**PUBLIC DISCLOSURE COPY**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

**A For the 2018 calendar year, or tax year beginning and ending**

<table>
<thead>
<tr>
<th>C Name of organization</th>
<th>D Employer identification number</th>
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<tbody>
<tr>
<td>ALOHA UNITED WAY, INC.</td>
<td>99-0073494</td>
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**B Check if applicable:**

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<tr>
<th>Address change</th>
<th>Name change</th>
<th>Initial return</th>
<th>Final return/terminated</th>
<th>Amended return</th>
<th>Application pending</th>
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**C Name of organization:**

ALOHA UNITED WAY, INC.

**Doing business as:**

200 N. VINEYARD, #700, HONOLULU, HI 96817-3938

**Number and street (or P.O. box if mail is not delivered to street address):**

200 N. VINEYARD 700

**City or town, state or province, country, and ZIP or foreign postal code:**

HONOLULU, HI 96817-3938

**F Name and address of principal officer:**

CINDY ADAMS

200 N. VINEYARD BLVD, #700, HON, HI 96817

**Tax-exempt status:**

X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or 527

**E Telephone number:**

808-536-1951

**Q Gross receipts:**

18,988,277.

**H(a) Is this a group return for subordinates?**

Yes No

**H(b) Are all subordinates included?**

Yes No

**H(c) Group exemption number:**


**J Website:**

WWW.AUW.ORG

**K Form of organization:**

X Corporation

**L Year of formation:**

1938

**M State of legal domicile:**

HI

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**Part I - Summary**

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

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

3. Number of voting members of the governing body (Part VI, line 1a) 3 28

4. Number of independent voting members of the governing body (Part VI, line 1b) 4 28

5. Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 45

6. Total number of volunteers (estimate if necessary) 6 1844

7a. Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b. Net unrelated business taxable income from Form 990-T, line 38 7b 21,907

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**Part II - Activities & Governance**

**Activities & Governance**

8. Contributions and grants (Part VIII, line 1h) 8

9. Program service revenue (Part VIII, line 2g) 9

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11

12. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13

14. Benefits paid to or for members (Part IX, column (A), line 4) 14

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15

16a. Professional fundraising fees (Part IX, column (A), line 11e) 16a

b. Total fundraising expenses (Part IX, column (D), line 25) 1,590,079

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17

18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18

19. Revenue less expenses. Subtract line 18 from line 12 19

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**Part III - Expenditures**

**Expenditures**

20. Total assets (Part X, line 16) 20

21. Total liabilities (Part X, line 26) 21

22. Net assets or fund balances. Subtract line 21 from line 20 22

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**Signature Block**

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

**Sign Here**

Signature of officer

CINDY ADAMS, CHIEF EXECC. OFFICER

Type or print name and title

**Paid**

Print/Type preparer's name

KENT K. TSUKAMOTO

Preparer's signature

SEP 27 2019

Check: □ not employed □ self-employed

PTIN: P00089337

**Preparer**

Firm's name

ACCUTTY LLP

Firm's EIN

20-5325889

**Use Only**

Firm's address

999 BISHOP STREET, STE. 1900

HONOLULU, HI 96813

Phone no. 808-531-3400

May the IRS discuss this return with the preparer shown above? (see instructions)

□ Yes □ No

**Form 990 (2018)**

832011 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.
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 BRINGS RESOURCES, ORGANIZATIONS AND PEOPLE TOGETHER TO ADVANCE THE HEALTH, EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON IN OUR COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] No
   If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] No
   If "Yes," describe these changes on Schedule O.

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

4a (Code:  ) (Expenses $ 9,305,957. including grants of $ 7,598,091. ) (Revenue $ )
   COMMUNITY SUPPORT:
   WE ADDRESS THE GREATEST NEEDS OF OUR COMMUNITY, OFFER HOPE, AND PROVIDE OPPORTUNITIES FOR A BETTER QUALITY OF LIFE. THROUGH COMMUNITY-WIDE FUNDRAISING, WE HELP AMPLIFY THE POWER OF EACH GIFT TO MAKE A DIFFERENCE. CONTINUED DONATIONS PROVIDE KEIKI WITH THE BEST POSSIBLE OPPORTUNITY TO SUCCEED IN SCHOOL AND LIFE, HELP BREAK THE CYCLE OF POVERTY IN FAMILIES AND ASSIST OUR ELDERLY SO THEY CAN AGE GRACEFULLY. DURING 2018, ALOHA UNITED WAY SUPPORTED OVER 330 INDEPENDENT AGENCIES, A GOOD PORTION OF WHICH HAVE PROVIDED HEALTH AND HUMAN SERVICES FOR FAMILIES AND INDIVIDUALS IN NEED. OUR VOLUNTEER COUNCILS REVIEW AND FUND PROGRAMS IN EDUCATION, POVERTY PREVENTION AND SAFETY NET SERVICES.

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

4c (Code:  ) (Expenses $ 416,392. including grants of $ ) (Revenue $ )
   211 PROGRAM:
   211 IS A FREE, CONFIDENTIAL SERVICE OFFERED STATEWIDE FOR PEOPLE WHO NEED HELP. 211 PROVIDES INFORMATION ON A BROAD RANGE OF HEALTH AND HUMAN SERVICES FOR THE WHOLE COMMUNITY INCLUDING JOB PLACEMENT, CHILD CARE, AS WELL AS BASIC FOOD, SHELTER, CRISIS AND OTHER NEEDS. 211 IS ALSO THE NUMBER TO CALL WHEN PEOPLE WANT TO DONATE GOODS OR VOLUNTEER IN THE COMMUNITY.

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

4e Total program service expenses ▶ 14,162,033.
### Part IV Checklist of Required Schedules

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**Form 990 (2018) ALOHA UNITED WAY, INC. 99-0073494 Page 3**

**Sections and Questions**

1. **Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?**
   - **Yes**: Complete Schedule A
   - **No**: __

2. **Is the organization required to complete Schedule B, Schedule of Contributors?**
   - **Yes**: __
   - **No**: __

3. **Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?**
   - **Yes**: Complete Schedule C, Part I
   - **No**: __

4. **Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?**
   - **Yes**: Complete Schedule C, Part II
   - **No**: __

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?**
   - **Yes**: Complete Schedule C, Part III
   - **No**: __

6. **Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?**
   - **Yes**: Complete Schedule D, Part I
   - **No**: __

7. **Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?**
   - **Yes**: Complete Schedule D, Part II
   - **No**: __

8. **Did the organization maintain collections of works of art, historical treasures, or other similar assets?**
   - **Yes**: Complete Schedule D, Part III
   - **No**: __

9. **Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?**
   - **Yes**: Complete Schedule D, Part IV
   - **No**: __

10. **Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments?**
    - **Yes**: Complete Schedule D, Part V
    - **No**: __

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?
       - **Yes**: Complete Schedule D, Part VI
       - **No**: __
    - 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?
       - **Yes**: Complete Schedule D, Part VII
       - **No**: __
    - 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?
       - **Yes**: Complete Schedule D, Part VIII
       - **No**: __
    - d. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16?
       - **Yes**: Complete Schedule D, Part IX
       - **No**: __
    - e. Did the organization report an amount for other liabilities in Part X, line 25?
       - **Yes**: Complete Schedule D, Part X
       - **No**: __
    - 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)?
       - **Yes**: Complete Schedule D, Part X
       - **No**: __

12a. **Did the organization obtain separate, independent audited financial statements for the tax year?**
    - **Yes**: Complete Schedule D, Parts XI and XII
    - **No**: __

12b. **Was the organization included in consolidated, independent audited financial statements for the tax year?**
    - **Yes**: __
    - **No**: __

13. **Is the organization a school described in section 170(b)(1)(A)(ii)?**
    - **Yes**: Complete Schedule E
    - **No**: __

14a. **Did the organization maintain an office, employees, or agents outside of the United States?**
    - **Yes**: Complete Schedule F, Parts I and IV
    - **No**: __

15. **Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization?**
    - **Yes**: Complete Schedule F, Parts II and IV
    - **No**: __

16. **Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals?**
    - **Yes**: Complete Schedule F, Parts III and IV
    - **No**: __

17. **Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e?**
    - **Yes**: Complete Schedule G, Part I
    - **No**: __

18. **Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a?**
    - **Yes**: Complete Schedule G, Part II
    - **No**: __

