITUTE FOR HUMAN SERVICES, INC. - 546 KA'AAHI ST. - HONOLULU, HI 96817	99-0199107	501(C) (3)	249,203.	0.			GENERAL OPERATING GRANT
IOLANI SCHOOL 563 KAMOKU STREET HONOLULU, HI 96826	99-0073502	501(C) (3)	6,000.	0.			GENERAL OPERATING GRANT
JAPANESE CULTURAL CENTER OF HAWAII 2454 S. BERETANIA STREET HONOLULU, HI 96826	99-0256147	501(C) (3)	12,188.	0.			GENERAL OPERATING GRANT
JUNIOR ACHIEVEMENT OF HAWAII, INC. 1888 KALAKAUA AVE., SUITE C312 HONOLULU, HI 96815	99-0088861	501(C) (3)	33,996.	0.			GENERAL OPERATING GRANT
JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL - 1019 WAIMANU ST., STE. #214 - HONOLULU, HI 96814	23-1907729	501(C) (3)	7,748.	0.			GENERAL OPERATING GRANT
KALIHI-PALAMA HEALTH CENTER 915 N. KING ST. HONOLULU, HI 96817	99-0161221	501(C) (3)	12,598.	0.			GENERAL OPERATING GRANT
KAMA'AINA CARE INC. 156 HAMAKUA DR., #C KALIUA, HI 96734-2826	99-0261935	501(C) (3)	5,723.	0.			GENERAL OPERATING GRANT
KAPI'OLANI HEALTH FOUNDATION 55 MERCHANT ST., 26TH FL. HONOLULU, HI 96813	99-0246364	501(C) (3)	33,575.	0.			GENERAL OPERATING GRANT
KAWAI UNITED WAY P.O. BOX 1087 LIHUE, HI 96766	99-0146288	501(C) (3)	10,802.	0.			GENERAL OPERATING GRANT

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

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KCAA PRESCHOOLS OF HAWAI'I 2707 S. KING ST. HONOLULU, HI 96826-3325	99-0075242	501(C) (3)	30,441.	0.			GENERAL OPERATING GRANT
KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES - 2239 N. SCHOOL ST. - HONOLULU, HI 96819	99-0149797	501(C) (3)	366,361.	0.			GENERAL OPERATING GRANT
KU ALOHA OLA MAU 1130 N. NIMITZ HWY., #C302 HONOLULU, HI 96817	99-0165675	501(C) (3)	42,731.	0.			GENERAL OPERATING GRANT
KUAKINI FOUNDATION 347 N. KUAKINI ST. HONOLULU, HI 96817-2336	99-0225067	501(C) (3)	16,072.	0.			GENERAL OPERATING GRANT
KUALOA-HE'EIA ECUMENICAL YOUTH PROJECT - 47-200 WAIHEE RD. - KANEHOE, HI 96744	99-0118209	501(C) (3)	130,736.	0.			GENERAL OPERATING GRANT
LANAKILA PACIFIC 1809 BACHELOF ST. HONOLULU, HI 96817	99-0103922	501(C) (3)	263,573.	0.			GENERAL OPERATING GRANT
LE JARDIN ACADEMY 917 KALANIANA'OLE HWY KAILUA, HI 96734	99-0146978	501(C) (3)	18,928.	0.			GENERAL OPERATING GRANT
LEARNING DISABILITIES ASSOCIATION OF HAWAII (LDAH) - 245 N. KUKUI ST., STE. 205 - HONOLULU, HI 96817	99-0119223	501(C) (3)	301,267.	0.			GENERAL OPERATING GRANT
LEGAL AID SOCIETY OF HAWAI'I 924 BETHEL ST. HONOLULU, HI 96813	99-0076020	501(C) (3)	46,782.	0.			GENERAL OPERATING GRANT