19. **Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a?**
    - **Yes**: Complete Schedule G, Part III
    - **No**: __

20a. **Did the organization operate one or more hospital facilities?**
    - **Yes**: Complete Schedule H
    - **No**: __

20b. **If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?**
    - **Yes**: __
    - **No**: __

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 17?**
    - **Yes**: Complete Schedule I, Parts I and II
    - **No**: __
22  Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2?  If "Yes," complete Schedule I, Parts I and III ____________________________________________  22  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 ____________________________________________  23  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 ____________________________________________  24a  X

b  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ____________________________________________  24b

c  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? ____________________________________________  24c

d  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ____________________________________________  24d

25a  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  If "Yes," complete Schedule L, Part I ____________________________________________  25a  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 ____________________________________________  25b

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 ____________________________________________  26  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 ____________________________________________  27  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 ____________________________________________  28a  X

b  A family member of a current or former officer, director, trustee, or key employee?  If "Yes," complete Schedule L, Part IV ____________________________________________  28b  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 ____________________________________________  28c  X

29  Did the organization receive more than $25,000 in non-cash contributions?  If "Yes," complete Schedule M ____________________________________________  29  X

30  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?  If "Yes," complete Schedule M ____________________________________________  30  X

31  Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I ____________________________________________  31  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 ____________________________________________  32  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 ____________________________________________  33  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 ____________________________________________  34  X

35a  Did the organization have a controlled entity within the meaning of section 512(b)(13)? ____________________________________________  35a  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 ____________________________________________  35b

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 ____________________________________________  36  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 ____________________________________________  37  X

38  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  If "Yes," complete Schedule O ____________________________________________  38  X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ............................................................... 45
   b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

   Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)
   2b X
   3a X
   3b X
   4a X

3a Did the organization have unrelated business gross income of $1,000 or more during the year?
   b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
   b If "Yes," enter the name of the foreign country:

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
   b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
   c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?
   b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 Organizations that may receive deductible contributions under section 170(c).
   a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?
   b If "Yes," did the organization notify the donor of the value of the goods or services provided?
   c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7d If "Yes," indicate the number of Forms 8282 filed during the year
   e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
   f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
   g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
   h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.
   a Did the sponsoring organization make any taxable distributions under section 4966?
   b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:
   a Initiation fees and capital contributions included on Part VIII, line 12
   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 Section 501(c)(12) organizations. Enter:
   a Gross income from members or shareholders
   b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?
   b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13a Section 501(c)(29) qualified nonprofit health insurance issuers.
   a Is the organization licensed to issue qualified health plans in more than one state?

   Note. See the instructions for additional information the organization must report on Schedule O.
   b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans
   c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?
   b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?
   If "Yes," see instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?
   If "Yes," complete Form 4720, Schedule O.
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

1a Enter the number of voting members of the governing body at the end of the tax year ................................................................. 1a 28
   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 ................................................................. 1b 28

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ................................................................. 2 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? ................................................................. 3 X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ................................................................. 4 X

5 Did the organization become aware during the year of a significant diversion of the organization’s assets? ................................................................. 5 X

6 Did the organization have members or stockholders? ................................................................. 6 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? ................................................................. 7a 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? ................................................................. 7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
   a The governing body? .................................................................................................................................................................................. 8a X

   b Each committee with authority to act on behalf of the governing body? ........................................................................................................ 8b 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. 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in Schedule O)

12 Did the organization have a written conflict of interest policy? If “No,” go to line 13  12a X

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b 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  12c X

13 Did the organization have a written whistleblower policy?  13 X

14 Did the organization have a written document retention and destruction policy?  14 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  15a X

   b Other officers or key employees of the organization  15b X

If “Yes” to line 15a or 15b, describe the process in Schedule O (see instructions).

16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
   a If “Yes,” did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint ventures or similar arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements?  16a X

   b If “Yes,” did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint ventures or similar arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements?  16b X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

   X HI

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3) only) available for public inspection. Indicate how you made these available. Check all that apply.
   X Own website
   X Another’s website
   X Upon request
   X 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
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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 all of 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.

<table>
<thead>
<tr>
<th>(A)</th>
<th>Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
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### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
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<tr>
<td>(18) TERI ORTON  DIRECTOR</td>
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<td>(19) RANDY PERREIRA  DIRECTOR/VICE CHAIR</td>
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<td>(21) KEVIN SAKAMOTO  DIRECTOR/TREASURER</td>
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<td>(23) MICHAEL STOLLAR  DIRECTOR/ASSISTANT TREASURER</td>
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<td>(26) C. SCOTT WO  DIRECTOR</td>
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</table>

| 1b Sub-total | ► | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | ► | 421,687. | 0. | 51,874. |
| d Total (add lines 1b and 1c) | ► | 421,687. | 0. | 51,874. |

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

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
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<tbody>
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</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 0
### Part VII

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
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<tr>
<td>(27) BRIAN BOWERS</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(28) AJ HALAGAO</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(29) WILBERT HOLCK</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(30) JASON ITO</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(31) JUSTIN KAUWALE</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(32) SAVAN PATEL</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(33) ANDREW SUTTON</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(34) CINDY ADAMS</td>
<td>40.00</td>
<td>X</td>
<td>196,642.</td>
<td>0.</td>
<td>15,331.</td>
</tr>
<tr>
<td>PRESIDENT/CEO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(35) NORMAN BAKER</td>
<td>40.00</td>
<td>X</td>
<td>128,240.</td>
<td>0.</td>
<td>20,089.</td>
</tr>
<tr>
<td>COO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(36) NAN KATSUDA</td>
<td>40.00</td>
<td>X</td>
<td>96,805.</td>
<td>0.</td>
<td>16,454.</td>
</tr>
<tr>
<td>VP - FINANCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total to Part VII, Section A, line 1c: 421,687. 51,874.
### Part VIII Statement of Revenue

**Total revenue.**

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 c Fundraising events</td>
<td>1,940.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 e Government grants (contributions)</td>
<td>4,108,271.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 f All other contributions, gifts, grants, and similar</td>
<td>9,974,111.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 g Noncash contributions included in lines 1a-1f</td>
<td>488,878.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td>14,084,322.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Program Service Revenue**

...continued...

**Revenue excluded from tax under sections 512-514**

...continued...
### Part IX: Statement of Functional Expenses

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</strong></td>
<td>11,706,362</td>
<td>11,706,362</td>
<td>11,706,362</td>
</tr>
<tr>
<td><strong>Grants and other assistance to domestic individuals. See Part IV, line 22</strong></td>
<td>421,687</td>
<td>169,853</td>
<td>124,244</td>
</tr>
<tr>
<td><strong>Benefits paid to or for members</strong></td>
<td>1,688,198</td>
<td>679,998</td>
<td>497,403</td>
</tr>
<tr>
<td><strong>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</strong></td>
<td>67,400</td>
<td>25,731</td>
<td>22,852</td>
</tr>
<tr>
<td><strong>Other salaries and wages</strong></td>
<td>368,252</td>
<td>151,928</td>
<td>121,007</td>
</tr>
<tr>
<td><strong>Payroll taxes</strong></td>
<td>187,634</td>
<td>75,387</td>
<td>55,753</td>
</tr>
<tr>
<td><strong>Fees for services (non-employees):</strong></td>
<td>1,405,541</td>
<td>899,651</td>
<td>220,711</td>
</tr>
<tr>
<td><strong>Management</strong></td>
<td>483,024</td>
<td>154,625</td>
<td>8,060</td>
</tr>
<tr>
<td><strong>Legal</strong></td>
<td>153,232</td>
<td>84,623</td>
<td>28,443</td>
</tr>
<tr>
<td><strong>Accounting</strong></td>
<td>19,556</td>
<td>19,556</td>
<td>19,556</td>
</tr>
<tr>
<td><strong>Lobbying</strong></td>
<td>1,981</td>
<td>1,602</td>
<td>379</td>
</tr>
<tr>
<td><strong>Professional fundraising services. See Part IV, line 17</strong></td>
<td>65,262</td>
<td>15,000</td>
<td>50,262</td>
</tr>
<tr>
<td><strong>Investment management fees</strong></td>
<td>151,928</td>
<td>8,060</td>
<td>320,339</td>
</tr>
<tr>
<td><strong>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</strong></td>
<td>153,813</td>
<td>53,529</td>
<td>54,197</td>
</tr>
<tr>
<td><strong>Travel</strong></td>
<td>58,461</td>
<td>17,911</td>
<td>19,643</td>
</tr>
<tr>
<td><strong>Advertising and promotion</strong></td>
<td>147,916</td>
<td>55,192</td>
<td>9,974</td>
</tr>
<tr>
<td><strong>Conferences, conventions, and meetings</strong></td>
<td>127,403</td>
<td>56,914</td>
<td>34,450</td>
</tr>
<tr>
<td><strong>Depreciation, depletion, and amortization</strong></td>
<td>153,232</td>
<td>84,623</td>
<td>28,443</td>
</tr>
<tr>
<td><strong>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.)</strong></td>
<td>-16,352</td>
<td>13,727</td>
<td>20,342</td>
</tr>
<tr>
<td><strong>All other expenses</strong></td>
<td>17,039,370</td>
<td>14,162,033</td>
<td>1,287,258</td>
</tr>
</tbody>
</table>

**Total functional expenses. Add lines 1 through 24e**

| **17,039,370** | 14,162,033 | 1,287,258 | 1,590,079 |

**Check if following SOP 98-2 (ASC 958-720)**
### Balance Sheet

**Part X**

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(A)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Beginning of year</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>1,670,167.</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>972,810.</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>3,757,043.</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>214,831.</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>2,000,373.</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>11,823,588.</td>
</tr>
<tr>
<td></td>
<td>Less: accumulated depreciation</td>
<td>9,071,266.</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>7,646,557.</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>2,000,373.</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>2,077,646.</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>21,034,172.</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>707,951.</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>2,790,136.</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>57,531.</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>3,555,618.</td>
</tr>
</tbody>
</table>

|     | (B) |     |
|     | End of year |     |
| 1   | 1,856,334. |     |
| 2   | 483,795. |     |
| 3   | 3,513,682. |     |
| 4   | 1,119,223. |     |
| 5   |     |     |
| 6   |     |     |
| 7   |     |     |
| 8   |     |     |
| 9   | 63,882. |     |
| 10a |     |     |
|     | 2,752,322. |     |
| 11  | 6,953,905. |     |
| 12  | 1,957,956. |     |
| 13  |     |     |
| 14  |     |     |
| 15  | 1,940,350. |     |
| 16  | 20,637,449. |     |
| 17  | 1,521,582. |     |
| 18  | 3,004,966. |     |
| 19  |     |     |
| 20  |     |     |
| 21  |     |     |
| 22  |     |     |
| 23  |     |     |
| 24  |     |     |
| 25  | 4,580,388. |     |
| 26  |     |     |

### Organizations that follow SFAS 117 (ASC 958), check here [ ] and complete lines 27 through 29, and lines 33 and 34.

- **Unrestricted net assets** | 10,259,266. |
- **Temporarily restricted net assets** | 4,205,328. |
- **Permanently restricted net assets** | 3,013,960. |

### Organizations that do not follow SFAS 117 (ASC 958), check here [ ] and complete lines 30 through 34.

- **Capital stock or trust principal, or current funds** |     |
- **Paid-in or capital surplus, or land, building, or equipment fund** |     |
- **Retained earnings, endowment, accumulated income, or other funds** |     |
- **Total net assets or fund balances** | 17,478,554. | 16,057,061. | 21,034,172. | 20,637,449. |
### Part XI | Reconciliation of Net Assets

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
</tr>
</tbody>
</table>

### Part XII | Financial Statements and Reporting

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: Cash[ ]  Accrual[ ]  Other[ ]</td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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:</td>
</tr>
<tr>
<td></td>
<td>Separate basis[ ]  Consolidated basis[ ]  Both consolidated and separate basis[ ]</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
</tr>
<tr>
<td></td>
<td>Separate basis[ ]  Consolidated basis[ ]  Both consolidated and separate basis[ ]</td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; 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</td>
</tr>
</tbody>
</table>

**Form 990 (2018)**
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9. An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
12. An organization organized and operated exclusively to perform the functions of, to carry out the purposes of or to carry on the activities of a governmental unit or governmental unit described in section 170(b)(1)(A)(v) or section 170(b)(1)(A)(vi). (Complete Part II.)

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).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
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</tbody>
</table>

Total LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

12280930 136928 100129

2018.04030 ALOHA UNITED WAY, INC. 100129_1
### 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)** 2018

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>13365716</td>
<td>12297788</td>
<td>16764241</td>
<td>9587531</td>
<td>14082382</td>
</tr>
<tr>
<td>2</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td><strong>Total. Add lines 1 through 3</strong></td>
<td>13365716</td>
<td>12297788</td>
<td>16764241</td>
<td>9587531</td>
<td>14082382</td>
</tr>
<tr>
<td>5</td>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Public support. Subtract line 5 from line 4.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

**Calendar year (or fiscal year beginning in)** 2018

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Amounts from line 4</td>
<td>13365716</td>
<td>12297788</td>
<td>16764241</td>
<td>9587531</td>
<td>14082382</td>
</tr>
<tr>
<td>8</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>1184059</td>
<td>1377149</td>
<td>1688216</td>
<td>1916985</td>
<td>1910910</td>
</tr>
<tr>
<td>9</td>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>106,330</td>
<td>119,588</td>
<td>489,825</td>
<td>174,639</td>
<td>201,768</td>
</tr>
<tr>
<td>10</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td><strong>Total support. Add lines 7 through 10</strong></td>
<td>13365716</td>
<td>12297788</td>
<td>16764241</td>
<td>9587531</td>
<td>14082382</td>
</tr>
<tr>
<td>12</td>
<td>Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>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.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))</td>
<td>87.82%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Public support percentage from 2017 Schedule A, Part II, line 14</td>
<td>88.01%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

**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
### Section A. Public Support

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

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c Add lines 10a and 10b</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13 Total support. (Add lines 9, 10c, 11, and 12)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>16 Public support percentage from 2017 Schedule A, Part III, line 15</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Are all of the organization’s supported organizations listed by name in the organization’s governing documents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If “Yes,” answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a  Was any supported organization not organized in the United States (“foreign supported organization”? If “Yes,” and if you checked 12a or 12b in Part I, answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Did the organization add, substitute, or remove any supported organizations during the tax year? If “Yes,” answer (b) and (c) below. 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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b  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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5c  Substitutions only. Was the substitution the result of an event beyond the organization’s control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part IV: Supporting Organizations

#### Section B. Type I Supporting Organizations

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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 &quot;No,&quot; describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. <strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td>2</td>
<td>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 &quot;Yes,&quot; 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. <strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
</tbody>
</table>

#### Section C. Type II Supporting Organizations

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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 &quot;No,&quot; 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). <strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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? <strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td>2</td>
<td>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 &quot;No,&quot; explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). <strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td>3</td>
<td>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 &quot;Yes,&quot; describe in Part VI the role the organization’s supported organizations played in this regard. <strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
</tbody>
</table>

#### Section E. Type III Functionally Integrated Supporting Organizations

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). <strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td>a</td>
<td>The organization satisfied the Activities Test. Complete line 2 below.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Activities Test. Answer (a) and (b) below. <strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td>a</td>
<td>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 &quot;Yes,&quot; 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. <strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td>b</td>
<td>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 &quot;Yes,&quot; 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. <strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td>3</td>
<td>Parent of Supported Organizations. Answer (a) and (b) below. <strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td>a</td>
<td>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. <strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td>b</td>
<td>Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If &quot;Yes,&quot; describe in Part VI the role played by the organization in this regard. <strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
</tbody>
</table>
### Part V

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

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td></td>
<td>b Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td></td>
<td>c Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td></td>
<td>d Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td></td>
<td>e Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
</tbody>
</table>

7 Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).
## Part V: Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

### Section D - Distributions

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

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.</td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2018</td>
</tr>
<tr>
<td>a</td>
<td>From 2013</td>
</tr>
<tr>
<td>b</td>
<td>From 2014</td>
</tr>
<tr>
<td>c</td>
<td>From 2015</td>
</tr>
<tr>
<td>d</td>
<td>From 2016</td>
</tr>
<tr>
<td>e</td>
<td>From 2017</td>
</tr>
<tr>
<td>f</td>
<td><strong>Total of lines 3a through e</strong></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2018 distributable amount</td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2013 not applied (see instructions)</td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2018 from Section D, line 7:</td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2018 distributable amount</td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2019.</strong> Add lines 3j and 4c.</td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2014</td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2015</td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2016</td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2017</td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2018</td>
</tr>
</tbody>
</table>
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

(See instructions.)