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ALOHA UNITED WAY, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE FOUNDATION 677 ALA MOANA BLVD., STE. 226 HONOLULU, HI 96813-5405	99-0230542	501(C) (3)	18,038.	0.			GENERAL OPERATING GRANT
MAKE A WISH HAWAII INC. P.O. BOX 1877 HONOLULU, HI 96805	99-0220777	501(C) (3)	111,797.	0.			GENERAL OPERATING GRANT
MALAMA MAUNALUA 6600 KALANIANA'OLE HIGHWAY, SUITE 21 HONOLULU, HI 96825	36-4671116	501(C) (3)	16,989.	0.			GENERAL OPERATING GRANT
MARCH OF DIMES FOUNDATION 1580 MAKALOA ST., SUITE 1200 HONOLULU, HI 96814	13-1846366	501(C) (3)	12,013.	0.			GENERAL OPERATING GRANT
MARYKNOLL SCHOOL 1526 ALEXANDER ST. HONOLULU, HI 96822	99-0110569	501(C) (3)	5,000.	0.			GENERAL OPERATING GRANT
MAUI UNITED WAY 270 HOOKAHI STREET SUITE 301 WAILUKU, HI 96793	99-0086524	501(C) (3)	9,390.	0.			GENERAL OPERATING GRANT
MENTAL HEALTH KOKUA 1221 KAPIOLANI BLVD., STE. 345 HONOLULU, HI 96814	99-0154505	501(C) (3)	74,581.	0.			GENERAL OPERATING GRANT
MID-PACIFIC INSTITUTE 2445 KAALA ST. HONOLULU, HI 96822-2299	99-0073514	501(C) (3)	15,052.	0.			GENERAL OPERATING GRANT
MOILIILI COMMUNITY CENTER 2535 S. KING ST. HONOLULU, HI 96826	99-0073515	501(C) (3)	12,165.	0.			GENERAL OPERATING GRANT



Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
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MOLILILI HONGWANJI MISSION 902 UNIVERSITY AVENUE HONOLULU, HI 96826	99-0143990	501(C) (3)	31,515.	0.			GENERAL OPERATING GRANT
MOTHERS AGAINST DRUNK DRIVING (MADD) - 745 FORT ST., STE. 303 - HONOLULU, HI 96813	94-2707273	501(C) (3)	6,654.	0.			GENERAL OPERATING GRANT
NA WAHINE PA'ANI 'O PUNAHOU 1601 PUNAHOU STREET C/O THE ALUMNI HONOLULU, HI 96822	99-0251941	501(C) (3)	5,000.	0.			GENERAL OPERATING GRANT
NATIONAL KIDNEY FOUNDATION OF HAWAII - 1314 S. KING ST., STE. 1555 - HONOLULU, HI 96814	99-0266733	501(C) (3)	38,485.	0.			GENERAL OPERATING GRANT
NATURE CONSERVANCY 923 NUUANU AVE. HONOLULU, HI 96817	53-0242652	501(C) (3)	38,766.	0.			GENERAL OPERATING GRANT
OAHU SOCIETY FOR THE PREVENTION OF CRUELTY OF ANIMALS - OAHU SPCA P.O. BOX 25145 - HALEIWA, HI 96825	61-1569948	501(C) (3)	18,529.	0.			GENERAL OPERATING GRANT
OLELO COMMUNITY TELEVISION 1122 MAPUNAPUNA STREET HONOLULU, HI 96819	99-0275429	501(C) (3)	52,823.	0.			GENERAL OPERATING GRANT
PALAMA SETTLEMENT 810 N. VINEYARD BLVD. HONOLULU, HI 96817	99-0074140	501(C) (3)	70,951.	0.			GENERAL OPERATING GRANT
PALOLO CHINESE HOME 2459 10TH AVE. HONOLULU, HI 96816	99-0073521	501(C) (3)	32,166.	0.			GENERAL OPERATING GRANT