PART IV, SECTION A, LINE 11:

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER INCOME</td>
<td>106,330</td>
<td>119,588</td>
<td>489,825</td>
<td>174,639</td>
<td>201,768</td>
<td>1,092,150</td>
</tr>
<tr>
<td>TOTAL</td>
<td>106,330</td>
<td>119,588</td>
<td>489,825</td>
<td>174,639</td>
<td>201,768</td>
<td>1,092,150</td>
</tr>
</tbody>
</table>
** PUBLIC DISCLOSURE COPY **

### Schedule B
(990, 990-EZ, or 990-PF)

#### Organization Type (Check One):

- [ ] 501(c)(3) (enter number) organization
- [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- [ ] 527 political organization
- [ ] 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
- [X] 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 for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering “N/A” in column (b) instead of the contributor name and address), II, and III.

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

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

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$300,000.</td>
<td>Payroll X</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
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<th>Type of contribution</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

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<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
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</tr>
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<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
## Part II Noncash Property

(see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
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 entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use duplicate copies of Part III if additional space is needed.

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

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

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<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
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<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
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<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

823454 11-08-18
# Political Campaign and Lobbying Activities

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

- Complete if the organization is described below.  
- Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

<table>
<thead>
<tr>
<th>Name of organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALOHA UNITED WAY, INC.</td>
<td>99-0073494</td>
</tr>
</tbody>
</table>

## 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 campaign activity expenditures
   - Enter the amount of any excise tax incurred by the organization under section 4955
   - Enter the amount of any excise tax incurred by organization managers under section 4955
3. Volunteer hours for political campaign activities
   - If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a. Was a correction made?
4b. If "Yes," describe in Part IV.

## Part I-B
**Complete if the organization is exempt under 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?

## 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?

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.

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization’s funds. If none, enter -0-.</th>
<th>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

12280930 136928 100129 2018.04030 ALOHA UNITED WAY, INC. 100129_1
**Schedule C (Form 990 or 990-EZ) 2018**

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

**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).**

**Check if the filing organization checked box A and “limited control” provisions apply.**

---

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

| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | 3,000. |
| 1b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 24,373. |
| 1c | Total lobbying expenditures (add lines 1a and 1b) | 27,373. |
| 1d | Other exempt purpose expenditures | 14,134,660. |
| 1e | Total exempt purpose expenditures (add lines 1c and 1d) | 14,162,033. |
| 1f | Lobbying nontaxable amount | 858,102. |

If the amount on line 1e, column (a) or (b) 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.

**Grassroots nontaxable amount** (enter 25% of line 1f)

Subtract line 1g from line 1a. If zero or less, enter 0.

Subtract line 1f from line 1c. If zero or less, enter 0.

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?

---

**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**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Lobbying nontaxable amount</td>
<td>871,248.</td>
<td>1,000,000.</td>
<td>703,506.</td>
<td>858,102.</td>
</tr>
<tr>
<td>b</td>
<td>Lobbying ceiling amount (150% of line 2a, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Total lobbying expenditures</td>
<td>6,011.</td>
<td>5,078.</td>
<td>22,806.</td>
<td>27,373.</td>
</tr>
<tr>
<td>d</td>
<td>Grassroots nontaxable amount</td>
<td>217,812.</td>
<td>251,491.</td>
<td>175,877.</td>
<td>214,525.</td>
</tr>
<tr>
<td>e</td>
<td>Grassroots ceiling amount (150% of line 2d, column (e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Grassroots lobbying expenditures</td>
<td>6,011.</td>
<td>5,078.</td>
<td>22,806.</td>
<td>27,373.</td>
</tr>
</tbody>
</table>

---

**ALOHA UNITED WAY, INC.**

**EIN:** 99-0073494

---

**Schedule C (Form 990 or 990-EZ) 2018**
### 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)).

<table>
<thead>
<tr>
<th>For each &quot;Yes,&quot; response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Yes</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>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:</td>
</tr>
<tr>
<td>a. Volunteers?</td>
</tr>
<tr>
<td>b. Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</td>
</tr>
<tr>
<td>c. Media advertisements?</td>
</tr>
<tr>
<td>d. Mailings to members, legislators, or the public?</td>
</tr>
<tr>
<td>e. Publications, or published or broadcast statements?</td>
</tr>
<tr>
<td>f. Grants to other organizations for lobbying purposes?</td>
</tr>
<tr>
<td>g. Direct contact with legislators, their staffs, government officials, or a legislative body?</td>
</tr>
<tr>
<td>h. Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</td>
</tr>
<tr>
<td>i. Other activities?</td>
</tr>
<tr>
<td>j. Total. Add lines 1c through 1i</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>2a. Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?</td>
</tr>
<tr>
<td>b. If &quot;Yes,&quot; enter the amount of any tax incurred under section 4912</td>
</tr>
<tr>
<td>c. If &quot;Yes,&quot; enter the amount of any tax incurred by organization managers under section 4912</td>
</tr>
<tr>
<td>d. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?</td>
</tr>
</tbody>
</table>

### Part III-A

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

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

### Part III-B

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

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

### 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.
### Part I 
**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>2018.04030 ALOHA UNITED WAY, INC.</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td>100129</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td>136928</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td>12280930</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>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?</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

### Part II 
**Conservation Easements.**

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>2018.04030 ALOHA UNITED WAY, INC.</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Purpose(s) of conservation easements held by the organization (check all that apply).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Total number of conservation easements</td>
<td>2a</td>
<td>Held at the End of the Tax Year</td>
</tr>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements</td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Number of states where property subject to conservation easement is located</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>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)?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part III 
**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>2018.04030 ALOHA UNITED WAY, INC.</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1)</td>
<td>Revenue included on Form 990, Part VIII, line 1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td>Assets included in Form 990, Part X</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Revenue included on Form 990, Part VIII, line 1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>Assets included in Form 990, Part X</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
### 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):
- Public exhibition
- Scholarly research
- Preservation for future generations
- Loan or exchange programs
- 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?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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. Escrow
- Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
- Yes | No

#### 1b. Arrangements
- If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

#### 2a. Custodial
- Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
- Yes | No

#### 2b. Custodial (continued)
- 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.

1a. Beginning of the current year

<table>
<thead>
<tr>
<th></th>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>1,718,407</td>
<td>1,718,407</td>
<td>1,718,407</td>
<td>1,718,407</td>
<td>1,718,407</td>
</tr>
</tbody>
</table>

b. Contributions

c. Net investment earnings, gains, and losses

d. Grants or scholarships

e. Other expenditures for facilities and programs

f. Administrative expenses

g. End of year balance

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

- Board designated or quasi-endowment
- Permanent endowment 100.00%
- Temporarily restricted endowment 

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

b. If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

3b. Yes | No

### 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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>191,000.</td>
<td></td>
<td>191,000.</td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td>10,645,161.</td>
<td>8,547,316.</td>
<td>2,097,845.</td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>789,188.</td>
<td>517,342.</td>
<td>271,846.</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td>198,239.</td>
<td>6,608.</td>
<td>191,631.</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*

2,752,322.
**Part VII**  Investments - Other Securities.

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

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) CASH</td>
<td>65,378</td>
<td>COST</td>
</tr>
<tr>
<td>(B) RESTRICTED CERTIFICATE OF DEPOSIT</td>
<td>1,000,000</td>
<td>COST</td>
</tr>
<tr>
<td>(C) MUTUAL AND FIXED INCOME</td>
<td>892,578</td>
<td>COST</td>
</tr>
</tbody>
</table>

**Total.** (Col. (b) must equal Form 990, Part X, col. (B) line 12) → 1,957,956.

**Part VIII**  Investments - Program Related.

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

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (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.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) BENEFICIAL INTEREST IN TRUST</td>
<td>901,035</td>
</tr>
<tr>
<td>(2) OTHER ASSETS</td>
<td>199,141</td>
</tr>
<tr>
<td>(3) THIRD PARTY HOLDINGS</td>
<td>840,174</td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.) → 1,940,350.

**Part X**  Other Liabilities.

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

1. (a) Description of liability  
   (b) Book value
   
   (1) Federal income taxes
   
   (2) ANNUITIES PAYABLE
   53,840.

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

Schedule D (Form 990) 2018
## Part XI: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

<table>
<thead>
<tr>
<th>1</th>
<th>Total revenue, gains, and other support per audited financial statements</th>
<th>1</th>
<th>11,063,772.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains (losses) on investments</td>
<td>2a</td>
<td>-688,949.</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2d</td>
<td>-95,706.</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
<td>-784,655.</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
<td>11,848,427.</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td>4b</td>
<td>3,320,147.</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
<td>3,320,147.</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>5</td>
<td>15,168,574.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1</th>
<th>Total expenses and losses per audited financial statements</th>
<th>1</th>
<th>12,485,265.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td>2c</td>
<td>65,543.</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2d</td>
<td>65,543.</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
<td>65,543.</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
<td>12,419,722.</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td>4b</td>
<td>4,619,648.</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
<td>4,619,648.</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td>5</td>
<td>17,039,370.</td>
</tr>
</tbody>
</table>

## 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, 2018 AND 2017, MANAGEMENT BELIEVES THERE WERE NO SIGNIFICANT UNCERTAIN TAX POSITIONS AND THERE WERE NO PENDING FEDERAL OR STATE INCOME TAX AUDITS. THE FEDERAL STATUTE OF LIMITATIONS REMAINS OPEN FOR ALOHA UNITED WAY FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017.**

<table>
<thead>
<tr>
<th>Part XII, Line 2D - Other Adjustments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Fundraising Expense</td>
</tr>
<tr>
<td>BENEFICIAL INTEREST IN TRUST</td>
</tr>
<tr>
<td>TOTAL TO SCHEDULE D, PART XI, LINE 2D</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part XII, Line 4B - Other Adjustments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DONOR DESIGNATIONS</td>
</tr>
</tbody>
</table>

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| DONOR DESIGNATIONS | $3,320,147.|

ALOHA UNITED WAY, INC.
99-0073494

12280930 136928 100129

2018.04030 ALOHA UNITED WAY, INC. 100129_1
### Part I: Fundraising Activities

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

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - [X] Mail solicitations
   - [X] Internet and email solicitations
   - [X] Phone solicitations
   - [X] In-person solicitations
   - [X] Solicitation of non-government grants
   - [X] Solicitation of government grants
   - [X] Special fundraising events

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

   a. If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- HI

---

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2018
## 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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Event #1 (WOMEN UNITED)</th>
<th>Event #2 (HI CARES RODEO)</th>
<th>Other events</th>
<th>Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts</td>
<td>77,150.</td>
<td>24,684.</td>
<td></td>
<td>101,834.</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td>1,080.</td>
<td>860.</td>
<td></td>
<td>1,940.</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>76,070.</td>
<td>23,824.</td>
<td></td>
<td>99,894.</td>
</tr>
</tbody>
</table>

### Direct Expenses

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Event #1</th>
<th>Event #2</th>
<th>Other events</th>
<th>Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Cash prizes</td>
<td>3,037.</td>
<td>734.</td>
<td></td>
<td>3,771.</td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td>4,302.</td>
<td>4,302.</td>
<td></td>
<td>8,604.</td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td>28,188.</td>
<td>4,264.</td>
<td></td>
<td>32,452.</td>
</tr>
<tr>
<td>8 Entertainment</td>
<td>2,606.</td>
<td>3,141.</td>
<td></td>
<td>5,747.</td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td>16,922.</td>
<td>2,349.</td>
<td></td>
<td>19,271.</td>
</tr>
<tr>
<td>10 Direct expense summary. Add lines 4 through 9 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td>65,543.</td>
</tr>
<tr>
<td>11 Net income summary. Subtract line 10 from line 3, column (d)</td>
<td></td>
<td></td>
<td></td>
<td>34,351.</td>
</tr>
</tbody>
</table>

## 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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Event #1 (Bingo)</th>
<th>Event #2 (Pull tabs/instant bingo/progressive bingo)</th>
<th>Other gaming</th>
<th>Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Volunteer labor</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>7 Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>13a</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>13b</td>
<td>%</td>
</tr>
</tbody>
</table>

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.
## 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 [X] No [ ]  

2. Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States.  
   - [ ]

## Grants and Other Assistance to Domestic Organizations and Domestic Governments

<table>
<thead>
<tr>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>IRC section (if applicable)</th>
<th>Amount of cash grant</th>
<th>Amount of non-cash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
<th>Description of noncash assistance</th>
<th>Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCESSURF HAWAILI P.O BOX 15152 P.O BOX 15152</td>
<td>20-4420646</td>
<td>501(C) (3)</td>
<td>9,658</td>
<td>0</td>
<td>[ ]</td>
<td>GENERAL OPERATING GRANT</td>
<td></td>
</tr>
<tr>
<td>ADULT FRIENDS FOR YOUTH 3375 KOAPAKA ST., STE. B290 HONOLULU, HI 96819-1876</td>
<td>99-0254581</td>
<td>501(C) (3)</td>
<td>12,911</td>
<td>0</td>
<td>[ ]</td>
<td>GENERAL OPERATING GRANT</td>
<td></td>
</tr>
<tr>
<td>AFTER-SCHOOL ALL-STARS HAWAILI 4747 KILAUEA AVE., #210 HONOLULU, HI 96816</td>
<td>27-4604870</td>
<td>501(C) (3)</td>
<td>54,105</td>
<td>600</td>
<td>FMV</td>
<td>SUPPLIES</td>
<td>GENERAL OPERATING GRANT</td>
</tr>
<tr>
<td>ALOHA HARVEST 3599 WAIAlAB AVE., #23 HONOLULU, HI 96816-2759</td>
<td>99-0344209</td>
<td>501(C) (3)</td>
<td>23,110</td>
<td>0</td>
<td>[ ]</td>
<td>GENERAL OPERATING GRANT</td>
<td></td>
</tr>
<tr>
<td>ALOHA HOUSE P.O. BOX 791749 PAIA, HI 96779</td>
<td>99-0173804</td>
<td>501(C) (3)</td>
<td>35,048</td>
<td>0</td>
<td>[ ]</td>
<td>GENERAL OPERATING GRANT</td>
<td></td>
</tr>
<tr>
<td>ALZHEIMER’S DISEASE AND RELATED DISORDERS ASSOCIATION, INC. - 1130 N. NIMITZ HIGHWAY SUITE A-265 HONOLULU, HI 96817</td>
<td>13-3039601</td>
<td>501(C) (3)</td>
<td>88,828</td>
<td>2,800</td>
<td>FMV</td>
<td>SUPPLIES</td>
<td>GENERAL OPERATING GRANT</td>
</tr>
</tbody>
</table>

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.  
   - [ ]