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PARENTS AND CHILDREN TOGETHER (PACT) - 1485 LINAPUNI ST., STE. 105 - HONOLULU, HI 96819	99-0119678	501(C) (3)	335,927.	0.			GENERAL OPERATING GRANT
PARTNERS IN DEVELOPMENT FOUNDATION 2040 BACHELOT ST. HONOLULU, HI 96817-2433	94-3271325	501(C) (3)	104,201.	0.			GENERAL OPERATING GRANT
PATCH (PEOPLE ATTENTIVE TO CHILDREN) - 560 N. NIMITZ HWY., STE. 218 - HONOLULU, HI 96817	99-0167464	501(C) (3)	16,590.	0.			GENERAL OPERATING GRANT
PHOCUSED 1001 BISHOP STREET, STE. 780 HONOLULU, HI 96813	26-3024861	501(C) (3)	50,000.	0.			GENERAL OPERATING GRANT
PLANNED PARENTHOOD OF THE GREAT NORTHWEST - 2001 E MADISON STREET - SEATTLE, WA 98122	91-0686012	501(C) (3)	85,969.	0.			GENERAL OPERATING GRANT
PO'AILANI, INC. 970 N. KALAHEO AVE., STE. A-102 KAILUA, HI 96734	99-0185750	501(C) (3)	10,936.	0.			GENERAL OPERATING GRANT
PREVENT CHILD ABUSE HAWAII P.O. BOX 147 HONOLULU, HI 96810	99-0223044	501(C) (3)	14,536.	0.			GENERAL OPERATING GRANT
READ ALOUD AMERICA, INC. 1314 S. KING ST., G-4 HONOLULU, HI 96814	99-0323798	501(C) (3)	10,034.	0.			GENERAL OPERATING GRANT
REHABILITATION HOSPITAL OF THE PACIFIC - 226 N. KUAKINI ST. - HONOLULU, HI 96817-2488	99-0241634	501(C) (3)	27,039.	0.			GENERAL OPERATING GRANT

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REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION - 226 N. KUAKINI ST. - HONOLULU, HI 96817	99-0241634	501(C) (3)	10,000.	0.			GENERAL OPERATING GRANT
RIVER OF LIFE MISSION P.O. BOX 37939 HONOLULU, HI 96837	99-0253651	501(C) (3)	18,435.	0.			GENERAL OPERATING GRANT
RONALD McDONALD HOUSE CHARITIES OF HAWAII INC. - P.O. BOX 61777 - HONOLULU, HI 96839-1777	99-0222124	501(C) (3)	50,668.	0.			GENERAL OPERATING GRANT
SACRED HEARTS ACADEMY 3253 WAIALAE AVE. HONOLULU, HI 96816	99-0093012	501(C) (3)	20,000.	0.			GENERAL OPERATING GRANT
SAINT LOUIS SCHOOL 3142 WAIALAE AVE. HONOLULU, HI 96816	99-0272260	501(C) (3)	23,348.	0.			GENERAL OPERATING GRANT
SEAGULL SCHOOL 1300 KAILUA RD. KAILUA, HI 96734	99-0155163	501(C) (3)	9,351.	0.			GENERAL OPERATING GRANT
SHRINER'S HOSPITAL 1310 PUNAHOU STREET HONOLULU, HI 96826	36-2193608	501(C) (3)	14,111.	0.			GENERAL OPERATING GRANT
SPECIAL OLYMPICS HAWAII 1833 KALAKAUA AVENUE, SUITE 500 HONOLULU, HI 96815	23-7173957	501(C) (3)	45,583.	0.			GENERAL OPERATING GRANT
ST. FRANCIS HEALTHCARE FOUNDATION OF HAWAII - 2228 LILIHA ST., STE. 205 - HONOLULU, HI 96817	99-0240060	501(C) (3)	11,353.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. FRANCIS HOSPICE/AURICE J. SULLIVAN FAMILY HOSPICE CENTER - ST. FRANCIS HEALTHCARE FOUNDATION - HONOLULU, HI 96817	99-0325194	501(C) (3)	9,021.	0.			GENERAL OPERATING GRANT
ST. FRANCIS HOSPICE/THE SISTER MAUREN KELEHER CENTER - 2228 LILILHA STREET, SUITE 205 - HONOLULU, HI 96817	99-0325194	501(C) (3)	206,930.	0.			GENERAL OPERATING GRANT
STRAUB FOUNDATION 55 MERCHANT ST., 26TH FL. HONOLULU, HI 96813	99-0109350	501(C) (3)	8,075.	0.			GENERAL OPERATING GRANT
SUSAN G. KOMEN BREAST CANCER FOUNDATION - 3555 HARDING AVENUE, SUITE 2D - HONOLULU, HI 96816	75-2844638	501(C) (3)	28,611.	0.			GENERAL OPERATING GRANT
SUSANNAH WESLEY COMMUNITY CENTER 1117 KAILI ST. HONOLULU, HI 96819	99-0073528	501(C) (3)	51,318.	0.			GENERAL OPERATING GRANT
TEACH FOR AMERICA, INC. 500 ALA MOANA BLVD., STE. 3-400 HONOLULU, HI 96813	13-3541913	501(C) (3)	71,937.	0.			GENERAL OPERATING GRANT
THE ALCOHOLIC REHABILITATION SERVICES OF HI DBA HINA MAUKA - 45-845 PO'OKELA ST. - KANEHOHE, HI 96744	99-0173356	501(C) (3)	51,843.	0.			GENERAL OPERATING GRANT
THE ARC IN HAWAII 3989 DIAMOND HEAD RD. HONOLULU, HI 96816	99-0089327	501(C) (3)	11,993.	0.			GENERAL OPERATING GRANT
THE MEDIATION CENTER OF THE PACIFIC, INC. - 245 N. KUKUI ST., STE. 206 - HONOLULU, HI 96817	99-0192700	501(C) (3)	6,259.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