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMERICAN CANCER SOCIETY, INC. 2370 NUUANU AVE. HONOLULU, HI 96817</td>
<td>13-1788491</td>
<td>501(C) (3)</td>
<td>84,524</td>
<td>0</td>
<td>GENERAL OPERATING GRANT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMERICAN DIABETES ASSOCIATION INC. PIONEER PLAZA 900 FORT STREET MALL, SUITE 940 - HONOLULU, HI 96813</td>
<td>13-1623888</td>
<td>501(C) (3)</td>
<td>36,551</td>
<td>11,028</td>
<td>FMV</td>
<td>SUPPLIES</td>
<td>GENERAL OPERATING GRANT</td>
</tr>
<tr>
<td>AMERICAN HEART ASSOCIATION OF HAWAI'I - 677 ALA MOANA BLVD. #600 - HONOLULU, HI 96813</td>
<td>13-5613797</td>
<td>501(C) (3)</td>
<td>81,419</td>
<td>2,218</td>
<td>FMV</td>
<td>SUPPLIES</td>
<td>GENERAL OPERATING GRANT</td>
</tr>
<tr>
<td>AMERICAN LUNG ASSOCIATION OF THE MOUNTAIN PACIFIC - 810 RICHARDS STREET, SUITE 750 - HONOLULU, HI 96813</td>
<td>93-0386887</td>
<td>501(C) (3)</td>
<td>5,443</td>
<td>185</td>
<td>FMV</td>
<td>SUPPLIES</td>
<td>GENERAL OPERATING GRANT</td>
</tr>
<tr>
<td>AMERICAN RED CROSS, HAWAI'I STATE CHAPTER - 4155 DIAMOND HEAD ROAD - HONOLULU, HI 96816</td>
<td>53-0196605</td>
<td>501(C) (3)</td>
<td>243,056</td>
<td>0</td>
<td>GENERAL OPERATING GRANT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARMED SERVICES YMCA OF HONOLULU 1260 PIERCE STREET PEARL HARBOR, HI 96860</td>
<td>99-0075037</td>
<td>501(C) (3)</td>
<td>10,234</td>
<td>810</td>
<td>FMV</td>
<td>SUPPLIES</td>
<td>GENERAL OPERATING GRANT</td>
</tr>
<tr>
<td>ARTHRITIS FOUNDATION HI CHAPTER 2752 WOODLAWN DRIVE, STE. 5-204B HONOLULU, HI 96822</td>
<td>58-1341679</td>
<td>501(C) (3)</td>
<td>7,153</td>
<td>0</td>
<td>GENERAL OPERATING GRANT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASSETS SCHOOL ONE OHANA NUI WAY HONOLULU, HI 96818</td>
<td>99-6001152</td>
<td>501(C) (3)</td>
<td>110,423</td>
<td>0</td>
<td>GENERAL OPERATING GRANT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BALLET HAWAII 777 S HOTEL ST., STE 101 HONOLULU, HI 96813-2591</td>
<td>99-0163014</td>
<td>501(C) (3)</td>
<td>5,108</td>
<td>0</td>
<td>GENERAL OPERATING GRANT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule I (Form 990)
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIG BROTHERS BIG SISTERS HAWAII, INC. - 418 KUWILI ST., STE. 106 - HONOLULU, HI 96817-5364</td>
<td>99-0109970</td>
<td>501(C) (3)</td>
<td>103,445.</td>
<td>0.</td>
<td></td>
<td></td>
<td>GENERAL OPERATING GRANT</td>
</tr>
<tr>
<td>BISHOP MUSEUM</td>
<td>1525 BERNICE STREET</td>
<td>HONOLULU, HI 96817</td>
<td>99-0161980</td>
<td>501(C) (3)</td>
<td>7,093.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>BLOOD BANK OF HAWAII</td>
<td>2043 DILLINGHAM BLVD</td>
<td>HONOLULU, HI 96819</td>
<td>99-0073479</td>
<td>501(C) (3)</td>
<td>11,036.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>BLUE PLANET FOUNDATION</td>
<td>55 MERCHANT ST., SUITE 1700</td>
<td>HONOLULU, HI 96813</td>
<td>20-8247917</td>
<td>501(C) (3)</td>
<td>9,424.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>BOBBY BENSON CENTER</td>
<td>56-660 KAMEHAMEHA HWY</td>
<td>KAHUKU, HI 96731</td>
<td>99-0243991</td>
<td>501(C) (3)</td>
<td>12,996.</td>
<td>180. FMV SUPPLIES</td>
<td>GENERAL OPERATING GRANT</td>
</tr>
<tr>
<td>BOY SCOUTS OF AMERICA - ALOHA COUNCIL - 42 PUIWA ROAD - HONOLULU, HI 96817</td>
<td>99-0073482</td>
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## Part II
Continuation of Grants and Other Assistance to Governments and Organizations in the United States

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<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
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<td>501(C) (3)</td>
<td>15,881.</td>
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<td>HAWAII FI-DO SERVICE DOG 59-790 KAMEHAMEHA HWY.</td>
<td>99-0353345</td>
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<td>12,175.</td>
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<td>HAWAII FOODBANK, INC. 2611 KILIHAU ST. HONOLULU, HI 96819</td>
<td>99-0220699</td>
<td>501(C) (3)</td>
<td>171,517.</td>
<td>170. FMV</td>
<td>SUPPLIES</td>
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<td>HAWAII HOME OWNERSHIP CENTER 1259 AALA ST., #201 HONOLULU, HI 96817-3962</td>
<td>68-0544935</td>
<td>501(C) (3)</td>
<td>32,144.</td>
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<td>HAWAII INTERNATIONAL CHILD PLACEMENT &amp; FAMILY SERVICES INC. - 200 N VINEYARD BLVD, ROOM 209 - HONOLULU, HI 96817</td>
<td>99-0164045</td>
<td>501(C) (3)</td>
<td>5,178.</td>
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<td>HAWAII ISLAND UNITED WAY P.O. BOX 745 HILO, HI 96720</td>
<td>99-6012257</td>
<td>501(C) (3)</td>
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<td>HAWAII LIONS FOUNDATION P.O. BOX 834 HONOLULU, HI 96808-0834</td>
<td>99-6010563</td>
<td>501(C) (3)</td>
<td>877.</td>
<td>7,150. FMV</td>
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<td>GENERAL OPERATING GRANT</td>
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<td>HAWAII LITERACY, INC. 245 NORTH KUKUI STREET, SUITE 202 HONOLULU, HI 96817</td>
<td>23-7198698</td>
<td>501(C) (3)</td>
<td>93,089.</td>
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<td>HAWAII MEALS ON WHEELS, INC. P.O. BOX 61194 HONOLULU, HI 96839-1194</td>
<td>99-0198132</td>
<td>501(C) (3)</td>
<td>162,737.</td>
<td>2,381. FMV</td>
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<td>GENERAL OPERATING GRANT</td>
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<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>HAWAII MOTHERS MILK, INC. 1319 PUNAROU ST. HONOLULU, HI 96826</td>
<td>99-0161419</td>
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<td>7,540.</td>
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<td>HAWAII NATURE CENTER INC 2131 MAKIKI HEIGHTS DRIVE HONOLULU, HI 96822</td>
<td>99-0208246</td>
<td>501(C) (3)</td>
<td>8,571.</td>
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<td>HAWAII OPERA THEATRE 848 S. BERETANIA ST., STE 301 HONOLULU, HI 96813</td>
<td>99-0197758</td>
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<td>6,602.</td>
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<td>HAWAII PACIFIC HEALTH 55 MERCHANT ST., 24TH FLOOR HONOLULU, HI 96813</td>
<td>99-0246363</td>
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<td>8,500.</td>
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<td>HAWAII PERFORMING ARTS COMPANY LTD. DBA MANOA VALLEY THEATRE - 2833 EAST MANOA ROAD - HONOLULU, HI 96822</td>
<td>99-0148833</td>
<td>501(C) (3)</td>
<td>5,226.</td>
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<td>HAWAII PUBLIC TELEVISION FOUNDATION DBA PBS HAWAII - P.O. BOX 29805 - HONOLULU, HI 96820-2006</td>
<td>99-0334518</td>
<td>501(C) (3)</td>
<td>76,100.</td>
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<td>HAWAII SPEED AND QUICKNESS 1750 KALAKAUA AVE., STE 1410 HONOLULU, HI 96826</td>
<td>20-1008630</td>
<td>501(C) (3)</td>
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<td>HAWAII THEATRE CENTER 1130 BETHEL STREET HONOLULU, HI 96813</td>
<td>99-0229658</td>
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<td>5,291.</td>
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<td>HAWAII YOUTH SYMPHONY ASSOCIATION 1110 UNIVERSITY AVE., STE. 200 HONOLULU, HI 96826-1598</td>
<td>99-0119771</td>
<td>501(C) (3)</td>
<td>13,470.</td>
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<td>Amount of cash grant</td>
<td>Amount of non-cash assistance</td>
<td>Method of valuation (book, FMV, appraisal, other)</td>
<td>Description of non-cash assistance</td>
<td>Purpose of grant or assistance</td>
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<td>HAWAIIAN COMMUNITY ASSETS</td>
<td>99-0304876</td>
<td>501(C) (3)</td>
<td>110,050.</td>
<td>800. FMV</td>
<td>VARIOUS</td>
<td>SUPPLIES</td>
<td>GENERAL OPERATING GRANT</td>
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<td>HAWAIIAN HUMANE SOCIETY</td>
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<td>501(C) (3)</td>
<td>194,000.</td>
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<td>HAWAIKIDSCAN</td>
<td>27-3069592</td>
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<td>HEALTHY MOTHERS HEALTHY BABIES COALITION OF HAWAI</td>
<td>99-0299264</td>
<td>501(C) (3)</td>
<td>4,168.</td>
<td>986. FMV</td>
<td>VARIOUS</td>
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<td>GENERAL OPERATING GRANT</td>
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<td>HELPING HANDS HAWAII</td>
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<td>135,668.</td>
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<td>(a) Name and address of organization or government</td>
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<td>(c) IRC section if applicable</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>HONOLULU POLICE COMMUNITY FOUNDATION - 6650 HAWAII KAI DR., STE. 250 - HONOLULU, HI 96825</td>
<td>94-3274384</td>
<td>501(C) (3)</td>
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<td>99-0107563</td>
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<td>HONPA HONGWANJI MISSION OF HAWAII 1727 PALI HWY. HONOLULU, HI 96813</td>
<td>99-0073500</td>
<td>501(C) (3)</td>
<td>5,245.</td>
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<td>HOSPICE HAWAII, INC. 860 IWILEI RD. HONOLULU, HI 96817</td>
<td>99-0203930</td>
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<td>94,188.</td>
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<td>HUGS (HELP, UNDERSTANDING &amp; GROUP SUPPORT) - 3636 KIALAURA AVE. - HONOLULU, HI 96816-2318</td>
<td>99-0213594</td>
<td>501(C) (3)</td>
<td>76,752.</td>
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<td>IHS, THE INSTITUTE FOR HUMAN SERVICES, INC. - 546 KA’AAHI ST. - HONOLULU, HI 96817</td>
<td>99-0199107</td>
<td>501(C) (3)</td>
<td>148,370.</td>
<td>1,000. FMV</td>
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<td>INSTITUTE FOR NATIVE PACIFIC EDUCATION AND CULTURE (INPEACE) - 1001 KAMOKILA BLVD., #226 - KAPOLEI, HI 96707</td>
<td>99-0315193</td>
<td>501(C) (3)</td>
<td>10,799.</td>
<td>4,742. FMV</td>
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<td>IOLANI SCHOOL 563 KAMOKU STREET HONOLULU, HI 96826</td>
<td>99-0073502</td>
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<td>JAPANESE CULTURAL CENTER OF HAWAII 2454 S. BERETANIA STREET HONOLULU, HI 96826</td>
<td>99-0256147</td>
<td>501(C) (3)</td>
<td>11,273.</td>
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<td>(a) Name and address of organization or government</td>
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<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>JUNIOR ACHIEVEMENT OF HAWAII, INC. 1888 KALAKAUA AVE., SUITE C312 HONOLULU, HI 96815</td>
<td>99-0088861</td>
<td>501(C) (3)</td>
<td>35,461</td>
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<td>KALIHI-PALAMA HEALTH CENTER 915 N. KING ST. HONOLULU, HI 96817</td>
<td>99-0161221</td>
<td>501(C) (3)</td>
<td>10,438</td>
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<td>KAMP HAWAII 92-681 WAINOHIA PL. KAPOLEI, HI 96707</td>
<td>20-3412425</td>
<td>501(C) (3)</td>
<td>2,047</td>
<td>3,942</td>
<td>FMV</td>
<td>SUPPLIES</td>
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<td>KAPIOLANI HEALTH FOUNDATION 55 MERCHANT ST., 26TH FL. HONOLULU, HI 96813</td>
<td>99-0246364</td>
<td>501(C) (3)</td>
<td>27,707</td>
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<td>KCAA PRESCHOOLS OF HAWAII 2707 S. KING ST. HONOLULU, HI 96826-3325</td>
<td>99-0075242</td>
<td>501(C) (3)</td>
<td>23,594</td>
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<td>KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES - 2239 N. SCHOOL ST. - HONOLULU, HI 96819</td>
<td>99-0149797</td>
<td>501(C) (3)</td>
<td>358,139</td>
<td>2,507</td>
<td>FMV</td>
<td>SUPPLIES</td>
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<td>KUAKINI FOUNDATION 347 N. KUAKINI ST. HONOLULU, HI 96817-2336</td>
<td>99-0225067</td>
<td>501(C) (3)</td>
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<td>KUALOA-HEEIA ECUMENICAL YOUTH PROJECT - 47-200 WAIHEE RD. - KANEHOE, HI 96744</td>
<td>99-0118209</td>
<td>501(C) (3)</td>
<td>98,014</td>
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<td>KUPU 677 ALA MOANA BLVD., #1200 HONOLULU, HI 96813</td>
<td>51-0652665</td>
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<td>(a) Name and address of organization or government</td>
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<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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<td>LANAKILA PACIFIC 1809 BACHELOT ST. HONOLULU, HI 96817</td>
<td>99-0103922</td>
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<td>204,253.</td>
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<td>LE JARDIN ACADEMY 917 KALANIANAOLE HWY KAILUA, HI 96734</td>
<td>99-0146978</td>
<td>501(C) (3)</td>
<td>16,124.</td>
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<td>LEADERSHIP IN DISABILITIES &amp; ACHIEVEMENT OF HAWAII (LDAH) - 245 N. KUKUI ST., STE. 205 - HONOLULU, HI 96817</td>
<td>99-0119223</td>
<td>501(C) (3)</td>
<td>9,550.</td>
<td>15,116.</td>
<td>FMV</td>
<td>SUPPLIES</td>
<td>GENERAL OPERATING GRANT</td>
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<td>LEGACY OF LIFE HAWAII 405 N KUAKINI ST., #810 HONOLULU, HI 96817</td>
<td>99-0257883</td>
<td>501(C) (3)</td>
<td>6,588.</td>
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<td>LEGAL AID SOCIETY OF HAWAII 924 BETHEL ST. HONOLULU, HI 96813</td>
<td>99-0076020</td>
<td>501(C) (3)</td>
<td>37,867.</td>
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<td>LIFE FOUNDATION 677 ALA MOANA BLVD., STE. 226 HONOLULU, HI 96813-5405</td>
<td>99-0230542</td>
<td>501(C) (3)</td>
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<td>MAKE A WISH HAWAII INC. P.O. BOX 1877 HONOLULU, HI 96805</td>
<td>99-0220777</td>
<td>501(C) (3)</td>
<td>81,595.</td>
<td>1,556.</td>
<td>FMV</td>
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<td>MARCH OF DIMES FOUNDATION 1580 MAKALOA ST., SUITE 1200 HONOLULU, HI 96814</td>
<td>13-1846366</td>
<td>501(C) (3)</td>
<td>14,513.</td>
<td>2,808.</td>
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<td>MARYKNOLL SCHOOL 1526 ALEXANDER ST. HONOLULU, HI 96822</td>
<td>99-0110569</td>
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<td>(a) Name and address of organization or government</td>
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<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>MAUI UNITED WAY</td>
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<td>270 HOOKAHI STREET SUITE 301</td>
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<td>WAILUKU, HI 96793</td>
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### Part II

Continuation of Grants and Other Assistance to Governments and Organizations in the United States