ALOHA UNITED WAY, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY HAWAIIAN & PACIFIC ISLANDS DIVISION - 2950 MANCA RD. - HONOLULU, HI 96822	94-1156347	501(C) (3)	228,705.	0.			GENERAL OPERATING GRANT
UNITED CEREBRAL PALSY ASSOCIATION OF HAWAII - 414 KOWILI ST., #105 - HONOLULU, HI 96817	99-0092154	501(C) (3)	8,773.	0.			GENERAL OPERATING GRANT
UNITED SERVICE ORGANIZATIONS, INC. 4825 BOUGAINVILLE DR., #210 HONOLULU, HI 96819	13-1610451	501(C) (3)	7,692.	0.			GENERAL OPERATING GRANT
UNITED STATES VETERANS INITIATIVE - HAWAII - P.O. BOX 75329 BLDG 37, SHANGRILA RD - WAIANAЕ, HI 96707	95-4382752	501(C) (3)	49,264.	0.			GENERAL OPERATING GRANT
UNITED WAY STATEWIDE 200 N. VINEYARD BLVD. STE. 700 HONOLULU, HI 96817	99-0286056	501(C) (3)	10,000.	0.			GENERAL OPERATING GRANT
UNIVERSITY OF HAWAII FOUNDATION P.O. BOX 11270 HONOLULU, HI 96828	99-0085360	501(C) (3)	113,054.	0.			GENERAL OPERATING GRANT
VARIETY SCHOOL OF HAWAII 710 PALEKAUA ST. HONOLULU, HI 96816	99-0105604	501(C) (3)	8,024.	0.			GENERAL OPERATING GRANT
WAIANAЕ DISTRICT COMPREHENSIVE HEALTH AND HOSPITAL BOARD, INC - 86-260 FARRINGTON HWY. - WAIANAЕ, HI 96792	99-0148164	501(C) (3)	150,448.	0.			GENERAL OPERATING GRANT
WAIKIKI COMMUNITY CENTER 310 PAOKALANI AVE. HONOLULU, HI 96815	99-0179392	501(C) (3)	136,769.	0.			GENERAL OPERATING GRANT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAIKIKI HEALTH CENTER 277 OHUA AVE. HONOLULU, HI 96815	99-0159253	501(C) (3)	160,784.	0.			GENERAL OPERATING GRANT
WAIMANALO HEALTH CENTER 41-1347 KALANIANA'OLE HWY. WAIMANALO, HI 96795	99-0273205	501(C) (3)	83,096.	0.			GENERAL OPERATING GRANT
WOMEN IN NEED WIN P.O. BOX 414 WAIMANALO, HI 96795	94-3266305	501(C) (3)	25,404.	0.			GENERAL OPERATING GRANT
YMCA OF HONOLULU 1441 PALI HWY. HONOLULU, HI 96813	99-0073533	501(C) (3)	74,383.	0.			GENERAL OPERATING GRANT
YOUTH FOR CHRIST USA INC. P.O. BOX 11145 HONOLULU, HI 96828	99-6001292	501(C) (3)	6,353.	0.			GENERAL OPERATING GRANT
YMCA OF O'AHU 1040 RICHARDS ST. HONOLULU, HI 96813	99-0073534	501(C) (3)	160,601.	0.			GENERAL OPERATING GRANT
UNITED WAY STATEWIDE ASSOCIATION OF HAWAII - 200 NORTH VINEYARD BLVD., SUITE 700 - HONOLULU, HI 96817	99-0286056	501(C) (3)	171,544.	0.			GENERAL OPERATING GRANT
COMBINED FEDERAL CAMPAIGN			4,075,320.	0.			GENERAL OPERATING GRANT

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

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

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

**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.**

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

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.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **ALOHA UNITED WAY, INC.** Employer identification number **99-0073494**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</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>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> 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><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	<b>X</b>								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	<b>X</b>								
<p><b>c</b> 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>	<b>4c</b>	<b>X</b>								
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> 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><b>a</b> The organization?</p>	<b>5a</b>	<b>X</b>								
<p><b>b</b> Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5b</b>	<b>X</b>								
<p><b>6</b> 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><b>a</b> The organization?</p>	<b>6a</b>	<b>X</b>								
<p><b>b</b> Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	<b>X</b>								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	<b>X</b>								
<p><b>8</b> 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>	<b>8</b>	<b>X</b>								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015







**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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		50,636.	SALE OF COMP PROP
5	Clothing and household goods	X		83,419.	SALE OF COMP PROP
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	3	23,870.	COST OR SALE PRICE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	14	6,331.	SALE OF COMP PROP
20	Drugs and medical supplies	X	3	27,000.	SALE OF COMP PROP
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (DONATED MEDIA)	X	1	231,876.	COST OR SALE PRICE
26	Other ▶ (MISC)	X	36	23,279.	SALE OF COMP PROP
27	Other ▶ (GIFT CERTIFS)	X	45	21,651.	COST OR SALE PRICE
28	Other ▶ (SCHL SUPPLIES)	X	1	20,450.	COST OR SALE PRICE

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

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

	Yes	No
30a		X
31	X	
32a	X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015)

**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.

**PART I, OTHER TYPES OF PROPERTY:**

**COMPUTER & ELECTRONICS**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 6

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 6981.

(D) METHOD OF DETERMINING REVENUE: SALE OF COMP PROP

**SCHEDULE M, 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)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

ALOHA UNITED WAY, INC.

Employer identification number  
99-0073494

**FORM 990, PART I, LINE 1**

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

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

**THE WEINBERG FELLOW PROGRAM:**

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

EXPENSES \$ 104,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**MISCELLANEOUS OTHER PROGRAMS:**

EXPENSES \$ 265,530. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

**FORM 990, PART VI, SECTION A, LINE 2:**

1. ERIC YEAMAN AND MICHELE SAITO ARE ON THE BOARD OF DIRECTORS OF ALEXANDER  
& BALDWIN WHERE CHRISTOPHER BENJAMIN IS PRESIDENT & CEO.

2. ERIC YEAMAN IS ON THE BOARD OF DIRECTORS OF HAWAIIAN TELCOM WHERE SCOTT  
BARBER IS PRESIDENT & CEO.

3. C. SCOTT WO IS ON THE BOARD OF DIRECTORS OF FIRST HAWAIIAN BANK WHERE  
ERIC YEAMAN IS THE PRESIDENT AND COO, RAYMOND ONO IS VICE CHAIRMAN & CBO,  
AND CHRISTOPHER DODS IS EVP, MARKETING & CARD SERVICES.

4. JEFFREY WATANABE IS ON THE BOARD OF DIRECTORS OF MATSON, INC. WHERE VIC  
ANGOCO IS A SENIOR VICE PRESIDENT (PACIFIC) AND LEN ISOTOFF IS THE DIRECTOR  
OF SALES (PACIFIC REGION).

Name of the organization

ALOHA UNITED WAY, INC.

Employer identification number  
99-0073494

5. RICHARD ROSENBLUM SERVED AS SENIOR ADVISOR OF HAWAIIAN ELECTRIC COMPANY, INC. WHICH IS A SUBSIDIARY OF HAWAIIAN ELECTRIC INDUSTRIES INC. WHERE JEFFREY WATANABE IS CHAIRMAN OF THE BOARD.

6. PETER HO AND RANDY PERREIRA ARE ON THE BOARD OF DIRECTORS OF HMSA WHERE MICHAEL GOLD IS PRESIDENT & CEO.

7. PETER HO IS CHAIRMAN, PRESIDENT & CEO OF BANK OF HAWAII AND KEVIN SAKAMOTO IS EVP & DIVISION MANAGER - BRANCH DIVISION OF BANK OF HAWAII.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE. BEFORE FILING, A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD AND REVIEWED AT THE NEXT BOARD MEETING. AFTER FILING, THE FORM 990 IS POSTED TO THE ORGANIZATIONS WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD MEMBERS REPORT ANY POSSIBLE CONFLICTS OF INTEREST AND EXCUSE THEMSELVES FROM VOTING IF THERE IS A POSSIBILITY OF AN APPEARANCE OF A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE PRESIDENT & CEO IS DETERMINED BY THE BOARD COMMITTEE WHO EVALUATES 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. THIS PROCESS WAS LAST USED IN AUGUST 2014.

Name of the organization

ALOHA UNITED WAY, INC.

Employer identification number  
99-0073494

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  
PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION ADJUSTMENTS	-17,413.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUST	-109,648.
ADJUSTMENT FOR DONOR DESIGNATIONS	2,061,071.
TOTAL TO FORM 990, PART XI, LINE 9	1,934,010.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	
	BUILDINGS															
2	BLDG & IMPROVEMENT	VARIOUS	SL	39.00		15	8,815,508.				8,815,508.	7,540,149.		226,039.	7,766,188.	
	* 990 PAGE 10 TOTAL															
	BUILDINGS						8,815,508.				8,815,508.	7,540,149.		226,039.	7,766,188.	
	MACHINERY & EQUIPMENT															
3	FURNITURE & EQUIP	VARIOUS	SL	7.00		16	464,400.				464,400.	358,631.		66,343.	424,974.	
	* 990 PAGE 10 TOTAL															
	MACHINERY & EQUIPMENT						464,400.				464,400.	358,631.		66,343.	424,974.	
	LAND															
1	LAND	VARIOUS	L				191,000.				191,000.	0.		0.	0.	
	* 990 PAGE 10 TOTAL LAND															
	* GRAND TOTAL 990 PAGE 10 DEPR						9,470,908.				9,470,908.	7,898,780.		292,382.	8,191,162.	