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<th>(c) IRC section if applicable</th>
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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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<td>94-1156347</td>
<td>501(C) (3)</td>
<td>162,941.0</td>
<td>4,180.0</td>
<td>FMV</td>
<td>SUPPLIES</td>
<td>GENERAL OPERATING GRANT</td>
</tr>
<tr>
<td>HONOLULU, HI 96822</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------</td>
<td>-------------------------------</td>
<td>------------------------</td>
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<td>---------------------------------</td>
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<td>----------------------------------</td>
</tr>
<tr>
<td>THE TODDLER PROGRAM 3509 PAHOA AVENUE HONOLULU, HI 96816</td>
<td>99-0316421</td>
<td>501(C) (3)</td>
<td>7,000</td>
<td>0</td>
<td>GENERAL OPERATING GRANT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNITED CEREBRAL PALSY ASSOCIATION OF HAWAII - 414 KUWILI ST., #105 - HONOLULU, HI 96817</td>
<td>99-0092154</td>
<td>501(C) (3)</td>
<td>8,960</td>
<td>0</td>
<td>GENERAL OPERATING GRANT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNITED SERVICE ORGANIZATIONS, INC. 4825 BOUGAINVILLE DR., #210 HONOLULU, HI 96819</td>
<td>13-1610451</td>
<td>501(C) (3)</td>
<td>5,855</td>
<td>0</td>
<td>GENERAL OPERATING GRANT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY OF HAWAII FOUNDATION P.O. BOX 11270 HONOLULU, HI 96828</td>
<td>99-0085260</td>
<td>501(C) (3)</td>
<td>69,074</td>
<td>0</td>
<td>GENERAL OPERATING GRANT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY OF VIRGINIA MCINTIRE PO BOX 400173 CHARLOTEESVILLE, VA 22904-4173</td>
<td>51-0159775</td>
<td>501(C) (3)</td>
<td>5,000</td>
<td>0</td>
<td>GENERAL OPERATING GRANT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US JAPAN COUNCIL 1819 L. STREET NW, STE 200 WASHINGTON, HI 20036</td>
<td>90-0447211</td>
<td>501(C) (3)</td>
<td>10,000</td>
<td>0</td>
<td>GENERAL OPERATING GRANT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VARIETY SCHOOL OF HAWAII 710 PALEKAUA ST. HONOLULU, HI 96816</td>
<td>99-0105604</td>
<td>501(C) (3)</td>
<td>5,866</td>
<td>0</td>
<td>GENERAL OPERATING GRANT</td>
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</tr>
<tr>
<td>WAIANAE DISTRICT COMPREHENSIVE HEALTH AND HOSPITAL BOARD, INC - 86-260 PARRINGTON HWY. - WAIANAB, HI 96792</td>
<td>99-0148164</td>
<td>501(C) (3)</td>
<td>32,754</td>
<td>0</td>
<td>GENERAL OPERATING GRANT</td>
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<td></td>
</tr>
<tr>
<td>WAIKIKI COMMUNITY CENTER 310 PAOAOKALANI AVE. HONOLULU, HI 96815</td>
<td>99-0179392</td>
<td>501(C) (3)</td>
<td>175,620</td>
<td>0</td>
<td>GENERAL OPERATING GRANT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
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<td>----------------------------------</td>
</tr>
<tr>
<td>WAIKIKI HEALTH CENTER</td>
<td>99-0159253</td>
<td>501(C) (3)</td>
<td>85,857.</td>
<td>0.</td>
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<tr>
<td>277 OHUA AVE. WAIKIKI HEALTH CENTER</td>
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<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>HONOLULU, HI 96815</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>WAIMANALO HEALTH CENTER</td>
<td>99-0273205</td>
<td>501(C) (3)</td>
<td>79,709.</td>
<td>175.</td>
<td>FMV</td>
<td>SUPPLIES</td>
<td>GENERAL OPERATING GRANT</td>
</tr>
<tr>
<td>41-1347 KALANIANAOLE HWY. WAIMANALO, HI 96795</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WALLY YONAMINE FOUNDATION</td>
<td>99-0282532</td>
<td>501(C) (3)</td>
<td>10,000.</td>
<td>0.</td>
<td></td>
<td></td>
<td>GENERAL OPERATING GRANT</td>
</tr>
<tr>
<td>4595 WAIKUI STREET</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HONOLULU, HI 96821</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YMCA OF HONOLULU</td>
<td>99-0073533</td>
<td>501(C) (3)</td>
<td>106,714.</td>
<td>5,394.</td>
<td>FMV</td>
<td>SUPPLIES</td>
<td>GENERAL OPERATING GRANT</td>
</tr>
<tr>
<td>1441 PALI HWY. YMCA OF HONOLULU</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HONOLULU, HI 96813</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>YOUTH FOR CHRIST USA INC.</td>
<td>99-6001292</td>
<td>501(C) (3)</td>
<td>7,452.</td>
<td>0.</td>
<td></td>
<td></td>
<td>GENERAL OPERATING GRANT</td>
</tr>
<tr>
<td>P.O. BOX 11145 YOUTH FOR CHRIST USA INC.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>HONOLULU, HI 96828</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>YWCA OF OAHU</td>
<td>99-0073534</td>
<td>501(C) (3)</td>
<td>84,720.</td>
<td>19,738.</td>
<td>FMV</td>
<td>SUPPLIES</td>
<td>GENERAL OPERATING GRANT</td>
</tr>
<tr>
<td>1040 RICHARDS ST. YWCA OF OAHU</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>HONOLULU, HI 96813</td>
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</tr>
</tbody>
</table>
**Part III**

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

**Part III** can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**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.**
Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
ALOHA UNITED WAY, INC.

Employer identification number
99-0073494

Part I Questions Regarding Compensation

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discretionary spending account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing allowance or residence for personal use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments for business use of personal residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health or social club dues or initiation fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal services (such as maid, chauffeur, chef)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b 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 &quot;No,&quot; complete Part III to explain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 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 on line 1a?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent compensation consultant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form 990 of other organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written employment contract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation survey or study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approval by the board or compensation committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Receive a severance payment or change-of-control payment?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4a If &quot;Yes&quot; to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The organization?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Any related organization?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5a If &quot;Yes&quot; on line 5a or 5b, describe in Part III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The organization?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Any related organization?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6a If &quot;Yes&quot; on line 6a or 6b, describe in Part III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If &quot;Yes,&quot; describe in Part III.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a 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 &quot;Yes,&quot; describe in Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 If &quot;Yes&quot; on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Schedule J (Form 990) 2018
## Part II

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) CINDY ADAMS</td>
<td>(i) 167,842.</td>
<td>(ii) 28,800.</td>
<td>(iii) 0.</td>
<td>15,331.</td>
<td>211,973.</td>
</tr>
<tr>
<td>PRESIDENT/CEO</td>
<td>(i) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

832112  10-26-18
Part III | Supplemental Information

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

**Part I**

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

**Part II**

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

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

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? [...]

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

33 If the organization didn’t report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.
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.

SCHEDULE M, LINE 32B:

THE ORGANIZATION UTILIZES THE SERVICES OF ITS INVESTMENT ADVISOR TO PROCESS AND SELL PUBLICALLY TRADED STOCK DONATIONS.
Form 990, Part I, Line 1

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

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 $90,826. Including Grants Of $0. Revenue $0.

Miscellaneous Other Programs:

Expenses $240,587. Including Grants Of $0. Revenue $0.

Form 990, Part VI, Section A, Line 2:

1. C. Scott Wo is on the Board of Directors of First Hawaiian Bank Where Christopher Dods is EVP, Consumer Banking & Marketing Group.

2. Randy Perreira is on the Board of Directors of HMSA Where Michael Stollar is President & COO.

3. Alicia Moy is on the Board of Directors of Bank of Hawaii Where Kevin Sakamoto is the Senior Executive Vice President, Enterprise Operations

Form 990, Part VI, Section B, Line 11B:

The Form 990 is reviewed and approved by the Finance Committee. Before filing, a copy of the Form 990 is provided to the Board and reviewed at the
NEXT BOARD MEETING. AFTER FILING, THE FORM 990 IS POSTED TO THE
ORGANIZATION'S WEBSITE.

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.

FORM 990, PART VI, SECTION C, LINE 19:
Audited financial statements are available on the organization's website.
The governing documents and conflict of interest policy are available to
the public upon request.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
Change in value of beneficial interest in charitable trust     -161,249.
Adjustment for donor designations                         1,294,602.
Total to Form 990, Part XI, Line 9                       1,133,353.
# 2018 Depreciation and Amortization Report

## Form 990 Page 10

<table>
<thead>
<tr>
<th>Asset No.</th>
<th>Description</th>
<th>Date Acquired</th>
<th>Method</th>
<th>Life</th>
<th>C &amp; V</th>
<th>Line No.</th>
<th>Unadjusted Cost Or Basis</th>
<th>Bus % Excl</th>
<th>Section 179 Expense</th>
<th>Reduction In Basis</th>
<th>Basis For Depreciation</th>
<th>Beginning Accumulated Depreciation</th>
<th>Current Sec 179 Expense</th>
<th>Current Year Deduction</th>
<th>Ending Accumulated Depreciation</th>
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<td>BUILDINGS</td>
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<td>8,815,508.</td>
<td></td>
<td></td>
<td>8,218,266.</td>
<td>226,039.</td>
<td>8,444,305.</td>
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<tr>
<td></td>
<td>* 990 PAGE 10 TOTAL BUILDINGS</td>
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<td></td>
<td></td>
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<td>8,815,508.</td>
<td></td>
<td></td>
<td>8,218,266.</td>
<td>226,039.</td>
<td>8,444,305.</td>
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<tr>
<td>3</td>
<td>MACHINERY &amp; EQUIPMENT</td>
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<td>* 990 PAGE 10 TOTAL MACHINERY &amp; EQUIPMENT</td>
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<td>464,400.</td>
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<td>* GRAND TOTAL 990 PAGE 10 DEPR</td>
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</table>

- **D** - Asset disposed
- *ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone*