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Form **990**

EXTENDED TO NOVEMBER 15, 2021 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. Co to usual inc act/ Common for instructions and the latest information

OMB No. 1545-0047 **Open to Public**

Depa	rtment	of the Treasury enue Service	 Go to www.irs.gov/Form990 for instructions and t 	-	-	Open to Public Inspection
_			ar year, or tax year beginning and er			mopoonon
B	Check in pplication	f C Name o	f organization		D Employer identific	ation number
	_Addr _chan _Nam		A UNITED WAY, INC.			
	chan	ige Doing b	usiness as		99-007349	94
	_retur Final retur	n Number		loom/suite 00	E Telephone number 808-536-1	.951
	term ated	in- City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	49,598,924.
	Ame retur	nded HONC	LULU, HI 96817-3938		H(a) Is this a group ret	turn
	Appl tion	F Name a	nd address of principal officer: JOHN FINK		for subordinates?	Yes X No
	penc	^{ling} 200 N	• VINEYARD BLVD, #700, HON, HI 968	317	H(b) Are all subordinates inc	luded? Yes No
11	Tax-ex	xempt status: [X 501(c)(3) 501(c) () \checkmark (insert no.) 4947(a)(1) or	527	If "No," attach a l	ist. See instructions
		ite: 🕨 WWW .			H(c) Group exemption	number 🕨
			X Corporation	L Year of	of formation: 1938 M	State of legal domicile: HI
Pa	art I	Summary				
•	1	Briefly describ	be the organization's mission or most significant activities: SEE S	TATEM	ENT O	
ő						
Activities & Governance	2	Check this bo	x 🕨 🔲 if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)			25
Ō	4	Number of ind	dependent voting members of the governing body (Part VI, line 1b) \dots			25
es é	5	Total number	of individuals employed in calendar year 2020 (Part V, line 2a)			81
viti	6	Total number	of volunteers (estimate if necessary)			111
Vcti						0.
_	k	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
					Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)		14,350,322.	41,022,996.
Revenue	9	•	ce revenue (Part VIII, line 2g)		0.	0.
ev V	10		come (Part VIII, column (A), lines 3, 4, and 7d)		534,472.	655,247.
ш	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		631,144.	1,077,274.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,515,938.	42,755,517.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		12,049,271.	11,104,961.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		3,141,082.	4,069,070.
sns(16 a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	t	Total fundrais	ing expenses (Part IX, column (D), line 25)	4.	0.654.404	
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,671,181.	30,629,680.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		17,861,534.	45,803,711.
	19	Revenue less	expenses. Subtract line 18 from line 12		-2,345,596.	-3,048,194.
Net Assets or Fund Balances				Beg	ginning of Current Year	End of Year
Sset	20		Part X, line 16)		20,247,220.	26,512,053.
et A:	21		s (Part X, line 26)		4,319,584.	10,249,938.
Ž: P	<u>22</u> 21		fund balances. Subtract line 21 from line 20		15,927,636.	16,262,115.
		-	I declare that I have examined this return, including accompanying schedules a	and stateme	nts and to the hest of my	knowledge and helief it is
	-		. Declaration of preparer (other than officer) is based on all information of whic			and bollot, it 15
	, 50110		Fille	m proparor	11/11/2021	L
Sig	n	-	e of officer		Date	
Her		, s	FINK, PRESIDENT & CEO			
	-		print name and title			

Paid	Print/Type preparer's name JOAN FUJITA	Preparer's signature	Date 11/11/2021 Check PTIN if self-employed P00235894
Preparer	Firm's name 🕨 ACCUITY LLP	0 0	Firm's EIN ▶ 20-5325889
Use Only	Firm's address > 999 BISHOP STREE	T, STE. 1900	
	HONOLULU, HI 968	13	Phone no. 808 - 531 - 3400
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No
	1114 Exponential Deduction Act Notice	and the second state of th	Faure 990 (0000)

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

ALOHA UNITED WAY BRINGS RESOURCES, ORGANIZATIONS AND PROPLE TOGETHER TO ADVANCE THE HEALTH, EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON IN OUR COMMUNITY. Dot the organization undertake any significant program services during the year which were not listed on the pror form 500 or 500-E27 'Yes, 'decine these new services on Schedule 0. Do the organization cases conducting, or make significant changes in how it conducts, any program services, an measured by segments. Sectors 510:600 and 500:600 and 500:600 and schedule 0. Describe these changes on Schedule 0. Describe the organization are accompliahments for each of its three largest program services, an measured by segments. Sectors 510:600 and 501:600 and schedule 0. Describe the organization are exceended to report the and advacations to thems, the total expenses, and memory. For each program service apported. (cote			ED WAY, INC.	99-0073494 Page
Briefly describe the organization's million: ALOHA UNITED WAY BRINGS RESOURCES, ORGANIZATIONS AND PEOPLE TOGETHER TO ADVANCE THE HEALTH, EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON IN OUR COMMUNITY. Dot the organization of the element of the sear which were not listed on the prof form 500 of 500 cf?	Par		•	V
ALÓHA UNITED WAY ERINGS RESOURCES, ORGANIZATIONS AND PEOPLE TOGETHER TO ADVANCE THE HEALTH, EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON IN OUR COMMUNITY. Dd the organization undertake any significant program services during the year which were not listed on the por from 800 05 90:627 Dd the organization undertake any significant dranges in how it conducts, any program services, and methods of 90:627 Dd the organization cose conducting, or make significant dranges in how it conducts, any program services, as measured by expenses. Sectors 510:601 Social 501:601:001 Social 501:601:601 Social 501:601:60	4	•	or note to any line in this Part III	\
TO ADVANCE THE HEALTH, EDUCATION AND FINANCIAL STABILITY OF EVERY PERSON IN OUR COMMUNITY. Dd the organization ourdertake any significant program services during the year which were not listed on the piro form 380 or 390-227	•	, ,	RESOURCES ORGANIZATIONS AN	ND PEOPLE TOGETHER
PERSON IN OUR COMMUNITY. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 e27 □ Ves (X) NK I' Yes, 'describe these news services on Schedule 0. □ Ves (X) NK Did the organization creates conducting, or make significant changes in how it conducts, any program services, as measured by expenses. □ Ves (X) NK Section S10(g) and 501(g) organizations are required to report the amount of grants and allocations to there, the total expenses, and reverses, if any, for each program service accompletiments for each of its three largest program services, as measured by expenses. (core	Part III State			
Did the organization undertake any significant program services during the year which were not listed on the phor Form 1990 or 990-E27 if 'Yes, 'deachibe these new services on Schedule O. Did the organization ocease conduction, or make significant changes in how it conducts, any program services?				
prior form 950 or 990E27 □ Yes Xi Net If 'Yes', 'describe these changes on Schedule 0. □ Did the organization cases conducting, or make significant changes in how it conducts, any program services? □ Yes Xi Net If 'Yes', 'describe these changes on Schedule 0. □ Describe the organization's program services accomplishments for each of its three largest program services, as measured by appenses. 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 treender, if any, for each program services proteins. (Come] (supress 17, 579, 597. (MC and press STHE GREATEST NEEDS OF OUR COMMUNITY, OFFER HOPE, AND PROVIDE OPPORTUNITIES TO IMPROVE THE QUALITY OF LIFE FOR FAMILIES IN HAWAII. THROUGH COMMUNITY-WIDE FUNDRAISING, WE HELP AMPLIFY THE POWER OF EACH GIFT TO MARE A DIFFERENCE. ALORA UNITED WAY HAS LONG SUPPORTED DISASTER, CRISIS, FOOD, SHELTER AND EMERGENCY SUPPORT SERVICES THROUED DISASTER, CRISIS, FOOD, SHELTER AND EMERGENCY SUPPORT SERVICES TRADEDED DISASTER, CRISIS, FOOD, SHELTER AND EMERGENCY SUPPORT SERVICES TRADES THE SOLORES AND SUSTAINABLE SOLUTIONS, THA ALIC FUND THE STRUKES TO TACKLE THE ISSUES THAT CAUSE FINANCIAL INSTABILITY FOR INDIVIDUALS AND PAMILIES. THE SAGETY NET FUND, AND ESTABLISTED THE ALIC FUND THAS LEAND MORE TRESOURCES AND SUSTAINABLE SOLUTIONS, THA ALIC GUBETHER TENDERS TRUVES TO ENNANCIAL STABILITY TO MARE OUR COMMUNITY STRUMERS TRUVES TO ENNANCE FINANCIAL STABILITY TO MARE OUR COMMUNITY STRUMERS TRUVES TO ENNANCIAL STABILITY TO MARE OUR COMMUNITY STRUMERS TRUVES TO ENNANCIAL STABILITY TO MARE OUR COMMUNITY STRUMERS TRUV				
<pre>If 'Yes, 'describe these new services on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services?</pre>	2	Did the organization undertake any significant p	rogram services during the year which were not listed	d on the
DO the organization cases conducting, or make significant changes in how it conducts, any program services?		• • • • • • • • • • • • • • • • • • • •		
If 'ves, taken the changes on Schedule 0. Describe the organization's program services accomplishments for each of its three largest program services, as measured by expenses. Section 5010(8) and 5010(4) organizations are required to report the amount of parts and allocations to others, the total expenses, and revenue, if any, for each program services reported. @ (come)(expenses7579,5971nularing parts et a) 6,378,220.) (workers 4		If "Yes," describe these new services on Sched	ule O.	
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a (contexp) (Seveness 7, 25, 79, 597. ecudes game ofs 6, 378, 220.) (Newness COMMUNITY SUPPORT: WE ADDRESS THE GREATEST NEEDS OF OUR COMMUNITY, OFFER HOPE, AND PROVIDE OPPORTUNITIES TO IMPROVE THE QUALITY OF LIFE FOR FAMILIES IN HAWAII. THROUGH COMMUNITY-WIDE FUNDRATSING, WE HELP AMPLIPY THE POWER OF BACH GIFT TO MAKE A DIFFERENCE. ALOHA UNITED WAY HAS LONG SUPPORTED DISASTER, CRISIS, FOOD, SHELTER AND EMERGENCY SUPPORT SERVICES THROUGH THE SAFETY NET FUND, AND ESTABLISHED THE ALICE FUND TO TACKLE THE ISSUES THAT CAUSE FINANCIAL INSTABILITY FOR INDIVIDUALS AND FAMILIES. THROUGH TRANSFORMATIVE INITIATIVES THAT BEING TOGETHER PEOPLE, RESOURCES AND SUSTAINABLE SOLUTIONS, THE ALICE INITIATIVE STRIVES TO ENHANCE FINANCIAL STABILITY TO MAKE OUR COMMUNITY STRONGER AND MORE RESILIENT. ALOHA UNITED WAY SUPPORTED NEARLY 320 INDEPENDENT NONPROFIT b (Cont		Section 501(c)(3) and 501(c)(4) organizations ar	e required to report the amount of grants and allocation	ons to others, the total expenses, and
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c (Code:)(Expenses §798,964. 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. d Other program services (Describe on Schedule O.) (Expenses \$ 28,921,343. including grants of \$) (Revenue \$) e Total program service expenses ↓ 42,752,046. Form 990 (202 2022 12-23-20 SEE SCHEDULE O FOR CONTINUATION(S)				MATION SYSTEM, AND
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.		THE COORDINATED ENTRY SY	STEM.	
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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.				
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. d Other program services (Describe on Schedule O.) (Expenses \$ 28,921,343. including grants of \$) (Revenue \$) e Total program service expenses ▶ 42,752,046. Form 990 (202 SEE SCHEDULE O FOR CONTINUATION(S)				
ALSO THE NUMBER TO CALL WHEN PEOPLE WANT TO DONATE GOODS OR VOLUNTEER IN THE COMMUNITY. d Other program services (Describe on Schedule O.) (Expenses \$ 28,921,343. including grants of \$) (Revenue \$) e Total program service expenses ▶ 42,752,046. Form 990 (2021 SEE SCHEDULE O FOR CONTINUATION(S)				•
d Other program services (Describe on Schedule O.) (Expenses \$ 28,921,343. including grants of \$) (Revenue \$) e Total program service expenses ► 42,752,046. Form 990 (202 2002 12-23-20 SEE SCHEDULE O FOR CONTINUATION(S)		· · · · · · · · · · · · · · · · · · ·	· · ·	
(Expenses \$ 28,921,343. including grants of \$) (Revenue \$) e Total program service expenses ▶ 42,752,046. Form 990 (202 2002 12-23-20 SEE SCHEDULE O FOR CONTINUATION(S)		IN THE COMMUNITY.		
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(Expenses \$ 28,921,343. including grants of \$) (Revenue \$) e Total program service expenses ▶ 42,752,046. Form 990 (202 2002 12-23-20 SEE SCHEDULE O FOR CONTINUATION(S)				
e Total program service expenses ► 42,752,046. Form 990 (202 2002 12-23-20 SEE SCHEDULE O FOR CONTINUATION(S)	4d	Other program services (Describe on Schedule	O.)	
Form 990 (202 SEE SCHEDULE O FOR CONTINUATION(S)	4 -		g grants of \$) (Revenue \$)
SEE SCHEDULE O FOR CONTINUATION(S)	4e	i otai program service expenses 🕨	±4,/34,040•	
	132000	0 12-23-20	SEE SCHEDULE O FOR CONTINUA	
3	32002	L 12-20-20		
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Form	990 (2020) ALOHA UNITED WAY, INC. 99-007	3494	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	6		<u>x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>x</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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			
2	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI	110		
D D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			<u> </u>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?			X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		x	
	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I. Parts I and II</i>	21		 (2020)
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Form	990 (2020) ALOHA UNITED WAY, INC. 99-0073	494	Р	age 4
Par	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X 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		77	
~ ~	Schedule J	23	X	<u> </u>
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	04-		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
U	any tax-exempt bonds?	24c		
h	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		
200	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
21	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		- 23
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	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
	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?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		\square
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 440	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	gan	 (2020)
032004	⁴ 12-23-20 5	rorm	550	(2020)
	5			

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Form	990 (2020) ALOHA UNITED WAY, INC.		99-0073	494	P	_{age} 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
					Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a	81								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions										
3a				3a		х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			0.0							
ти			-	4a		x					
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
b	b If "Yes," enter the name of the foreign country										
5-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		, ,	5-		x					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		<u> </u>					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the										
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts								
	were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution as a contribution and partly for goods and service as a contribution as a contr	vices p	rovided to the payor?	7a	Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	ls requ	iired								
	to file Form 8282?			7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X					
q	If the organization received a contribution of qualified intellectual property, did the organization file For		99 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained										
-		•	-	8							
9	Sponsoring organizations maintaining donor advised funds.			-							
a				9a							
b				9b							
	Section 501(c)(7) organizations. Enter:			50							
10		10-									
a ⊾	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b									
b		aur									
11	Section 501(c)(12) organizations. Enter:										
a	Gross income from members or shareholders	11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		, 	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?			13a							
	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	13b									
с	Enter the amount of reserves on hand	13c									
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		or								
	excess parachute payment(s) during the year?			15		X					
	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	incon	ie?	16		Х					
	If "Yes," complete Form 4720, Schedule O.										
				Form	990	(2020)					
						,					

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			. . .
	Check if Schedule O contains a response or note to any line in this Part VI			Χ
Sec	ction A. Governing Body and Management			
4.	Enter the number of voting members of the governing body at the end of the tax year 1a 25	:	Yes	No
па		4		
	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 on Schedule O.			
	Enter the number of voting members included on line 1a, above, who are independent 1b 25	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		Х	
~	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors, trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		A X
6	Did the organization have members or stockholders?	6		
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:		v	
a	· · · · · · · · · · · · · · · · · · ·	<u>8a</u>	X	
-	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1.0		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		77	
	in Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright HI$			
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)	is only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finano	cial	
	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			
	<u>EARL FUSATO - 808-543-2239</u>			
	200 N. VINEYARD BLVD., STE 700, HONOLULU, HI 96817		990	

99-0073494

Form 990 (2020) ALOHA UNITED WAY, INC.	99-0073494	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending w	ith or within the organization':	s tax year.
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regare Enter -0- in columns (D), (E), and (F) if no compensation was paid.	ardless of amount of compens	ation.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0)			(D)	(E)	(F)
Name and title	Average	(do	not ch		ition		ne	Reportable	Reportable	Estimated
	hours per	box,	, unles	s per	son is	s both	n an	compensation	compensation	amount of
	week		cer an	d a di	rector	r/trust	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		yoldr	st corr yee	_			organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) NORMAN BAKER	40.00	_	_	0	-	<u> </u>				
PRESIDENT/CEO/COO - PART YEAR				х				166,460.	Ο.	17,563.
(2) LISA KIMURA	40.00									
VP COMMUNITY IMPACT				х				104,116.	Ο.	23,273.
(3) EMMALY CALIBRARO	40.00									
VP RESOURCE DEVELOPMENT & DONOR RELA				х				114,520.	Ο.	12,756.
(4) JOHN FINK	40.00									
PRESIDENT/CEO - PART YEAR				х				112,894.	Ο.	8,728.
(5) EARL FUSATO	40.00									
CFO – PART YEAR				х				69,735.	Ο.	3,879.
(6) DAWNE DEPONTE	40.00									
VP FINANCE - PART YEAR				Х				55,851.	Ο.	4,838.
(7) SUZANNE SKJOLD	40.00									
COO – PART YEAR				Х				50,098.	0.	2,916.
(8) NAN KATSUDA	40.00									
VP FINANCE - PART YEAR				Х				30,647.	0.	4,088.
(9) BRETT AKA	1.00									
DIRECTOR		Х						0.	0.	0.
(10) JIM ALBERTS	1.00									
DIRECTOR/ASSISTANT SECRETARY		Х		Х				0.	0.	0.
(11) JON BIERLY	1.00									
DIRECTOR		Х						0.	0.	0.
(12) BRIAN BOWERS	1.00									
DIRECTOR/SECRETARY		Х		Х				0.	0.	0.
(13) HARRIS CHAN	1.00									
DIRECTOR - PART YEAR		Х						0.	0.	0.
(14) RICK CHING	1.00									
DIRECTOR/VICE CHAIR		Х		Х				0.	0.	0.
(15) GUY CHURCHILL	1.00									
DIRECTOR/ASSISTANT TREASURER		Х		Х				0.	0.	0.
(16) DION DIZON	1.00									
DIRECTOR		Х						0.	0.	0.
(17) TERRI FUJII	1.00									
DIRECTOR/CHAIR		Х		Х				0.	0.	0.
032007 12-23-20		_		_	_	_	_			Form 990 (2020)

8

032007 12-23-20

Form **990** (2020)

14451110 136928 100129

2020.05000 ALOHA UNITED WAY, INC.

100129_1

Form 990 (2020) ALOHA UN	TED WAY	Ζ,	IN	C.					99-0073	494 Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average	<i>.</i>		Posi				Reportable	Reportable	Estimated
	hours per	box	, unles	heck n ss pers	son i	s both	n an	compensation	compensation	amount of
	week		cer an I	nd a dir	recto	or/trus [.] T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	organizations	ustee	trust		96	upens		(W-2/1099-MISC)		organization and related
	below	ndividual trustee or director	nstitutional trustee		voldu	st con yee	ir.			organizations
	line)	Individ	Institu	Officer	Key employee	Highest compensated employee	Former			
(18) BLENN FUJIMOTO	1.00				-					
DIRECTOR		х						0.	0.	0.
(19) TRACY HAYASHI	1.00									
DIRECTOR		х						0.	0.	0.
(20) GREG HAZELTON	1.00									
DIRECTOR		Х						0.	0.	0.
(21) KELLY HOEN	1.00									
DIRECTOR - PART YEAR		Х						0.	0.	0.
(22) WILBERT HOLCK	1.00									
DIRECTOR		Х						0.	0.	0.
(23) LEN ISOTOFF	1.00									
DIRECTOR		Х						0.	0.	0.
(24) JASON ITO	1.00									
DIRECTOR		Х						0.	0.	0.
(25) DAVID LASSNER	1.00									
DIRECTOR		Х						0.	0.	0.
(26) ALICIA MOY	1.00									
DIRECTOR		Х						0.	0.	
1b Subtotal								704,321.	0.	
c Total from continuation sheets to Part VI	, Section A							0.	0.	
								704,321.	0.	78,041.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	
compensation from the organization										4
										Yes No
3 Did the organization list any former officer,				•						
line 1a? If "Yes," complete Schedule J for si	uch individual									3 X
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a								•		
rendered to the organization? <i>If "Yes." com</i>	plete Schedule	e J f	or sı	ich p	bers	on .				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest con	-								· · · ·	ation from
the organization. Report compensation for t	he calendar ye	ear e	endir	ng wi	ith c	or wi	thin		ear.	
(A) Name and business	address							(B) Description of s	ervices	(C) Compensation
STAFFING SOLUTIONS OF HAW		57						TEMP STAFFIN		
KAPIOLANI BLVD. STE. 915,				υт				SERVICES	3	765 040
HIEMPLOYMENT	HONOLO	10	<u> </u>	пт			_	TEMP STAFFIN	~	765,040.
745 FORT ST. STE. 124, HO		U	т	٥٢٩	Q 1	2		SERVICES	3	120,162.
<u>745 FORT 51. 51E. 124, 110</u>	<u>NOLULU, </u>	- 11	<u> </u>	900		5	-			120,102.
2 Total number of independent contractors (ir	ncludina but n	ot lir	niter	t ot t	hos	se lis	ted	above) who received mo	ore than	
\$100,000 of compensation from the organiz	•	111			2					
SEE PART VII, SECTION		IN	UA	TIC	-		HE	ETS		Form 990 (2020)
032008 12-23-20	-									(====)
				9)					

Form 990ALOHA_UN	ITED WAY	,	IN	c.					99-007	3494
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, a	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old m		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ted el		(W-2/1099-MISC)		organization
	related	Individual trustee or director	Institutional trustee			Highest com pensated em ployee				and related
	organizations	ul trus	nal tr		Key employee	dwo				organizations
	below	vidua	itutio	cer	emp	hest o	Former			
	line)	Indi	Inst	Officer	Key	Hig	Forr			
(27) TERI ORTON	1.00								0	0
DIRECTOR	1 00	Х						0.	0.	0.
(28) SAVAN PATEL	1.00	37						0	0	
DIRECTOR	1 00	Х						0.	0.	0.
(29) RANDY PERREIRA	1.00	x		v						
DIRECTOR/VICE CHAIR	1 00	Å		Х		-		0.	0.	0.
(30) MARK RHEE	1.00								•	
DIRECTOR - PART YEAR	1	Х						0.	0.	0.
(31) RICHARD ROSENBLUM	1.00									
DIRECTOR	1	Х						0.	0.	0.
(32) KEVIN SAKAMOTO	1.00									
DIRECTOR/TREASURER		Х		Х				0.	0.	0.
(33) DANIEL SCHABERG	1.00									
DIRECTOR		х						0.	0.	0.
(34) MICHAEL STOLLAR	1.00									
DIRECTOR		Х						0.	0.	0.
(35) ANDREW SUTTON	1.00									
DIRECTOR		Х						0.	0.	0.
(36) SCOTT VIOLA	1.00									
DIRECTOR		х						0.	0.	0.
	1				1					
Total to Part VII, Section A, line 1c										
								•		

					ITED	WAY, INC.			99-0073	494 Page 9
Pa	rt V	/111	Statement of Rev	enue						
			Check if Schedule O co	ontains a	response o	or note to any line	e in this Part VIII	(B)	(0)	
							(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts S	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b					
Amo			Fundraising events		1c					
ar A			–		1d					
s, G		е	Government grants (contrib	outions)	1e	33,355,798.				
tion r Si		f	All other contributions, gifts, g	rants, and						
ibut			similar amounts not included a	above	1f	7,667,198.				
d O		g	Noncash contributions included in lin	nes 1a-1f	1g \$	336,735.				
a C		h	Total. Add lines 1a-1f				41,022,996.			
						Business Code				
ce	2	а								
ervi		b								
n S 'ent		С								
Bev		d								
Program Service Revenue		e				├				
ш.			All other program service re							
	3		Total. Add lines 2a-2f Investment income (includir							
	3		other similar amounts)	•		· .	97,732.			97,732.
	4		Income from investment of							
	5		Royalties		• •	· · ·				
	Ŭ) Real	(ii) Personal				
	6	а	Gross rents	`	, 599,076.					
	-				12,866.					
					586,210.					
		d	Net rental income or (loss)			►	586,210.			586,210.
	7	а	Gross amount from sales of	(i) S	ecurities	(ii) Other				
			assets other than inventory	7a 6,3	378,067.					
		b	Less: cost or other basis							
an			and sales expenses	7b 5,8	320,552.					
evenue		с	Gain or (loss)	7c 5	557,515.					
Я		d	Net gain or (loss)		·····	>	557,515.			557,515.
Other	8	а	Gross income from fundraising including \$	· · ·	of					
			contributions reported on li	-						
			Part IV, line 18			83,595.				
			Less: direct expenses				72 606			73,606.
	~		Net income or (loss) from fu			····· ►	73,606.			73,000.
	9	а	Gross income from gaming							
		L	Part IV, line 19 Less: direct expenses							
			Net income or (loss) from g	amina ac						
	10		Gross sales of inventory, le	•						
	10	a	and allowances							
		h	Less: cost of goods sold							
			Net income or (loss) from sa							
				2.00 01 111	sincery	Business Code				
sno	11	а	ADMIN FEE REIMBURSEME	ENT		561000	408,938.	408,938.		
nec			PROGRAM FEE REIMBURSH			900099	8,520.	8,520.		
ella		с								
Miscellaneous Revenue			All other revenue							
2			Total. Add lines 11a-11d			>	417,458.			
	12		Total revenue. See instruction				42,755,517.	417,458.	٥.	1,315,063.
03200	9 12-	-23-	20							Form 990 (2020)

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11 2020.05000 Aloha UNITED WAY, INC. 100129_1

Form 990 (2020) ALOHA UNITED WAY, INC. Part IX Statement of Functional Expenses

Label in the pert to any line in this pert to any line any line any line any line in this pert to any line in t	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
7.0. 06, 9, 407 (00 Of APT VIV). oxpenses opened to permission oxpenses opened to permission oxpenses opened to permission oxpenses oxpenses <thoxpense< th=""> oxpenses oxpenses</thoxpense<>									
and camesic governments: Sue Part IV, Ime 21 11, 104, 961. 2 Grants and other assistance to doweld: individuals. See Part IV, Ime 22 11, 104, 961. 3 Grants and other assistance to foreign organization, foreign governmets, and foreign individuals. See Part IV, Ime 15 and 16 11, 104, 961. 4 Benefits part of the sestimate of the segments and the sectors of Individuals. See Part IV, Ime 15 and 16 11, 104, 961. 5 Compensation of unrel offices, directers, trustes, and key employees 704, 321. 256, 617. 299, 177. 6 Compensation of unrel offices, directers, trustes, and key employees 704, 321. 256, 617. 299, 177. 148, 527. 6 Compensation of unrel offices, directers, trustes, and key employees 704, 321. 256, 617. 299, 177. 148, 527. 6 Orber employee barefits 704, 321. 296, 204. 11, 550. 15, 822. 9 Other employee barefits 6, 719. 6, 719. 6, 719. 10 Lobying 6, 7277. 67, 2777. 67, 277. 11, 077. 3, 501. 27, 564. 392, 081. 27, 31, 157. 101, 2928. 10, 880. 160, 359. 20 Office expenses 11, 077. 3, 501. 2, 664. 4, 297. 11, 077. 3, 501.			(A) Total expenses		Management and	(D) Fundraising expenses			
2 Grants and other assistance to domestic individuals. See Part V, line S and 16 organization, foreign governments, and foreign individuals. See Part V, line S and 16 Compensation of current offser, directors, tratases, and key employees 704,321. 256,617. 299,177. 148,527. 3 Contrast and other assistance to foreign individuals. See Part V, line S and 16 Compensation of current offser, directors, tratases, and key employees 704,321. 256,617. 299,177. 148,527. 4 Benefits paid to of to members to compensation individual double of disqualitid persons (as diffied index action 4080(11) and persons discription is clinical 4860(11) and persons discreal 4860(11) and persons discriptio	1	Grants and other assistance to domestic organizations							
a drants and other assistance to foreign organizations, foreign comments, and foreign individuals. See Pat IV, lines 15 and 16 elign individuals. See Pat IV, lines 15 and 16 elign individuals. See Pat IV, lines 15 and 16 elign absorbs (as Adle and elign eligness) 704,321. 256,617. 299,177. 148,527. 6 Compensation of Linchade above to desguilled persons (aschine during section 4869(1)) and escention 401 (a) and 480(9) employee contributions in trastee, and wages 704,321. 256,617. 299,177. 148,527. 7 Other salaries and wages 704,321. 256,617. 299,177. 148,527. 8 Compensation of Linchade above to desguilled persons (aschine during section 4869(1)) and escention 401(4) and 480(9) employee contributions in the salaries and wages 2,522,074. 1,645,630. 328,193. 551,251. 9 Dems employee benefits 51,792. 24,420. 11,550. 15,822. 9 Other employee benefits 6,719. 6,719. 6,719. 1 Legal 67,277. 67,277. 6,24. 8,624. 8,624. 9 Other (III to 1g anount accests 10% of tile 25, column (A) anount, list in 1g appenses on 80:0. 237,517. 10,980. 160,0359. 10 Conscional Infratalising services. See Pat IV, IIII 17 11,077. 3,501. 2,664. 4,912.		and domestic governments. See Part IV, line 21	11,104,961.	11,104,961.					
3 Grants and other assistance to foreign individuals. See Part IV, lines 15 and 16 Bennot 5 and 10 or for members Compensation of current officiens, directors, trustees, and key employees Compensation accurd afforeign persons (as defined under section 4586(11)) and persons (as defined undefined as defined under section 4586(2	Grants and other assistance to domestic							
3 Garats and other assistance to foreign redividuals. See Part IV, lines 15 and 16 Ecompensation of current officient, directors, trustees, and key employees 704,321. 256,617. 299,177. 148,527. Compensation of current officient, directors, trustees, and key employees 704,321. 256,617. 299,177. 148,527. Compensation of current officient, directors, trustees, and key employees 704,321. 256,617. 299,177. 148,527. Compensation of nucled above to disquified persons (ascillation section 4950(11)) and apersons disacturals and combutions (field section 401(6) and 402(6) employees 2,525,074. 1,645,630. 328,193. 551,251. 9 Other enginese normations and current waves 523,491. 299,320. 105,032. 118,139. 10 Payroil taxes 6,719. 6,719. 6,719. 11 Fees for services (nonengloyees): and anoment teese 6,221. 8,624. 8,624. 9 Other (ill indireling services. See Part IV, line 17 29,620,403. 28,846,574. 381,748. 392,081. 12 Advertising and promotion 22,55,004. 143,378. 86,418. 25,208. 12 Other, elimination tec		individuals. See Part IV, line 22							
individuals. See Part V, lines 15 and 16. Image: See Part V, lines 15 and 16. 4 Benefits paid on for members 5 Comparation of current officers, firectors, trustees, and key employees 704,321. 256,617. 299,177. 148,527. 6 Comparation of included above to disqualified persons (actively in section 4580(1)(1) and persons feasible in section 4580(2)(3)(6) 2,525,074. 1,645,630. 328,193. 551,251. 7 Other salaries and wages 2,525,074. 1,645,630. 328,193. 551,251. 8 Persion planatorus's and contributions (include section 4500(1)(1) and persons feasible contributions (include section 4500(1)(1) and persons feasible contributions (include section 4500(1)(1)) and persons feasible contributions (include section 4500(1) and 200(1) persons 4500(1) and 250(1) persons 4500(1) and 200(1) and 200(1) and 200(1) persons 4500(1) and 200(1) persons 4500(1) and 200(1) persons 4500(1) and 200(1) and 200(1) and 200(1) and 200(1) and 200(1) and 200(1) and	3								
4 Benefits paid to of or members 704,321. 256,617. 299,177. 148,527. 5 Compensation of current of the defined under section 4980(1)(1) and 4980 energy contributions) 704,321. 256,617. 299,177. 148,527. 6 Compensation on tinuided above to disqualified persons (sectined in section 4980(1)(3)(8) 704,321. 256,617. 299,177. 148,527. 7 Other satisfies and wages 2,525,074. 1,645,630. 328,193. 551,251. 9 Other employee benefits 2,523,491. 299,320. 106,032. 118,139. 10 Payroll taxas 2,777. 67,277. 67,277. 0 Accounting 6,719. 6,719. 67,277. 10 Lobbying 8,624. 8,624. 9,622,208. 11 Interset 29,620,403. 28,846,574. 381,748. 392,081. 12 Averting and promotion 255,004. 143,378. 86,418. 25,208. 11 Other sequences. conventions, and meetings 11,077. 3,501. 2,664. 4,920.		organizations, foreign governments, and foreign							
5 Compensation of current officers, directors, trustees, and key maplyces 704,321. 256,617. 299,177. 148,527. 6 Compensation not included above to disquilified persons (as defined under section 4986(1/3)(8). 2,525,074. 1,645,630. 328,193. 551,251. 7 Other salaries and wages 2,525,074. 1,645,630. 328,193. 551,251. 9 Other employee benefits 2,523,074. 1,645,630. 328,193. 551,251. 9 Other employee benefits 264,392. 153,649. 52,427. 58,316. 10 Fees to services (nonemployees): 6,719. 6,719. 67,277. <td< th=""><th></th><th>individuals. See Part IV, lines 15 and 16</th><th></th><th></th><th></th><th></th></td<>		individuals. See Part IV, lines 15 and 16							
5 Compensation of current officers, directors, trustees, and key maplyces 704,321. 256,617. 299,177. 148,527. 6 Compensation not included above to disquilified persons (as defined under section 4986(1/3)(8). 2,525,074. 1,645,630. 328,193. 551,251. 7 Other salaries and wages 2,525,074. 1,645,630. 328,193. 551,251. 9 Other employee benefits 2,523,074. 1,645,630. 328,193. 551,251. 9 Other employee benefits 264,392. 153,649. 52,427. 58,316. 10 Fees to services (nonemployees): 6,719. 6,719. 67,277. <td< th=""><th>4</th><th></th><th></th><th></th><th></th><th></th></td<>	4								
6 Compensation not included above to disquidified persons (as defined under section 4988(f)(1)) and the section 4088(f) and 403(f)) employer contributions (include section 4088(f) and 403(f)) employer (inclide sectin 4088(f)) employeres (include section 4088(f	5								
persons (ac defined under section 4958(c)(3)(8) 2,525,074. 1,645,630. 328,193. 551,251. Persons flas and vages 51,792. 24,420. 11,550. 15,822. 9 Other employee boendits 523,491. 299,320. 106,032. 118,139. 10 Payroll taxes 6,719. 6,719. 6,719. 14 Lobbying 6,719. 6,719. 6,719. 15 Legal 6,719. 6,24. 8,624. 9 Other (The 17 anount cess) fb% of the 25, column (A) amount, list the 11g expenses on Sch0. 29,620,403. 28,846,574. 381,748. 392,081. 14 Information technology 11,077. 3,501. 2,664. 4,912. 15 Royattes 11,077. 3,501. 2,664. 42,777. 2 Cocupancy 11,077. 3,501. 2,664. 42,777. 14 Information technology 11,077. 3,501. 2,664. 42,777. 146,058. 51,838. 51,443. 42,777. 146,058. 51,838. 51,443. 42,777. 16 Occupancy 11,077. 3,501. 2,664. 4,912. 17 mareet 141,		trustees, and key employees	704,321.	256,617.	299,177.	148,527.			
persons described in section 4958(c)(3)(B) 2,525,074. 1,645,630. 328,193. 551,251. 9 Persion plan accruits and contributions (include section 401(h) and 403(b) employer contributions) 2,525,074. 1,645,630. 328,193. 551,251. 9 Other employee benefits 2,525,074. 1,645,630. 328,193. 551,251. 10 Person data contributions (include section 403(b) employee contributions) 52,32,491. 29,920. 106,032. 118,139. 10 Person data contributions (include section 403(b) employee contributions) 56,719. 6,719. 6,719. 11 Fees for services (nonemployees): 8,624. 8,624. 9,620,403. 28,846,574. 381,748. 392,081. 12 Adventising and promotion 29,620,403. 28,846,574. 381,748. 392,081. 13 Office expenses 29,620,403. 28,846,574. 381,748. 392,081. 14 Information technology 29,620,403. 28,846,574. 381,748. 392,081. 14 Information technology 29,620,403. 28,846,574. 381,748. 392,081. 13 Other expenses 111,077. 3,501. 2,664.	6	Compensation not included above to disqualified							
7 Other salaries and wages 2,525,074. 1,645,630. 328,193. 551,251. 8 Persion plan acruals and contributions (include scient of 01(k) and 40(k) employer contributions) 51,792. 24,420. 11,550. 15,822. 9 Other employee benefits 523,491. 299,320. 106,032. 118,139. 10 Payrolitaxes 561,719. 6,719. 6,719. 14 Accounting 6,719. 67,277. 15 Column (A) amount, list line 11g expenses on Sch 0. 29,620,403. 28,846,574. 381,748. 392,081. 20 Advertaing and promotion 273,167. 101,928. 10,880. 160,359. 10 Royaties 29,620,403. 28,846,574. 381,748. 392,081. 21 Advertaing and promotion 273,167. 101,928. 10,880. 160,359. 11 normatic sciences 25,004. 143,378. 86,418. 25,208. 16 Occupancy 11,077. 3,501. 2,664. 4,912. 18 Payments of travel or entertainment expenses 141,685. 85,876. 27,572. 28,237. <th></th> <th>persons (as defined under section 4958(f)(1)) and</th> <th></th> <th></th> <th></th> <th></th>		persons (as defined under section 4958(f)(1)) and							
8 Persion plan accruits and contributions (include section 401(k) and 403(b) employer contributions) 51, 792. 24, 420. 11, 550. 15, 822. 9 Other employee benefits 523, 491. 299, 320. 106, 032. 118, 139. 10 Payrolitaxes 264, 392. 153, 649. 52, 427. 58, 316. 11 Fees for services (nonemployees): 6, 719. 6, 719. 6, 719. a Management 6, 7277. 6, 67, 277. 6, 67, 277. c Accounting 8, 624. 8, 624. 8, 624. e Professional Indraising services. See Part IV, line 17 7 7 7 11 for any fifty expenses on Schol. 29, 620, 403. 28, 846, 574. 381, 748. 392, 081. 12 Advertising and promotion 27, 3, 167. 101, 928. 10, 880. 160, 359. 13 Office expenses 255, 004. 143, 378. 86, 418. 25, 208. 14 Information technology 11, 077. 3, 501. 2, 664. 4, 912. 18 Payments of travel or entetainment expenses 141, 685. 85, 876. 27, 572. 28, 237.		persons described in section 4958(c)(3)(B)							
section 40 (k) and 403(b) employer contributions) 51,792.2,24,420.11,550.15,822. 9 Other employee benefits 523,491.299,320.106,032.118,139. 11 Fees for services (nonemployees): 6,719.6 a Management 6,719.6 b Legal 67,277. c Accounting 8,624.8 12 Other employee benefits 9,620.403.28,846,574.381,748.392,081. 14 Information technology 29,620,403.28,846,574.381,748.392,081. 15 Royalitis 29,620,403.28,846,574.381,748.392,081. 16 Occupancy 11,077.3,501.2,664.4,912. 17 Travel 11,077.3,501.2,664.4,912. 18 Royanets of travel or entertainment expenses for any federal state, or local public officials 11,077.3,501.2,664.4,912. 19 Conferences, conventions, and meetings 18,979.2,603.9,880.6,496. 11 Advectsion, depletion, and amortization 18,979.2,603.9,880.6,496. 12 Payments to affiliates 141,685.85,876.27,572.28,237. 12 Royments convertion, and amortization 146,058.51,433.51,443.42,777. 12 Payments to affiliates 141,685.85,876.27,572.28,237. 12 Payments to affiliates 141,685.85,876.27,572.28,237. 14 do,058.51,838.51,443.42,777. 146,058.51,838.51,443	7	Other salaries and wages	2,525,074.	1,645,630.	328,193.	551,251.			
10 Payrol taxes 264,392. 153,649. 52,427. 58,316. 11 Fees for services (nonemployees): amangement 6,719. 6,719. b Legal 67,277. 67,277. 67,277. c Accounting 8,624. 8,624. e Protessional fundraising services. See Part IV, line 17 1 1 f Interest 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expresses on Sch Ci.) 29,620,403. 28,846,574. 381,748. 392,081. 12 Adverting and promotion 29,620,403. 28,846,574. 381,748. 392,081. 12 Adverting and promotion 273,167. 101,928. 10,880. 160,359. 13 Office expenses 0 111,077. 3,501. 2,664. 4,912. 14 Information technology 111,077. 3,501. 2,664. 4,912. 14 Payments of travel or entertainment expenses for any federal, state, or local public officials 141,685. 85,876. 27,572. 28,237. 12 Payments to affiliates 141,685. 85,876. 27,572. 28,237. 14 </th <th>8</th> <th>Pension plan accruals and contributions (include</th> <th></th> <th></th> <th></th> <th></th>	8	Pension plan accruals and contributions (include							
10 Payrol taxes 264,392. 153,649. 52,427. 58,316. 11 Fees for services (nonemployees): amangement 6,719. 6,719. b Legal 67,277. 67,277. 67,277. c Accounting 8,624. 8,624. e Protessional fundraising services. See Part IV, line 17 1 1 f Interest 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expresses on Sch Ci.) 29,620,403. 28,846,574. 381,748. 392,081. 12 Adverting and promotion 29,620,403. 28,846,574. 381,748. 392,081. 12 Adverting and promotion 273,167. 101,928. 10,880. 160,359. 13 Office expenses 0 111,077. 3,501. 2,664. 4,912. 14 Information technology 111,077. 3,501. 2,664. 4,912. 14 Payments of travel or entertainment expenses for any federal, state, or local public officials 141,685. 85,876. 27,572. 28,237. 12 Payments to affiliates 141,685. 85,876. 27,572. 28,237. 14 </th <th></th> <th>section 401(k) and 403(b) employer contributions)</th> <th>51,792.</th> <th>24,420.</th> <th>11,550.</th> <th>15,822.</th>		section 401(k) and 403(b) employer contributions)	51,792.	24,420.	11,550.	15,822.			
11 Fees for services (nonemployees): 6,719. a Management 6,719. b Legal 67,277. c Accounting 8,624. 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, Isit in 11g expenses on Sch 0.0, olime and the services on the service on the service on the services on the services on the service on the services on the services on the service	9	Other employee benefits	523,491.			118,139.			
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12 Advertising and promotion 273,167. 101,928. 10,880. 160,359. 13 Office expenses 255,004. 143,378. 86,418. 25,208. 14 Information technology	g		29 620 103	28 846 574	381 7/8	392 081			
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for any federal, state, or local public officials		Payments of travel or entertainment expenses				•			
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21 Payments to affiliates 141,685. 85,876. 27,572. 28,237. 22 Depreciation, depletion, and amortization 146,058. 51,838. 51,443. 42,777. 23 Insurance 146,058. 51,838. 51,443. 42,777. 24 Other expenses. Itemize expenses on to covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 80,687. 31,751. 53,467. -4,531. b	20								
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24 Other expenses. Itemize expenses on to covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a MISCELLANEOUS EXPENSES b	22	Depreciation, depletion, and amortization	146,058.	51,838.	51,443.	42,777.			
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 80,687. 31,751. 53,4674,531. a MISCELLANEOUS EXPENSES 80,687. 31,751. 53,4674,531. b	23								
a MISCELLANEOUS EXPENSES 80,687. 31,751. 53,467. -4,531. b	24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)							
c	а		80,687.	31,751.	53,467.	-4,531.			
c	b								
e All other expenses	с								
25 Total functional expenses. Add lines 1 through 24e 45,803,711. 42,752,046. 1,504,071. 1,547,594. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720) Image: Complete the comp	d								
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)	е			40.000	4 5 4 4 5 1	4			
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶i if following SOP 98-2 (ASC 958-720)			45,803,711.	42,752,046.	1,504,071.	1,547,594.			
educational campaign and fundraising solicitation. Check here Diff following SOP 98-2 (ASC 958-720)	26								
Check here if following SOP 98-2 (ASC 958-720)									
	000044					Form 990 (2020)			

032010 12-23-20

12 2020.05000 ALOHA UNITED WAY, INC.

100129_1

Par		2020) ALOHA UNITED WAY, INC.		99-	0073494 Page 11
	T X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,893,207.	1	7,728,072.
	2	Savings and temporary cash investments	488,130.	2	588,728.
	3	Pledges and grants receivable, net	3,035,146.	3	1,595,639.
	4	Accounts receivable, net	1,241,933.	4	1,997,303.
	5	Loans and other receivables from any current or former officer, director,	_//		
	•	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		-	
	Ū	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
6	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		. 8	
As	9	Prepaid expenses and deferred charges	92,524.	9	103,628.
		Land, buildings, and equipment: cost or other		-	
	ieu	basis. Complete Part VI of Schedule D 10a 12,418,410.			
	b	Less: accumulated depreciation 10b 9,664,597.	2,701,476.	10c	2,753,813.
	11	Investments - publicly traded securities	6,611,312.	11	6,662,887.
	12	Investments - other securities. See Part IV, line 11	2,123,831.	12	2,435,869.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,059,661.	15	2,646,114.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	20,247,220.	16	26,512,053.
	17	Accounts payable and accrued expenses	1,768,125.	17	2,417,355.
	18	Grants payable	2,501,471.	18	1,622,695.
	19	Deferred revenue		19	5,163,922.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ø	22	Loans and other payables to any current or former officer, director,			
itie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
ן בי	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	1,000,000.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	49,988.	25	45,966.
	26	Total liabilities. Add lines 17 through 25	4,319,584.	26	10,249,938.
		Organizations that follow FASB ASC 958, check here 🕨 🔀			
Ses		and complete lines 27, 28, 32, and 33.			
ano	27	Net assets without donor restrictions	8,801,711.	27	9,403,574.
Ba	28	Net assets with donor restrictions	7,125,925.	28	6,858,541.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here			
Ъ.		and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	15,927,636.	32	16,262,115.
-	33	Total liabilities and net assets/fund balances	20,247,220.	33	26,512,053.

Form **990** (2020)

032011 12-23-20

	ALOHA UNITED WAY, INC.	99-0	073494	Pa	.ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,75	5,5	17.
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,80	3,7	11.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,04	8,1	94.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,92	7,6	36.
5	Net unrealized gains (losses) on investments	5	39	6,9	52.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,98	5,7	21.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	16,26	2,1	15.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

Form **990** (2020)

SCHEDULE A	Dublic Cha	rity Status an	d Duk	lia Su	innort		OMB No. 1545-0047	
(Form 990 or 990-EZ)		nization is a section 501					2020	
		47(a)(1) nonexempt cha					2020	
Department of the Treasury Internal Revenue Service		► Attach to Form 990 or Form 990-EZ. to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection	
	· · · · · ·	v/Form990 for instructio	ons and th	ne latest ir	nformation.			
Name of the organizati	ALOHA UNITED W	AV THO	TNO			Employer identification number 99-0073494		
Part I Reason	for Public Charity Status.	AI, INC.	omnlete th	nis nart) S	ee instruction	<u> </u>	9-0073494	
	a private foundation because it is: (3.		
<u> </u>	nvention of churches, or association	e ,		,	I)(A)(i)			
	cribed in section 170(b)(1)(A)(ii).				· <i>\\~</i> \\'}			
	a cooperative hospital service org				i).			
·	search organization operated in co				•)(iii). Enter	the hospital's name,	
city, and stat	e:							
5 🗌 An organizati	ion operated for the benefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in	
section 170	(b)(1)(A)(iv). (Complete Part II.)							
	te, or local government or governr	nental unit described in	section 17	70(b)(1)(A)	(v).			
7 X An organizati	ion that normally receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in	
	b)(1)(A)(vi). (Complete Part II.)							
	r trust described in section 170(b)							
-	al research organization described			-		-	-	
	or a non-land-grant college of agric	culture (see instructions).	Enter the i	name, city	, and state of	the college	or	
university: 10 An organizati	ion that normally receives (1) more	than 33 1/3% of its sunn	ort from o	ontribution	ne membereh	in fees and	d gross receipts from	
	ted to its exempt functions, subject							
	unrelated business taxable income	-					-	
	509(a)(2). (Complete Part III.)	,		·	, ,	·		
11 🗌 An organizati	ion organized and operated exclus	ively to test for public sat	ety. See	section 50)9(a)(4).			
12 🗌 An organizati	ion organized and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
more publicly	/ supported organizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	5 09(a)(3). (Check the box in	
lines 12a thro	ough 12d that describes the type o	of supporting organization	and com	plete lines	12e, 12f, and	12g.		
	upporting organization operated, s	-	• • • •	-				
	ted organization(s) the power to re	• • • •	majority c	of the direc	tors or truste	es of the su	ipporting	
	n. You must complete Part IV, S							
	supporting organization supervised nanagement of the supporting org				-		-	
	n(s). You must complete Part IV,		ame perso	ns that co		ye ine supp	Jonteu	
	nctionally integrated. A supportir		in connect	tion with, a	and functional	lv integrate	d with	
	ed organization(s) (see instructions					.,		
	n-functionally integrated. A sup	•				ted organiz	ation(s)	
that is not	functionally integrated. The organi	zation generally must sat	isfy a distr	ibution red	uirement and	an attentiv	veness	
requiremen	nt (see instructions). You must co	mplete Part IV, Sections	A and D,	and Part	V .			
	box if the organization received a				Туре I, Туре	II, Type III		
	r integrated, or Type III non-function	nally integrated supporting	ng organiz	ation.			[]	
g Provide the follow (i) Name of supp	ing information about the supporte orted (ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other	
organizatior		(described on lines 1-10 above (see instructions))	Yes	ing document?	support (see ir	nstructions)	support (see instructions)	
Total								
Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 15 Part II

Schedule A (Form 990 or 990-EZ) 2020 ALOHA UNITED WAY, INC.

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	16764241.	9587531.	14082382.	14300238.	<u>41028773.</u>	95763165.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	16764241.	9587531.	14082382.	14300238.	<u>41028773.</u>	95763165.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						95763165.
Sec	ction B. Total Support			1	1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	16764241.	9587531.	14082382.	14300238.	41028773.	95763165.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	1688216.	1916985.	1910910.	2009219.	2350771.	9876101.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	489,825.	174,639.	201,768.	100,645.	417,458.	1384335.
11	Total support. Add lines 7 through 10						107023601
12	,		,			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
0	organization, check this box and stop				·····		
	ction C. Computation of Publi						0.0.4.0
	Public support percentage for 2020 (I		•	(7)		14	89.48 %
	Public support percentage from 2019					15	87.03 %
16a	33 1/3% support test - 2020. If the c				14 is 33 1/3% or m	iore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the c						
4-	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	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 te	-			-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	en ula not check a	box on line 13, 16	a, 100, 1/a, or 1/b			
					Sche	euule A (Form 990) or 990-EZ) 2020

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3							
	are not an unrelated trade or bus- iness under section 513						
4							
•	ization's benefit and either paid to or expended on its behalf						
5							
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support					•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	• Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2020. If the	organization did n	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	▶□
k	33 1/3% support tests - 2019. If the	organization did n	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	
0320	23 01-25-21		17	,	Sch	edule A (Form 990) or 990-EZ) 2020

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1

2

3a

3b

3c

Yes No

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

Section A. All Supporting Organizations

Part IV Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2020

Pa	rt IV	Supporting Organizations (continued)			. <u></u>
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
		elow, the governing body of a supported organization?	11a		
r		ily member of a person described in line 11a above?	11b		
		6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1110		
		in Part VI.	11c		
Se	tion E	3. Type I Supporting Organizations	1.10		
				Yes	No
1	more	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization</i> (s)		103	
	effect organ	ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the ported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in			
	-	<i>I</i> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Se		C. Type II Supporting Organizations	•		
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Se	ction [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
-		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	•	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
			2		
3		ganization maintained a close and continuous working relationship with the supported organization(s). ason of the relationship described in line 2, above, did the organization's supported organizations have a	-		
0	-	cant voice in the organization's investment policies and in directing the use of the organization's			
	-	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	that the organization used	to satisfy the Integral Part	Test during the year (s	see instructions).
---	----------------------------------	----------------------------	------------------------------	-------------------------	--------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	<u>s).</u>	
		Yes	

19

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

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Schedule A (Form 990 or 990-EZ) 2020 ALOHA UNITED WAY, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Part V Type III Non-Functionally Integrated 509(a)(3) Sup	porting Organ	lizations	
1 Check here if the organization satisfied the Integral Part Test as a q	ualifying trust on I	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructio
All other Type III non-functionally integrated supporting organization		•	-
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amou	unt,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a pen fur	octionally intograte		prization (and

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Par	t V Type III Non-Functionally integrated 509	a)(3) Supporting Orga	inizations (continue	ed)						
Secti	ection D - Distributions Current Year									
1	Amounts paid to supported organizations to accomplish exer	1								
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported								
	organizations, in excess of income from activity			2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3						
4	Amounts paid to acquire exempt-use assets			4						
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5						
6	Other distributions (describe in Part VI). See instructions.			6						
7	Total annual distributions. Add lines 1 through 6.			7						
8	Distributions to attentive supported organizations to which the	ne organization is responsive								
	(provide details in Part VI). See instructions.			8						
9	Distributable amount for 2020 from Section C, line 6			9						
10	Line 8 amount divided by line 9 amount		-	10						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	s	(iii) Distributable Amount for 2020					
_1	Distributable amount for 2020 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2020 (reason-									
	able cause required - explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2020									
a	From 2015									
b	From 2016									
c	From 2017									
d	From 2018									
e	From 2019									
f	Total of lines 3a through 3e									
g	Applied to underdistributions of prior years									
h	Applied to 2020 distributable amount									
i	Carryover from 2015 not applied (see instructions)									
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2020 from Section D,									
	line 7: \$									
a	Applied to underdistributions of prior years									
b	Applied to 2020 distributable amount									
C	Remainder. Subtract lines 4a and 4b from line 4.									
5	Remaining underdistributions for years prior to 2020, if									
	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in Part VI. See instructions.									
6	Remaining underdistributions for 2020. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2021. Add lines 3j									
	and 4c.									
8	Breakdown of line 7:									
a	Excess from 2016									
b	Excess from 2017									
c	Excess from 2018									
d	Excess from 2019									
е	Excess from 2020									

Schedule A (Form 990 or 990-EZ) 2020

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Part VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c	e the explanations required by Part II, , 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; t IV, Section E, lines 1c, 2a, 2b, 3a, an	line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section B, lines 1 and 2; Part IV, Section C d 3b; Part V, line 1; Part V, Section B, line 1e; Part	Page 8), V,
032028 01-25-2			Schedule A (Form 990 or 990-E	Z) 202(

SCHEDULE C	Pc	litical Campaign	and Lobbyin	g Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	For Org	2020			
Department of the Treasury Internal Revenue Service	-	if the organization is describe to to www.irs.gov/Form990 for			-EZ. Open to Public Inspection
-	-	Form 990, Part IV, line 3, or Fo		ne 46 (Political Campaig	n Activities), then
		plete Parts I-A and B. Do not co 1(c)(3)) organizations: Complete	•	Do not complete Part I-P	
 Section 527 organiza 			rand o below.		
•	•	Form 990, Part IV, line 4, or Fo	orm 990-EZ, Part VI, li	ne 47 (Lobbying Activiti	es), then
 Section 501(c)(3) org 	anizations that h	nave filed Form 5768 (election ur	nder section 501(h)): Co	omplete Part II-A. Do not o	complete Part II-B.
		nave NOT filed Form 5768 (electi	,		•
		Form 990, Part IV, line 5 (Prox	y Tax) (See separate i	instructions) or Form 99	0-EZ, Part V, line 35c (Proxy
 Tax) (See separate instr • Section 501(c)(4), (5) 		ions: Complete Part III.			
Name of organization	, or (o) or gam_at			En	ployer identification number
		NITED WAY, INC.			99-0073494
Part I-A Comple	ete if the org	anization is exempt und	er section 501(c)	or is a section 527 o	organization.
•	0	ation's direct and indirect politic			
2 Political campaign a	y 1				\$
3 Volunteer hours for	political campai	gn activities			
Part I-B Comple	ete if the org	anization is exempt unde	er section 501(c)(3).	
1 Enter the amount of	f any excise tax	ncurred by the organization und	er section 4955		• \$
2 Enter the amount of	f any excise tax	ncurred by organization manage			• \$
e e		1 4955 tax, did it file Form 4720	,		
4a Was a correction m					Yes No
b If "Yes," describe in Part I-C Comple		anization is exempt und	er section 501(c).	except section 501	(c)(3).
-		by the filing organization for sec		•	• \$
		zation's funds contributed to oth			
exempt function ac	tivities			►	• \$
		Add lines 1 and 2. Enter here a		·	
				▶	•\$
00		1120-POL for this year?) of all costion 507 pc	litical argonizations to wh	Yes No
		ployer identification number (EI ion listed, enter the amount paid		-	
	•	omptly and directly delivered to a			•
political action com	mittee (PAC). If a	additional space is needed, prov	ide information in Part	IV.	
(a) Name		(b) Address	(c) EIN	(d) Amount paid fron filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 ALOHA UNITED WAY, INC. Part II-A Complete if the organization is exempt under section 501(c)(3) and f section 501(h)).		073494 Page: ction under
 A Check ► □ if the filing organization belongs to an affiliated group (and list in Part IV each affiliat expenses, and share of excess lobbying expenditures). B Check ► □ if the filing organization checked box A and "limited control" provisions apply. 	ed group member's name	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	3,650.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	4,974.	
c Total lobbying expenditures (add lines 1a and 1b)	8,624.	
d Other exempt purpose expenditures	42,743,422.	
e Total exempt purpose expenditures (add lines 1c and 1d)	42,752,046.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	

f	Lobbying nontaxable amount. Enter the amou	1,000,000.		
	If the amount on line 1e, column (a) or (b) is:	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
	Grassroots poptaxable amount (enter 25% of	250 000.		

g Grassroots nontaxable amount (enter 25% of line 11)	230,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	
i 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?

Yes No

Page 2

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total		
2a Lobbying nontaxable amount	703,506.	858,102.	872,677.	1,000,000.	3,434,285.		
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					5,151,428.		
c Total lobbying expenditures	22,806.	27,373.	11,991.	8,624.	70,794.		
d Grassroots nontaxable amount	175,877.	214,525.	218,169.	250,000.	858,571.		
e Grassroots ceiling amount (150% of line 2d, column (e))					1,287,857.		
f Grassroots lobbying expenditures	22,806.	27,373.	11,991.	3,650.	65,820.		

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	of the lobbying activity.		No	Amo	ount
1 a	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: Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	2 501(a)(5)	or 000	tion	
Fai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 50 1(0)(5)	, or sec		
	501(0)(0).			Yes	No
				165	
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 Dar	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		<u>3</u>	tion	
ı aı	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (See instructions)				
Par	t 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.

Schedule C (Form 990 or 990-EZ) 2020

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	HEDULE D n 990)	F	OMB No. 1545-0047				
Depart	tment of the Treasury al Revenue Service	Part IV, line 6, 7, 8, 9, 10	Attach to Form 990.	le, 11f, 12a, or 12b.		Open to Public Inspection	
	e of the organization				Employer i	dentification number	
	_	ALOHA UNITED WAY,				-0073494	
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other S	Similar Funds or Ac	counts. c	omplete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.				
			(a) Donor advise	ed funds	b) Funds and	other accounts	
1	Total number at er	nd of year					
2	Aggregate value o	f contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
4	Aggregate value at	t end of year					
5	Did the organization	on inform all donors and donor advisors in	writing that the assets he	eld in donor advised fund	ls		
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		[Yes No	
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that gr	ant funds can be used o	nly		
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or for a	ny other purpose conferr	ing		
	impermissible priva					Yes No	
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, Part IV,	line 7.		
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).				
	Preservation	n of land for public use (for example, recrea	tion or education)	Preservation of a histo	prically importa	ant land area	
	Protection o	f natural habitat		Preservation of a certi	fied historic st	ructure	
	Preservation	n of open space					
2	Complete lines 2a	through 2d if the organization held a qualit	fied conservation contrib	oution in the form of a co	nservation eas	ement on the last	
	day of the tax year	r.			Held at	the End of the Tax Year	
а					2a		
b	Total acreage rest				2b		
с	•	vation easements on a certified historic stru			2c		
d		vation easements included in (c) acquired a					
		nal Register	•		2d		
3		vation easements modified, transferred, rel			zation during 1	he tax	
	vear 🕨			, ,	0		
4	Number of states	where property subject to conservation eas	sement is located				
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspec	tion, handling of			
		orcement of the conservation easements it		, Ç	[Yes No	
6	Staff and voluntee	r hours devoted to monitoring, inspecting,				during the year	
	►						
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and er	nforcing conservation eas	sements durin	g the year	
	▶\$	5, 1 5,	5	3		5	
8		vation easement reported on line 2(d) abov	e satisfy the requiremen	ts of section 170(h)(4)(B)	(i)		
)(4)(B)(ii)?	•		·· ·	Yes No	
9		be how the organization reports conservation					
		d include, if applicable, the text of the footr				ie	
		ounting for conservation easements.				-	
Pa		ations Maintaining Collections of	Art, Historical Tre	asures, or Other S	imilar Asse	ets.	
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1 a		elected, as permitted under FASB ASC 95		enue statement and bala	ance sheet wo	rks	
	•	easures, or other similar assets held for put	· ·				
		Part XIII the text of the footnote to its finar					
b		elected, as permitted under FASB ASC 95			sheet works	of	
-	-	sures, or other similar assets held for public					
		ing amounts relating to these items:	erandinen, education, e			,	
	(i) Revenue included on Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X						
2	2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide						
-	the following amounts required to be reported under FASB ASC 958 relating to these items:						
9	a Revenue included on Form 990, Part VIII, line 1						
		Form 990, Part X					
		eduction Act Notice, see the Instructions				ule D (Form 990) 2020	
	1 12-01-20				Geneti		
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Sche		NITED WAY,							73494		age 2
Pa	t III Organizations Maintaining C	ollections of Art	t, Histo	orical Tre	asures, or	r Other	r Similar	Assets	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing that	make si	gnificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explain	how th	ey further th	e organizatio	n's exen	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arrang		ete if the	e organizatio	n answered "	'Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1 a	Is the organization an agent, trustee, custodi							_	_		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing t	able:							
									Amount		
с	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
f	Ending balance						. 1 f				1
	Did the organization include an amount on Fo						ity?	L	Yes		No ∣
Pa	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i										
1 ui				rior year			(d) Three y	aara baak	(a) Four	vooro	book
10	Paginning of year balance	(a) Current year 1,718,407.		,718,407.	(c) Two year	3,407.		18,407.		<u>years</u> 718,	
	Beginning of year balance	1,110,107.	-	,,10,10,.	1,710	, 10 , 1	-,,,	10,10,.	<u> </u>	, 10,	107.
b	Contributions	30,487.		30,402.	13	3,297.		13,297.		13	730.
c d				••,•••		,		,		,	
	Grants or scholarships Other expenditures for facilities										
U	and programs	30,487.		30,402.	13	3,297.	:	13,297.		13.	730.
f	Administrative expenses	,		,		,					
a	End of year balance	1,718,407.	1	,718,407.	1,718	3,407.	1,7	18,407.	1,	718,	407.
2	Provide the estimated percentage of the curr				,	<i>i</i> 1	,	,	, ,		
a	Board designated or quasi-endowment	•	%	y , · - · · · · · ()	,						
b	Permanent endowment	%	_								
		<u></u> %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that	t are held ar	nd administer	ed for th	e organiza	tion			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)	X	
	(ii) Related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pa	t VI _ Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	/, line 11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or of		• •	or other	• •	ccumulate	d	(d) Bool	value	е
		basis (investm	nent)	basis		de	preciation			-	<u> </u>
1a	Land				1,000.						00.
b	Buildings			11,43	0,914.	8,9	977,27	2.	2,453	5,64	42.
	Leasehold improvements				<u> </u>			<u>_</u>	4.0.4		74
	Equipment				6,496.	6	687,32	12.	109	9,1	/⊥•
	Other								0 7 7 7	<u> </u>	1 2
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	<u>X. colur</u>	nn (B), line 10	0c.)				2,753		
							9	Schedule	D (Form	990)	2020

Schedule D (Form 990) 2020 ALOHA UNITED WAY, INC.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) CASH	203,455.	COST
(B) RESTRICTED CERTIFICATE OF		
(C) DEPOSIT	1,000,000.	COST
(D) MUTUAL AND FIXED INCOME		
(E) FUNDS	1,232,414.	COST
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 12.)	2,435,869.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.							
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)							

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUST	1,098,861.
(2) OTHER ASSETS	204,882.
(3) THIRD PARTY HOLDINGS	1,342,371.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Colymn (b) must equal Form 990. Part X. col. (B) line 15.)	2,646,114.
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	45,966.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	45,966.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2020

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	dule D (Form 990) 2020 ALOHA UNITED WAY, INC.			99-	0073494	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statement	ts With	n Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				41 000	
1				1	41,920,	899.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	396,952.	-		
b	Donated services and use of facilities	2b		-		
С	Recoveries of prior year grants	2c		4		
d	Other (Describe in Part XIII.)	2d	939,522.			
е	Add lines 2a through 2d			2e	1,336,	474.
3	Subtract line 2e from line 1			3	40,584,	425.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
b	Other (Describe in Part XIII.)	4b	2,171,092.			
С	Add lines 4a and 4b			4c	2,171, 42,755,	092.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		517.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts Wil	th Expenses per H	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	41,586,	421.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a		-		
b	Prior year adjustments	2b		-		
с	Other losses	2c		_		
d	Other (Describe in Part XIII.)	2d	9,989.			
е	Add lines 2a through 2d			2e	9, 41,576,	989.
3	Subtract line 2e from line 1			3	<u>41,576,</u>	<u>432.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	4,227,279.			
с	Add lines 4a and 4b			4c	4,227,	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	45,803,	711.
Pa	t 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, 2020 AND 2019, 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 Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020 ALOHA UNITED WAY, INC. Part XIII Supplemental Information (continued)	99-0073494 Page
31, 2017 THROUGH 2020.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSE	9,989.
BENEFICIAL INTEREST IN TRUST	370,961.
PPP LOAN PROCEEDS FORMALLY FORGIVEN 2021	558,572.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	939,522.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DONOR DESIGNATIONS	2,090,428.
FUNDRAISING REVENUE IN EXCESS OF BOOK	80,664.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,171,092.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSE	9,989.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DONOR DESIGNATIONS	4,227,279.

Schedule D (Form 990) 2020

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047			
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.										
Department of the Treasury		Attach to Form 990						Open to Public			
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.	Employor id	Inspection entification number			
Name of the organization		NITED WAY, INC.					99-0073				
		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1					
1 Indicate whether the	e organization rais	ed funds through any of the following									
a X Mail solicitat	ions email solicitations			•	overnment grants						
c X Phone solici		g X Special		-	-						
d X In-person so	licitations										
		or oral agreement with any individual				tees,		TZ			
		art VII) or entity in connection with pr /iduals or entities (fundraisers) pursua			•	oo fuur	Ye 🛄 Ye				
compensated at le	•	· /·	antio	ayreer	nents under which ti	ie iui					
						(.)	A	1			
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization			
			Yes	No	-						
Total				►							
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from r	egistration			
HI											
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form	990 or 990-EZ) 2020			

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99-0073494 Page 2

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 of fundraising event contributions and gross income on Form 990-EZ. lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ. lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ. lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ. lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ. lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ. lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ. lines 1 and 6b. List events with gross receipts greater than \$5,000 of fundraising event contributions and gross income on Form 990-EZ. lines 1 and 6b. of fundraising event contributio , ¢ = 000

		of fundraising event contributions and gro	Uss income on Form 990-	EZ, IINES I AND OD. LISTE	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WOMEN UNITED		NONE	(add col. (a) through
			C4			col. (c)
Ð			(event type)	(event type)	(total number)	
Revenue						
Sec	1	Gross receipts	83,595.			83,595.
	2	Less: Contributions				
			92 505			83,595.
	3	Gross income (line 1 minus line 2)	83,595.			05,595.
		Cash prizes				
	-					
	5	Noncash prizes				
es	-					
ens	6	Rent/facility costs	5,000.			5,000.
Direct Expenses						
ect	7	Food and beverages	985.			985.
Diz						
	8	Entertainment	4 . 0.0.4			4 004
	9	Other direct expenses	4,004.			4,004.
		Direct expense summary. Add lines 4 through				<u>9,989.</u> 73,606.
Pa	11 11	Net income summary. Subtract line 10 from li Gaming. Complete if the organization		000 Dart IV line 10 or		/3,000.
		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	990, Fait IV, iiile 19, 011	eported more than	
				(b) Pull tabs/instant		(d) Total gaming (add
anı			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
å	1	Gross revenue				
s	2	Cash prizes				
nse						
xpe	3	Noncash prizes				
Direct Expenses						
Dire	4	Rent/facility costs				
	_	Other direct evenence				
	5	Other direct expenses				
	6	Volunteer labor	│	└── Yes %	Yes %	
		volunteer labor				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	-		· · · · · · · · · · · · · · · · · · ·		······ ·	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
a	ı Is t	he organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b) If "	No," explain:				
		ere any of the organization's gaming licenses re			/ear?	Yes No
C	, 11	Yes," explain:				
0320	82 11	-25-20			Schedule G (For	rm 990 or 990-EZ) 2020

1 Does the organization conduct gaming activities with nonmembers?	<u>Sche</u>	dule G (Form 990 or 990-EZ) 2020 ALOHA UNITED WAY, INC.	99-0	<u>07</u> 3	<u>49</u> 4	Pag	<u>e</u> 3
2 Is the organization a grant bank the trute of a trust, or a member of a partnership or other entity formal to administer charable gaming?					Yes		No
a Indicate the procentage of gaming activity conducted in: image in the comparison facility image in the name and address of the person who propers the organization's gaming/special events books and records: Name ▶							
a The organization's facility		to administer charitable gaming?			Yes		No
b. An outside facility	13	Indicate the percentage of gaming activity conducted in:		1			
4 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 5a Does the organization have a contract with a third party from whom the organization neceives gaming revenue? [] Yes] b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$				13a			9
Name ▶ Address ▶ 55 Does the organization have a contract with a third party from whom the organization receives gaming revenue? IVes b if "ves," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party. Name ▶ Address ▶				13b			ç
Address	14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:				
5a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Image: State in the image: S		Name					
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party. ▶ \$ and the amount of gaming manager information: Name ▶		Address 🕨					
c gaming reveue relatived by the third party ▶\$	15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes		Na
c It "Yes," enter name and address of the third party: Name ▶			int				
Name		of gaming revenue retained by the third party \blacktriangleright \$					
Address	с	If "Yes," enter name and address of the third party:					
6 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee Independent contractor 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? • 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, 101 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		Name 🕨					
Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Director/officer □ Independent contractor 7 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? • Enter the amount of distributions required under state law to be distributed to other exempt organizations or speen in the organization's own exempt activities during the tax year ▶ \$ • Enter the amount of distributions required under state law to be distributed by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10i 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. • Subplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10i 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. • Information • Managemental Difference • Information • Information and the distributions required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10i 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		Address					
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer Employee Independent contractor 7. Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 M Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10t 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	16	Gaming manager information:					
Description of services provided ▶		Name					
Description of services provided ▶		Gaming manager compensation 🕨 \$					
□ Director/officer □ Employee □ Independent contractor 7 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 □ b Enter the amount of distributions required under state law to be distributed to other exempt organization's own exempt activities during the tax year ▶ \$ S Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10t, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. □ 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. □ 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. □ 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. □ 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. 15c, 16, and 17b, as applicable. □ □							
7 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 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 ▶ \$ Second to the explanation information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10t 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. a Supplemental Information in the organization is equired by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10t 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. a Supplemental Information in the organization is equired by Part I. a Supplemental Information is equired by Part I. a supplicable. Also provide any additional information. See instructions. a supplemental is the organization is equired by Part I. a supplemental is the organization is equired by Part I. a supplemental is the organization is equired by Part I. a supplemental is the organization is equired by Part I. a supplemental is the organization is equired by Part I. a supplemental is the organization is equired by Part I. a supplemental is the organization is equired by Part I. a supplemental is the organization is equired by Part I. a supplemental is the		Description of services provided 🕨					
7 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 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 ▶ \$ Second to the explanation information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10t 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. a Supplemental Information in the organization is equired by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10t 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. a Supplemental Information in the organization is equired by Part I. a Supplemental Information is equired by Part I. a supplicable. Also provide any additional information. See instructions. a supplemental is the organization is equired by Part I. a supplemental is the organization is equired by Part I. a supplemental is the organization is equired by Part I. a supplemental is the organization is equired by Part I. a supplemental is the organization is equired by Part I. a supplemental is the organization is equired by Part I. a supplemental is the organization is equired by Part I. a supplemental is the organization is equired by Part I. a supplemental is the							
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, 10t 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	а	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			Yes		Nc
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10t 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the				
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.							
2008 11-25-20 Schedule G (Form 990 or 990-EZ) 2	Par		and Par	t III, lin	es 9, 9	9b, 10	b,
		15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.					
) /Г -	. 000			
33	32083		a (Form	1 990 d	or 990	-EZ) 2	:020

Schedule G (Form 990 or 990-EZ)	ALOHA	UNITED	WAY,	INC.
Dort IV Supplemental Info	rm ati a n			

Part IV	Supplemental Information (continued)
	Schedule G (Form 990 or 990-EZ

032084 04-01-20

SCHEDULE I		C	arants and Oth	er Assistan	ce to Organ	izations.			OMB No. 1	545-0047
(Form 990)	Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									20
Department of the Treasury Internal Revenue Service				Attach to Form s.gov/Form990 fo	m 990.				Open to Inspe	
Name of the organizati	on ALOHA UNI	TED WAY	TNC.					Employer	identificatio 99-00	
Part I General In	formation on Grants a		1110.						<u> </u>	/34/4
1 Does the organiz	zation maintain records	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on		
criteria used to a	ward the grants or assis	stance?	-			-			X Yes	🗌 No
2 Describe in Part	IV the organization's pro	ocedures for monit	toring the use of grant	funds in the United	States.					
Part II Grants an	d Other Assistance to	Domestic Organi	zations and Domestic	Governments. C	complete if the org	anization answered "Y	es" on Form 990, Parl	t IV, line 21,	for any	
recipient th	hat received more than S	\$5,000. Part II can	be duplicated if addition	onal space is need	ed.					
	Idress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		Purpose of of or assistanc	
ACCESSSURF HAWAII										
P.O. BOX 15152	0	20 4420545	501(0)(2)	10 670	0			CENEDAT	ODEDAUTNO	
HONOLULU, HI 9683	0	20-4420646	501(C) (3)	10,679.	0.			GENERAL	OPERATING	GRANT
ADULT FRIENDS FOR	VOIITH									
3375 KOAPAKA ST.,										
HONOLULU, HI 9681		99-0254581	501(C) (3)	16,737.	0.			GENERAL	OPERATING	GRANT
	5 10/0	55 0251501	501(0) (3)	10,101.					01 11111 1110	
AFTER-SCHOOL ALL-	STARS HAWAII									
1523 KALAKAUA AVE										
HONOLULU, HI 9682		27-4604870	501(C) (3)	12,619.	0.			GENERAL	OPERATING	GRANT
,				,						
ALOHA HARVEST										
3599 WAIALAE AVE.	, #23									
HONOLULU, HI 9681	6-2759	99-0344209	501(C) (3)	47,565.	0.			GENERAL	OPERATING	GRANT
ALOHA LATER - HAW	AII HOTEL									
INDUSTRY FOUNDATI	ON - 2270									
KALAKAUA AVENUE,	#1702 - HONOLULU,									
HI 96815		99-0194293	501(C) (3)	10,000.	0.			GENERAL	OPERATING	GRANT
ALOHA MEDICAL MIS	SION									
810 N. VINEYARD B										
HONOLULU , HI 968	17	99-0234811	501(C) (3)	32,749.	0.			GENERAL	OPERATING	
	er of section 501(c)(3) a	•	•	e line 1 table				►		152.
	er of other organization							🕨		0.
LHA For Paperwork	Reduction Act Notice	, see the Instruct	ions for Form 990.					Scheo	lule I (Form	990) 2020

Schedule I (Form 990) ALOHA UNITED WAY, INC.

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Schedule I (Form 990) ALORA UNI	IED WAI,	INC.					79-0073494 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S DISEASE AND RELATED							
DISORDERS ASSOCIATION, INC 1130							
N. NIMITZ HIGHWAY							
SUITE A-265 - HONOLULU, HI 96817	13-3039601	501(C) (3)	73,511.	0.			GENERAL OPERATING GRANT
AMERICAN CANCER SOCIETY, INC.							
2370 NUUANU AVE.							
HONOLULU, HI 96817	13-1788491	501(C) (3)	54,887.	0.			GENERAL OPERATING GRANT
AMERICAN DIABETES ASSOCIATION INC.							
PIONEER PLAZA							
900 FORT STREET MALL, SUITE 940 -							
HONOLULU, HI 96813	13-1623888	501(C) (3)	34,232.	0.			GENERAL OPERATING GRANT
AMERICAN HEART ASSOCIATION OF							
HAWAII - 707 RICHARDS STREET,							
SUITE 615 - HONOLULU, HI 96813	13-5613797	501(C) (3)	71,328.	0.			GENERAL OPERATING GRANT
AMERICAN RED CROSS, HAWAII STATE CHAPTER - 4155 DIAMOND HEAD ROAD -							
HONOLULU, HI 96816	53-0196605	501(C) (3)	146,393.	0.			GENERAL OPERATING GRANT
	55 0150005	501(0) (3)	140,353.	0.			GENERAL OF ERATING GRANT
ARTHRITIS FOUNDATION HI CHAPTER							
1355 PEACHTREE ST NE SUITE 600							
ATLANTA, GA 30309	58-1341679	501(C) (3)	6,128.	0.			GENERAL OPERATING GRANT
,			, ,				
ASSETS SCHOOL							
ONE OHANA NUI WAY							
HONOLULU, HI 96818	99-6001152	501(C) (3)	22,759.	0.			GENERAL OPERATING GRANT
BIG BROTHERS BIG SISTERS HAWAII,							
INC 2119 N. KING ST. #202 -						VARIOUS	
HONOLULU, HI 96819	99-0109970	501(C) (3)	30,600.	1,150.	FMV	SUPPLIES	GENERAL OPERATING GRANT
BISHOP MUSEUM							
1525 BERNICE STREET							
HONOLULU, HI 96817	99-0161980	501(C) (3)	5,423.	0.			GENERAL OPERATING GRANT
,,	1 32 3232300		,123.	· ·		1	

Schedule I (Form 990)

Schedule I (Form 990) ALOHA UNITED WAY, INC.

99-0073494 Page 1

Part II Continuation of Grants and Other	Assistance to Do		and Domestic Go	vernments (Sch	edule I (Form 990), Pa		79-0075494 Page
(a) Name and address of organization or government	he and address of (b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOOD BANK OF HAWAII							
2043 DILLINGHAM BLVD							
HONOLULU, HI 96819	99-0073479	501(C) (3)	5,215.	0.			GENERAL OPERATING GRANT
BLUE PLANET FOUNDATION							
55 MERCHANT ST., SUITE 1700							
HONOLULU, HI 96813	20-8247917	501(C) (3)	6,248.	٥.			GENERAL OPERATING GRANT
BOY SCOUTS OF AMERICA - ALOHA							
COUNCIL - 42 PUIWA ROAD -							
HONOLULU, HI 96817	99-0073482	501(C) (3)	49,122.	0.			GENERAL OPERATING GRANT
BOYS & GIRLS CLUB OF HAWAII							
1001 BISHOP STREET, SUITE 505 HONOLULU, HI 96813	99-6005407	501(C) (3)	29,712.	0.			GENERAL OPERATING GRANT
	55 0003407	501(0) (3)	25,112.				
BOYS & GIRLS CLUB OF HILO							
100 KAMAKAHONU STREET							
НІLО, НІ 96720	81-0575345	501(C) (3)	5,254.	٥.			GENERAL OPERATING GRANT
CATHOLIC CHARITIES HAWAI'I							
1822 KEEAUMOKU ST.						VARIOUS	
HONOLULU, HI 96822	99-0073547	501(C) (3)	215,467.	7,735.	FMV	SUPPLIES	GENERAL OPERATING GRANT
			· ·				
CENTER FOR TOMORROW'S LEADERS							
677 ALA MOANA BLVD., SUITE 1100							
HONOLULU, HI 96813	46-3490591	501(C) (3)	29,579.	0.			GENERAL OPERATING GRANT
CHAMINADE UNIVERSITY OF HONOLULU							
3140 WAIALAE AVE.							
HONOLULU, HI 96816	99-0272261	501(C) (3)	16,500.	0.			GENERAL OPERATING GRANT
;			· · ·				
CHILD & FAMILY SERVICE							
91-1841 FORT WEAVER RD.							
EWA BEACH, HI 96706	99-0073483	501(C) (3)	22,482.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMON GRACE							
P.O. BOX 31116						VARIOUS	
HONOLULU, HI 96820	30-0110074	501(C) (3)	6,471.	775.	VMT	SUPPLIES	GENERAL OPERATING GRANT
			· · · · · · · · · · · · · · · · · · ·	,,,,,,			
COMPASSION FOR CANCER CAREGIVERS							
1182 OILIPUU PLACE							
HONOLULU, HI 96825	47-4067239	501(C) (3)	18,646.	0.			GENERAL OPERATING GRANT
			,				
COUNCIL FOR NATIVE HAWAIIAN							
ADVANCEMENT - 91-1270 KINOIKI ST.							
- HONOLULU , HI 96807	91-0313383	501(C) (3)	139,745.	0.			GENERAL OPERATING GRANT
DAMIEN MEMORIAL HIGH SCHOOL							
1401 HOUGHTAILING ST.							
HONOLULU, HI 96817-2797	99-0108341	501(C) (3)	6,287.	0.			GENERAL OPERATING GRANI
DIAMOND HEAD THEATRE							
520 MAKAPUU AVE.							
HONOLULU, HI 96816-2319	99-0073495	501(C) (3)	65,161.	0.			GENERAL OPERATING GRANT
DISABLED AMERICAN VETERANS (DAV)							
CHARITABLE SERVICE TRUST - 3725							
ALEXANDRIA PIKE - COLD SPRING, KY							
41076	52-1521276	501(C) (3)	5,784.	0.			GENERAL OPERATING GRANT
DOMESTIC VIOLENCE ACTION CENTER							
P.O. BOX 3198						VARIOUS	
HONOLULU, HI 96801-3198	99-0290389	501(C) (3)	57,548.	775.	FMV	SUPPLIES	GENERAL OPERATING GRANT
EAST WEST CENTER							
1601 EAST-WEST RD.							
HONOLULU, HI 96848	99-0218752	501(C) (3)	6,000.	0.			GENERAL OPERATING GRANT
EASTER SEALS HAWAII							
710 GREEN ST.				_			
HONOLULU, HI 96813-2119	99-0075235	501(C) (3)	19,688.	0.			GENERAL OPERATING GRANT

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Schedule I (Form 990) ALORA UNI				- 14 -			79-0073494 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa T	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EFFECTIVE PLANNING INNOVATIVE COMMUNICATION INC - 1130 N. NIMITZ						VARIOUS	
HWY.STE C-210 - HONOLULU, HI 96817	99-0333370	501(C) (3)	7,263.	625.	FMV	SUPPLIES	GENERAL OPERATING GRANT
	55 6555576	501(0) (5)	,,200.				
EPILEPSY FOUNDATION OF HAWAII							
1050 ALA MOANA BLVD., SUITE 2550							
HONOLULU, HI 96814	23-7216782	501(C) (3)	6,230.	0.			GENERAL OPERATING GRANT
FAMILY PROGRAMS OF HAWAII							
801 S KING STREET						VARIOUS	
HONOLULU, HI 96813	99-0280498	501(C) (3)	11,887.	4,275.	FMV	SUPPLIES	GENERAL OPERATING GRANT
FAMILY PROMISE OF HAWAII							
245 N. KUKUI ST., #101				500		VARIOUS	
HONOLULU, HI 96817	20-2645489	501(C) (3)	42,804.	500.	FМV	SUPPLIES	GENERAL OPERATING GRANT
FEED THE HUNGER FUND FKA FEED THE							
HUNGER FOUNDATION - 100 MONTGOMERY							
ST SAN FRANCISCO, CA 94129	26-2975093	501(C) (3)	77,233.	0.			GENERAL OPERATING GRANT
,,,			,				
FISHER HOUSE - TRIPLER ARMY							
MEDICAL CENTER - 317 KRUKOWSKI							
ROAD - HONOLULU, HI 96819	11-3158401	501(C) (3)	16,168.	0.			GENERAL OPERATING GRANT
FRANCISCAN CARE SERVICES							
2228 LILIHA STREET, STE. 105							
HONOLULU, HI 96817	27-4348363	501(C) (3)	5,016.	0.			GENERAL OPERATING GRANT
FRIENDS OF THE CHILDRENS JUSTICE							
CENTER OF OAHU - 3019 PALI HWY				_			
HONOLULU, HI 96817	27-3663109	501(C) (3)	6,060.	0.			GENERAL OPERATING GRANT
FRIENDS OF THE LIBRARY OF HAWAII							
99-1132 IWAENA STREET						VARIOUS	
AIEA, HI 96701	99-6003670	501(C) (3)	5,510.	18,380.	FWV	SUPPLIES	GENERAL OPERATING GRANT
, III 9070I	55-0003070		5,510.	10,300.		POLLITEP	PENERAL OFERALING GRANT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF HAWAI'I							
410 ATKINSON DR., STE. 2E1, BOX 3	99-0073488	$E_{01}(c)$ (2)	105,708.	0.			GENERAL OPERATING GRAN
HONOLULU, HI 96814	99-0073488	501(C) (3)	105,708.	0.			GENERAL OPERATING GRAN
GOODWILL INDUSTRIES OF HAWAII,							
INC 2610 KILIHAU ST							
HONOLULU, HI 96819	99-6001264	501(C) (3)	157,114.	0.			GENERAL OPERATING GRAN
	33 0001201	551(6) (5)	137,111.				
GREGORY HOUSE PROGRAMS							
200 N VINEYARD BLVD, STE A310							
HONOLULU, HI 96817	99-0265111	501(C) (3)	39,024.	0.			GENERAL OPERATING GRAN
GUIDE DOGS OF HAWAII ADAPTIVE AIDS			,				
CANINES & - ADVOCACY FOR THE							
BLIND						VARIOUS	
747 AMANA ST., #407 - HONOLULU, HI	99-0103779	501(C) (3)	20,930.	300.	FMV	SUPPLIES	GENERAL OPERATING GRAN
			, .				
HALE KIPA, INC.							
615 PIIKOI ST., STE. 203							
, HONOLULU, HI 96814	23-7061499	501(C) (3)	52,146.	0.			GENERAL OPERATING GRAN
·			·				
HANDS OF HOPE							
P.O. BOX 2776							
HONOLULU, HI 96803	99-0303793	501(C) (3)	7,800.	٥.			GENERAL OPERATING GRAN
HAWAII APPLESEED CENTER FOR LAW							
AND ECONOMIC JUSTICE - 733 BISHOP							
STREET, STE 1180 - HONOLULU, HI							
96813	76-0748976	501(C) (3)	7,204.	0.			GENERAL OPERATING GRAN
HAWAII AUTISM FOUNDATION							
PO BOX 2775							
HONOLULU, HI 96803	26-1563850	501(C) (3)	6,474.	0.			GENERAL OPERATING GRAN
HAWAII CHILDREN'S ACTION NETWORK							
805 RICHARDS ST., STE 201							
HONOLULU, HI 96813	94-3257650	501(C) (3)	84,948.	0.			GENERAL OPERATING GRAN

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AWAII CHILDREN'S CANCER OUNDATION - 1814 LILIHA ST							
HONOLULU, HI 96817	99-0299937	501(C) (3)	38,923.	0.			GENERAL OPERATING GRANT
HAWAII COMMUNITY FOUNDATION 827 FORT STREET MALL		501 (2) (2)	10.000				
HONOLULU, HI 96813	99-0261283	501(C) (3)	10,000.	0.			GENERAL OPERATING GRANT
HAWAII COUNCIL ON ECONOMIC EDUCATION - 900 FORT STREET MALL,			11 (00				
STE 600 - HONOLULU, HI 96813	99-6010090	501(C) (3)	11,400.	0.			GENERAL OPERATING GRANT
HAWAII DOG FOUNDATION 94-1221 KA UKA BLVD., #108-315							
WAIPAHU, HI 96797	05-0594693	501(C) (3)	11,665.	0.			GENERAL OPERATING GRANT
HAWAII EXECUTIVE COLLABORATIVE 1000 BISHOP STREET, UNIT 810							
HONOLULU, HI 96813	84-4041099	501(C) (3)	12,500.	0.			GENERAL OPERATING GRANT
HAWAII FARM BUREAU P.O. BOX 253							
KAILUA, HI 96759	91-2158769	501(C) (3)	10,000.	0.			GENERAL OPERATING GRANT
HAWAII FI-DO SERVICE DOG 59-790 KAMEHAMEHA HWY.							
HALEIWA, HI 96712	99-0353345	501(C) (3)	15,199.	0.			GENERAL OPERATING GRANT
HAWAII FOODBANK, INC. 2611 KILIHAU ST.							
HONOLULU, HI 96819	99-0220699	501(C) (3)	131,165.	0.			GENERAL OPERATING GRANT
HAWAII HOME OWNERSHIP CENTER L259 AALA ST., #201							
HONOLULU, HI 96817-3962	68-0544935	501(C) (3)	132,517.	0.			GENERAL OPERATING GRANT

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	urt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AWAII ISLAND UNITED WAY							
P.O. BOX 745							
	99-6012257	501(C) (3)	148,830.	0.			GENERAL OPERATING GRANT
HILO, HI 96720	99-0012257	501(C) (3)	148,830.	0.			GENERAL OPERATING GRANT
HAWAII LITERACY, INC.							
45 NORTH KUKUI STREET, SUITE 202						VARIOUS	
HONOLULU, HI 96817	23-7198698	501(C) (3)	69,079.	1,675.	FMV	SUPPLIES	GENERAL OPERATING GRANT
· · ·							
HAWAII MEALS ON WHEELS, INC.							
P.O. BOX 61194							
HONOLULU, HI 96839-1194	99-0198132	501(C) (3)	123,674.	0.			GENERAL OPERATING GRANT
AWAII PACIFIC UNIVERSITY							
1 ALOHA TOWER DRIVE, SUITE 3100							
HONOLULU, HI 96813	99-0113930	501(C) (3)	5,393.	0.			GENERAL OPERATING GRANT
HAWAII PUBLIC RADIO							
738 KAHEKA STREET, #101			1.1.600				
HONOLULU, HI 96814	51-0191809	501(C) (3)	14,623.	0.			GENERAL OPERATING GRANT
HAWAII PUBLIC TELEVISION							
FOUNDATION DBA PBS HAWAII - P.O.							
BOX 29805 - HONOLULU, HI							
96820-2006	99-0334518	501(C) (3)	24,455.	0.			GENERAL OPERATING GRANT
IAWAII THEATRE CENTER							
LI30 BETHEL STREET	99-0229658	E01(C) (2)	10 655	0.			
HONOLULU, HI 96813	33-0223038	501(C) (3)	10,655.	υ.			GENERAL OPERATING GRANT
HAWAII YOUTH SYMPHONY ASSOCIATION							
1110 UNIVERSITY AVE., STE. 200							
-	99-0119771	501(C) (3)	8 050	0.			
HONOLULU, HI 96826-1598	33-0113//1	201(C) (3)	8,952.	0.			GENERAL OPERATING GRANT
AAWAIIAN COMMUNITY ASSET INC.							
200 N VINEYARD BLVD., STE A300							
HONOLULU, HI 96817	99-0348767	501(C) (3)	187,947.	0.			GENERAL OPERATING GRANT

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
HAWAIIAN HUMANE SOCIETY							
2700 WAIALAE AVE.						VARIOUS	
HONOLULU, HI 96826-1899	99-0073490	501(C) (3)	154,509.	750.	FMV	SUPPLIES	GENERAL OPERATING GRANT
HELPING HANDS HAWAII							
2100 N. NIMITZ HWY.							
HONOLULU, HI 96819-2218	23-7365077	501(C) (3)	102,165.	0.			GENERAL OPERATING GRANT
i							
HO'OLA NA PUA							
PO BOX 22551							
HONOLULU, HI 96823	46-5139164	501(C) (3)	110,516.	0.			GENERAL OPERATING GRANT
HONOLULU HABITAT FOR HUMANITY							
922 AUSTIN LANE, #C-1							
HONOLULU, HI 96817	99-0261871	501(C) (3)	79,149.	0.			GENERAL OPERATING GRANT
HONOLULU POLICE COMMUNITY							
FOUNDATION - 6650 HAWAII KAI DR.,							
STE. 250 - HONOLULU, HI 96825	94-3274384	501(C) (3)	10,661.	0.			GENERAL OPERATING GRANT
HONOLULU PROFESIONALS FOUNDATION							
800 S. BERETANIA ST., STE 240A	27-0370215	501(C) (3)	7,500.	0.			GENERAL OPERATING GRANT
HONOLULU, HI 96813	27-0370215	501(C) (3)	7,500.	0.			GENERAL OPERATING GRANT
HONOLULU THEATRE FOR YOUTH							
1149 BETHEL ST., STE. 700							
HONOLULU, HI 96813-2236	99-0107563	501(C) (3)	14,050.	0.			GENERAL OPERATING GRANT
	55 010,505	551(6) (5)	11,000.				
HONPA HONGWANJI MISSION OF HAWAII							
1727 PALI HWY.							
HONOLULU, HI 96813	99-0073500	501(C) (3)	5,929.	0.			GENERAL OPERATING GRANT
,			, == .				
HUGS (HELP, UNDERSTANDING & GROUP							
SUPPORT) - 3636 KILAUEA AVE							
HONOLULU, HI 96816-2318	99-0213594	501(C) (3)	20,841.	0.			GENERAL OPERATING GRANT

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Sch	edule I (Form 990), Pa T	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUI MALAMA O KE KAI FOUNDATION							
41-477 HIHIMANU STREET							
WAIMANALO, HI 96795-1162	99-0356784	501(C) (3)	25,054.	0.			GENERAL OPERATING GRANT
	55 0550704	501(0) (3)	25,051.				
IHS, THE INSTITUTE FOR HUMAN							
SERVICES, INC 546 KA'AAHI ST							
HONOLULU, HI 96817	99-0199107	501(C) (3)	94,184.	0.			GENERAL OPERATING GRANT
INSTITUTE FOR NATIVE PACIFIC			, -				
EDUCATION AND CULTURE (INPEACE) -							
1001 KAMOKILA BLVD., STE. 226 -						VARIOUS	
KAPOLEI, HI 96707-2096	99-0315193	501(C) (3)	3,498.	3,225.	FMV	SUPPLIES	GENERAL OPERATING GRANT
i							
IOLANI SCHOOL							
563 KAMOKU STREET							
HONOLULU, HI 96826	99-0073502	501(C) (3)	68,153.	٥.			GENERAL OPERATING GRANT
KAPI'OLANI HEALTH FOUNDATION							
55 MERCHANT ST., 26TH FL.							
HONOLULU, HI 96813	99-0246364	501(C) (3)	33,967.	0.			GENERAL OPERATING GRANT
KAUAI UNITED WAY							
4374 KUKUI GROVE ST. STE 201							
LIHUE, HI 96766	99-0146288	501(C) (3)	57,995.	0.			GENERAL OPERATING GRANT
KCAA PRESCHOOLS OF HAWAI'I							
2707 S. KING ST.							
HONOLULU, HI 96826-3325	99-0075242	501(C) (3)	18,902.	0.			GENERAL OPERATING GRANT
VOVIN WALTHE WALLEY CONSERVICE							
KOKUA KALIHI VALLEY COMPREHENSIVE							
FAMILY SERVICES - 2239 N. SCHOOL		501(0) (0)	141 540	0.050		VARIOUS	
ST HONOLULU, HI 96819	99-0149797	501(C) (3)	141,549.	2,250.	r.W∧	SUPPLIES	GENERAL OPERATING GRANT
VIIAVINI COINDATION							
KUAKINI FOUNDATION							
347 N. KUAKINI ST.	99-0225067	501(C) (3)	13,618.	0.			CENEDAL ODEDATING CDANT
HONOLULU, HI 96817-2336	39-022506/	501(C) (3)	13,018.	υ.			GENERAL OPERATING GRANT

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Part II Continuation of Grants and Othe	er Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	Irt II.)	I
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KUPU							
677 ALA MOANA BLVD., #1200							
HONOLULU, HI 96813	51-0652665	501(C) (3)	43,366.	٥.			GENERAL OPERATING GRANT
				···			
LANAKILA PACIFIC							
1809 BACHELOT ST.							
HONOLULU, HI 96817	99-0103922	501(C) (3)	44,054.	٥.			GENERAL OPERATING GRANI
			,				
LE JARDIN ACADEMY							
917 KALANIANAOLE HWY							
KAILUA, HI 96734	99-0146978	501(C) (3)	17,178.	٥.			GENERAL OPERATING GRANT
LEGACY OF LIFE HAWAII							
405 N KUAKINI ST., #810							
HONOLULU, HI 96817	99-0257883	501(C) (3)	7,944.	0.			GENERAL OPERATING GRANT
LEGAL AID SOCIETY OF HAWAI'I							
924 BETHEL ST.							
HONOLULU, HI 96813	99-0076020	501(C) (3)	10,416.	0.			GENERAL OPERATING GRANT
LIFE FOUNDATION							
677 ALA MOANA BLVD., STE. 226	00 0000540	F01(a) (2)	14 740				
HONOLULU, HI 96813-5405	99-0230542	501(C) (3)	14,740.	0.			GENERAL OPERATING GRANT
MAKE A WISH HAWAII INC.							
223 S KING ST. #100						VARIOUS	
HONOLULU, HI 96813	99-0220777	501(C) (3)	59,261.	775.	FMV	SUPPLIES	GENERAL OPERATING GRANT
	55 0220777	501(0) (3)	55,201.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
MARYKNOLL SCHOOL							
1526 ALEXANDER STREET							
HONOLULU, HI 96822	99-0110569	501(C) (3)	14,537.	0.			GENERAL OPERATING GRANT
				· · ·			
MAUI FOOD BANK							
760 KOLU STREET							
WAILUKU, HI 96794	99-0315110	501(C) (3)	6,000.	٥.			GENERAL OPERATING GRANT

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Part II Continuation of Grants and Other			and Domestic Go	vernments (Sch	edule I (Form 990) Pa		99-0073494 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAUI UNITED WAY							
270 HOOKAHI STREET SUITE 301							
WAILUKU, HI 96793	99-0086524	501(C) (3)	127,770.	0.			GENERAL OPERATING GRANT
MENTAL HEALTH KOKUA							
1221 KAPIOLANI BLVD., STE. 345							
HONOLULU, HI 96814	99-0154505	501(C) (3)	18,447.	0.			GENERAL OPERATING GRANT
MID-PACIFIC INSTITUTE							
2445 KAALA ST.							
HONOLULU, HI 96822-2299	99-0073514	501(C) (3)	60,837.	0.			GENERAL OPERATING GRANT
<i>iii</i> _ <i>i</i>			,				
MOILIILI COMMUNITY CENTER							
2535 S. KING ST.						VARIOUS	
HONOLULU, HI 96826	99-0073515	501(C) (3)	8,265.	200.	FMV	SUPPLIES	GENERAL OPERATING GRANT
NATIONAL ALLIANCE ON MENTAL							
ILLNESS HAWAII (NAMI) - 770							
KAPIOLANI BLVD., STE. 613 -							
HONOLULU, HI 96813-5240	99-0272540	501(C) (3)	5,770.	٥.			GENERAL OPERATING GRANT
NATIONAL KIDNEY FOUNDATION OF							
HAWAII - 1314 S. KING ST., STE.							
1555 - HONOLULU, HI 96814	99-0266733	501(C) (3)	14,165.	0.			GENERAL OPERATING GRANT
1555 - NONOLOLO, NI 90014	33-0200733	501(C) (5)	14,105.	0.			GENERAL OFERALING GRANI
NATURE CONSERVANCY							
923 NUUANU AVE.							
HONOLULU, HI 96817	53-0242652	501(C) (3)	24,421.	0.			GENERAL OPERATING GRANT
NAVIAN HAWAII FKA HOSPICE HAWAI'I,							
INC 860 IWILEI RD HONOLULU,							
HI 96817	99-0203930	501(C) (3)	70,254.	0.			GENERAL OPERATING GRANT
			,0,234.				
NAVY HALE KEIKI SCHOOL							
153 BOUGAINVILLE DRIVE							
HONOLULU, HI 96818	99-0299640	501(C) (3)	5,525.	0.			GENERAL OPERATING GRANT

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Part II Continuation of Grants and Other							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW COVENANT ACADEMY							
3119 W 6TH ST.							
LOS ANGELES, CA 90020	95-4834735	501(C) (3)	6,000.	0.			GENERAL OPERATING GRANT
NEW HOPE WINDWARD							
43 ONEAWA ST., STE 203							
KAILUA, HI 96734	99-0348925	501(C) (3)	26,000.	0.			GENERAL OPERATING GRANT
OAHU SOCIETY FOR THE PREVENTION OF							
CRUELTY OF ANIMALS - OAHU SPCA							
P.O. BOX 25145 - HALEIWA, HI 96825	61-1569948	501(C) (3)	36,177.	0.			GENERAL OPERATING GRANT
DAGTETS AND AGTAN AEEATDS SOUNDI							
PACIFIC AND ASIAN AFFAIRS COUNCIL 1601 EAST-WEST ROAD, 4TH FLOOR							
HONOLULU, HI 96848-1601	99-0073501	501(C) (3)	13,125.	0.			GENERAL OPERATING GRANT
	55 0075501	501(0) (3)	15,125.				
PALAMA SETTLEMENT							
810 N. VINEYARD BLVD.						VARIOUS	
HONOLULU, HI 96817	99-0074140	501(C) (3)	44,161.	2,550.	FMV	SUPPLIES	GENERAL OPERATING GRANT
PALI MOMI FOUNDATION							
55 MERCHANT ST., SUITE 2600							
HONOLULU, HI 96813	38-3840327	501(C) (3)	15,629.	0.			GENERAL OPERATING GRANT
,			,				
PALOLO CHINESE HOME							
2459 10TH AVE.							
HONOLULU, HI 96816	99-0073521	501(C) (3)	17,714.	0.			GENERAL OPERATING GRANI
PARENTS AND CHILDREN TOGETHER							
(PACT) - 1485 LINAPUNI ST., STE.	00 0110670	F01(G) (2)	0.0 540	1 000		VARIOUS	
105 - HONOLULU, HI 96819	99-0119678	501(C) (3)	98,540.	1,000.	r.WA	SUPPLIES	GENERAL OPERATING GRANT
PARTNERS IN DEVELOPMENT FOUNDATION							
2040 BACHELOT STREET							
HONOLULU, HI 96817-2433	94-3271325	501(C) (3)	16,444.	0.			GENERAL OPERATING GRANT

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ALOHA UNITED WAY, INC.

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF THE GREAT							
NORTHWEST & HAWAIIAN ISLANDS -							
2001 E MADISON STREET - SEATTLE,							
WA 96815	91-0686012	501(C) (3)	30,008.	0.			GENERAL OPERATING GRANT
PROJECT DANA							
902 UNIVERSITY AVENUE							
HONOLULU, HI 96826	99-0143990	501(C) (3)	44,825.	0.			GENERAL OPERATING GRANT
PROJECT VISION HAWAII							
P.O. BOX 23212							
HONOLULU, HI 96823	27-2831637	501(C) (3)	7,802.	0.			GENERAL OPERATING GRANT
PUNAHOU SCHOOL							
1601 PUNAHOU ST.	00 0072502	F01(a) (2)	10 500				
HONOLULU, HI 96822	99-0073523	501(C) (3)	18,500.	0.			GENERAL OPERATING GRANT
READ TO ME INTERNATIONAL							
FOUNDATION - 126 QUEEN ST., #303 -						VARIOUS	
HONOLULU, HI 96813-4415	99-0327529	501(C) (3)	62,160.	6,640.	FMV	SUPPLIES	GENERAL OPERATING GRANT
REHABILITATION HOSPITAL OF THE							
PACIFIC - 226 N. KUAKINI ST							
HONOLULU, HI 96817-2488	99-0241634	501(C) (3)	18,800.	0.			GENERAL OPERATING GRANT
RESIDENTIAL YOUTH SERVICES &							
EMPOWERMENT (RYSE) - PO BOX 11662							
- HONOLULU, HI 96828	81-2102826	501(C) (3)	37,750.	٥.			GENERAL OPERATING GRANT
RIVER OF LIFE MISSION							
P.O. BOX 37939			10.150				
HONOLULU, HI 96837	99-0253651	501(C) (3)	10,453.	0.			GENERAL OPERATING GRANT
RONALD MCDONALD HOUSE CHARITIES OF							
HAWAII INC P.O. BOX 61777 -							
HONOLULU, HI 96839-1777	99-0222124	501(C) (3)	23,478.	0.			GENERAL OPERATING GRANT
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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa I	irt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT LOUIS SCHOOL							
3142 WAIALAE AVE.							
HONOLULU, HI 96816	99-0272260	501(C) (3)	51,565.	0.			GENERAL OPERATING GRANT
SHRINER'S HOSPITAL FOR CHILDREN 1310 PUNAHOU STREET HONOLULU, HI 96826	36-2193608	501(C) (3)	16,227.	0.			GENERAL OPERATING GRANT
, SPECIAL OLYMPICS HAWAII 1833 KALAKAUA AVENUE, SUITE 500							
HONOLULU, HI 96815	23-7173957	501(C) (3)	69,025.	0.			GENERAL OPERATING GRANT
ST. ANDREW'S PRIORY 224 QUEEN EMMA SQ. HONOLULU, HI 96813	99-0073525	501(C) (3)	10,000.	0.			GENERAL OPERATING GRANT
ST. FRANCIS COMMUNITY HEALTH SERVICES - P.O. BOX 29700 -	99-0325194	501(C) (3)	13,825.	0.			GENERAL OPERATING GRANT
HONOLULU, HI 96820	99-0325194	501(C) (3)	13,825.	0.			GENERAL OPERATING GRANT
ST. FRANCIS HEALTHCARE FOUNDATION OF HAWAII – 2228 LILIHA ST., STE. 205 – HONOLULU, HI 96817	99-0240060	501(C) (3)	22,602.	0.			GENERAL OPERATING GRANT
STRAUB FOUNDATION 55 MERCHANT ST., 26TH FL.							
HONOLULU, HI 96813	99-0109350	501(C) (3)	10,852.	٥.			GENERAL OPERATING GRANT
SUSAN G. KOMEN BREAST CANCER FOUNDATION - 3555 HARDING AVENUE, SUITE 2D - HONOLULU, HI 96816	75-2844638	501(C) (3)	138,453.	0.			GENERAL OPERATING GRANT
SUSANNAH WESLEY COMMUNITY CENTER 1117 KAILI ST.							
HONOLULU, HI 96819	99-0073528	501(C) (3)	19,999.	٥.			GENERAL OPERATING GRANT

99-0073494 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEACH FOR AMERICA, INC.							
500 ALA MOANA BLVD., STE. 3-580							
HONOLULU, HI 96813	13-3541913	501(C) (3)	35,266.	0.			GENERAL OPERATING GRANT
THE ALCOHOLIC REHABILITATION				` ``			
SERVICES OF HI DBA HINA MAUKA -							
45-845 PO'OKELA ST KANEOHE, HI						VARIOUS	
96744	99-0173356	501(C) (3)	14,214.	1,750.	FMV	SUPPLIES	GENERAL OPERATING GRANT
			, -	,			
THE ARC IN HAWAII							
3989 DIAMOND HEAD RD.							
HONOLULU, HI 96816	99-0089327	501(C) (3)	8,022.	0.			GENERAL OPERATING GRANI
THE FOOD BASKET - HAWAII ISLAND'S							
FOOD BANK - 40 B HOLOMUA STREET -							
HILO, HI 96720	26-0349475	501(C) (3)	5,337.	Ο.			GENERAL OPERATING GRANT
THE MEDIATION CENTER OF THE							
PACIFIC, INC 245 N KUKUI ST #							
206 - HONOLULU , HI 96817	99-0192700	501(C) (3)	26,693.	Ο.			GENERAL OPERATING GRANT
THE PANTRY-FEEDING HAWAII TOGETHER							
2522 ROSE STREET							
HONOLULU, HI 96819	47-0901806	501(C) (3)	12,489.	0.			GENERAL OPERATING GRANT
THE SALVATION ARMY HAWAIIAN &							
PACIFIC ISLANDS DIVISION - 2950							
MANOA RD HONOLULU, HI 96822	94-1156347	501(C) (3)	73,516.	0.			GENERAL OPERATING GRANI
TOUCH A HEART							
98-1277 KAAHUMANU ST. STE. 106							
АІЕА, НІ 96701	20-8310130	501(C) (3)	13,054.	0.			GENERAL OPERATING GRANT
UNITED CEREBRAL PALSY ASSOCIATION							
OF HAWAII - 414 KUWILI ST., #105 -							
HONOLULU, HI 96817	99-0092154	501(C) (3)	5,180.	Ο.			GENERAL OPERATING GRANI

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	IED WAI,						9-0073494 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES VETERANS INITIATIVE							
- HAWAII - P.O. BOX 75329, BLDG							
37, SHANGRI LA ROAD - WAIANAE, HI							
96707	95-4382752	501(C) (3)	21,273.	0.			GENERAL OPERATING GRANT
UNIVERSITY OF HAWAII FOUNDATION P.O. BOX 11270							
HONOLULU, HI 96828	99-0085260	501(C) (3)	95,564.	0.			GENERAL OPERATING GRANT
US JAPAN COUNCIL 1819 L STREET NW, SUITE 800							
WASHINGTON , DC 20036	90-0447211	501(C) (3)	35,547.	0.			GENERAL OPERATING GRANT
VARIETY SCHOOL OF HAWAII 710 PALEKAUA STREET							
HONOLULU, HI 96816	99-0105604	501(C) (3)	5,440.	0.			GENERAL OPERATING GRANT
WAIANAE DISTRICT COMPREHENSIVE							
HEALTH AND HOSPITAL BOARD, INC -							
86-260 FARRINGTON HWY WAIANAE,							
HI 96792	99-0148164	501(C) (3)	62,058.	0.			GENERAL OPERATING GRANT
WAIKIKI COMMUNITY CENTER 310 PAOAKALANI AVE.							
HONOLULU, HI 96815	99-0179392	501(C) (3)	82,096.	0.			GENERAL OPERATING GRANT
WAIKIKI HEALTH 277 OHUA AVE.						VARIOUS	
HONOLULU, HI 96815	99-0159253	501(C) (3)	36,968.	875.	FMV	SUPPLIES	GENERAL OPERATING GRANT
,			, , , ,				
WAIMANALO HEALTH CENTER							
41-1347 KALANIANAOLE HWY.							
WAIMANALO, HI 96795	99-0273205	501(C) (3)	39,797.	0.			GENERAL OPERATING GRANT
WOMEN IN NEED WIN							
P.O. BOX 414							
WAIMANALO, HI 96795	94-3266305	501(C) (3)	39,063.	٥.			GENERAL OPERATING GRANT

	NITED WAY,						99-0073494 Page
art II Continuation of Grants and Oth	ner Assistance to Do	mestic Organizations	s and Domestic Go	overnments (Sch	edule I (Form 990), Pa I	art II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ICA OF HONOLULU							
441 PALI HWY. DNOLULU, HI 96813	99-0073533	501(C) (3)	34,558.	775.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
NCA OF O'AHU 040 RICHARDS ST.							
DNOLULU, HI 96813	99-0073534	501(C) (3)	42,279.	٥.			GENERAL OPERATING GRANT

Schedule I (Form 990) 2020 ALOHA UNITED WA	Y, INC.				99-0073494	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assi	stance
	1			1	1	

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.

DocuSign Envelope ID: BD92EB09-4F85-46C7-B1C4-26E3CE09D994

SCH	EDULE J	1	OMB No. 1	545-004	47	
(For	m 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZU	J
Depart	nent of the Treasury	Attach to Form 990.		Open to		
Internal	Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name	e of the organization		Employer i			mber
Der		ALOHA UNITED WAY, INC.	99-0	07349	4	
Par		Regarding Compensation				
10	Chaoli the energy	to bay/aa) if the executation provided any of the following to as far a narrow listed on Farm	000		Yes	No
		te box(es) if the organization provided any of the following to or for a person listed on Form ine 1a. Complete Part III to provide any relevant information regarding these items.	990,			
[First-class or ch		معبالدم			
[Travel for comp					
[ation and gross-up payments Health or social club dues or initiation fee				
[pending account Personal services (such as maid, chauffel				
Ľ		······································	,,			
b	f any of the boxes o	n line 1a are checked, did the organization follow a written policy regarding payment or				
	•	ovision of all of the expenses described above? If "No," complete Part III to explain		1b		
		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
t	rustees, and officer	s, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
		y, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Direct	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensa	tion of the CEO/Executive Director, but explain in Part III.				
l	Compensation					
		ompensation consultant				
l	Form 990 of ot	her organizations [X] Approval by the board or compensation of	ommittee			
4	During the year did	any names listed on Form 000. Dort VII. Section A line to with respect to the filing				
	organization or a rela	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	•			4a		x
		payment or change-of-control payment?				X
		sive payment from an equity-based compensation arrangement?				X
	•	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	,					
	Only section 501(c)	(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed or	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the re	venues of:				
a	The organization?			5 a		X
b,	Any related organiza	tion?		5b		X
		5b, describe in Part III.				
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the ne	0				v
						X X
		tion?		<u>6b</u>		
		6b, describe in Part III.				
		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7		x
		es 5 and 6? If "Yes," describe in Part III eported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th		/		
	-			8		x
		d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?		9		
		duction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990)) 2020
	-			-		

032111 12-07-20

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) NORMAN BAKER	(i)	166,460.	0.	0.	0.	17,563.	184,023.	0.
PRESIDENT/CEO/COO - PART YEAR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i) (ii)							
	(II)			I				1

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chedule J (Form 990) 2020	ALOHA UNIT	ED WAY, 1	INC.		99-0073494	Page
Part III Supplemental Informat	tion					
rovide the information, explanation	on, or descriptions requ	red for Part I, lines	s 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b,	7, and 8, and for Part II. Also complete t	his part for any additional informatio	n.

	HEDULE M	1		Nonc	ash Contri	ibutions				ОМВ	No. 1545	-0047
(Fo	orm 990)		ete if the ora		answered "Yes" or		V. lines 2	9 or 30		2	202	0
	ment of the Treasury		to Form 990.				,				en to Pu	
Interna	I Revenue Service	Go to v	/ww.irs.gov/	Form990 fo	r instructions and	the latest information	ation.				spection	
Nam	e of the organizatio							E		er identifi		
			UNITED	WAY,	INC.					99-00	7349	4
Pa	τι iypes o	f Property			(1)	()				(1)		
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VI	ted on	nor		(d) od of dete contributic	0	unts
1	Art - Works of art											
2	Art - Historical tre	asures										
3	Art - Fractional int	terests										
4	Books and public	ations		X			<u>,455.</u>					
5	Clothing and hou			X		40	,045.	SALE	OF	COMP	PRO	P
6	Cars and other ve											
7	Boats and planes											
8	Intellectual prope											
9	Securities - Public			X	9	132	,633.	COST	OR	SALE	PRI	CE
10	Securities - Close	ly held stock										
11	Securities - Partnettrust interests	ership, LLC, or										
12	Securities - Misce											
13	Qualified conserv Historic structure	ation contributio	n -									
14	Qualified conserv											
15	Real estate - Resi											
16	Real estate - Com											
17	Real estate - Othe											
18	Collectibles											
19	Food inventory											
20	Drugs and medic											
21	Taxidermy											
22	Historical artifacts											
23	Scientific specime											
24	Archeological arti											
25		DONATED M	IEDIA)	X	1	97	,642.	COST	OR	SALE	PRI	CE
26	· · · -	BEVERAGES	,	X	1		960.					
27	Other (,)									
28	Other ► (,)									
29		8283 received I	ov the organiz	zation durine	g the tax year for co	ontributions						
	for which the org	anization comple	eted Form 82	83, Part V, E	Donee Acknowledge	ement	29					
	Ũ	·		, ,	U		•				Ye	es N
30a	During the year, o	did the organizat	ion receive by	, contributio	on any property rep	orted in Part I, lines	s 1 throug	h 28, th	at it			
	must hold for at le	east three years	from the date	e of the initia	al contribution, and	which isn't require	d to be us	ed for				
	exempt purposes	for the entire ho	olding period?	?							80a	X
b	If "Yes," describe											
31	Does the organiza	ation have a gift	acceptance p	oolicy that re	equires the review o	of any nonstandard	contribut	ions?		[;	31 X	<u> </u>
32a	-	ation hire or use	third parties	or related or	ganizations to solic	cit, process, or sell	noncash					,
-	contributions?									3	2a X	
	If "Yes," describe											
33	If the organizatior describe in Part II		n amount in c	olumn (c) fo	r a type of property	r for which column	(a) is chec	ked,				
LHA	describe in Part II				tions for Form 990		.,	.,	Sche	edule M (I	Form	9

032141 11-23-20

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.

Schedule M (Form 990) 2020

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Page **2**

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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.	-EZ	OMB No. 1545-0047
Name of the organization	ALOHA UNITED WAY, INC.		identification number
FORM 990, PAR		99-00	J/J494
	WAY BRINGS RESOURCES, ORGANIZATIONS AND PEOPL		
	· · · · · · · · · · · · · · · · · · ·	VERY PI	SKSON
IN OUR COMMUN	ITY.		
FORM 990, PAR	T III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	ITS:	
AGENCIES, SUP	PORTING HEALTH AND HUMAN SERVICE SERVICES ACR	OSS THE	2
STATE.			
FORM 990, PAR	T III, LINE 4D, OTHER PROGRAM SERVICES:		
COVID-19 ASSI	STANCE PROGRAMS:		
IN 2020, ALOH	A UNITED WAY, INC. (AUW) PROVIDED A VARIETY C	F COVII	0-19
ASSISTANCE PR	OGRAMS. THESE PROGRAMS PROVIDED RENT, MORTGAG	E AND/C	DR
UTILITY ASSIS	TANCE FOR HAWAI'I RENTERS AND HOMEOWNERS WHO	EXPERIE	ENCED
ECONOMIC HARD	SHIP AND/OR REDUCTION IN INCOME DUE TO THE PA	NDEMIC	TWO
OF THESE PROG	RAMS WERE FUNDED BY THE FEDERAL CARES ACT AND) ADMINI	ISTERED
IN COLLABORAT	ION WITH THE STATE OF HAWAII, THE CITY & COUN	ITY OF	
HONOLULU, ALO	NG WITH NONPROFIT PARTNER AGENCIES. ADDITIONA	LLY, AU	JW
	THE DEPARTMENT OF HAWAIIAN HOME LANDS (DHHL)		
	TAL ASSISTANCE PROGRAM, WHICH PROVIDED RENTAL		
	NATIVE HAWAIIANS (WHO WERE ON DHHL'S WAITING		
	ND EXPERIENCED A LOSS OF INCOME OR JOB AS A R		
COATD-TA. LHT	S PROGRAM PROVIDED A RENTAL SECURITY DEPOSIT	AND/OR	KENT

PAYMENTS FOR UP TO 12 MONTHS.

EXPENSES \$ 28,421,545. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020 032211 11-20-20 59

2020.05000 ALOHA UNITED WAY, INC. 100129_1

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
ALOHA UNITED WAY, INC.	99-0073494

MISCELLANEOUS OTHER PROGRAMS:

EXPENSES \$ 499,798. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

ALICIA MOY IS ON THE BOARD OF DIRECTORS OF BANK OF HAWAII WHERE GUY

CHURCHILL IS EXECUTIVE VICE PRESIDENT. KEVIN SAKAMOTO WAS PREVIOUSLY

SENIOR EXECUTIVE VICE PRESIDENT, ENTERPRISE OPERATIONS AT BANK OF HAWAII

UNTIL FEBRUARY 2020.

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

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

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.

60

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization ALOHA UNITED WAY, INC .	Page Employer identification numbe 99-0073494
FORM 990, PART VI, SECTION C, LINE 19:	
AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZA	TION'S WEBSITE.
THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AR	E AVAILABLE TO
THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL FEES & CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	28,846,574.
MANAGEMENT AND GENERAL EXPENSES	381,748.
FUNDRAISING EXPENSES	392,081.
TOTAL EXPENSES	29,620,403.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	29,620,403.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUST	370,961.
ADJUSTMENT FOR DONOR DESIGNATIONS	2,136,843.
FUNDRAISING REVENUE IN EXCESS OF BOOK	-80,655.
PPP LOAN PROCEEDS FORMALLY FORGIVEN 2021	558,572.
TOTAL TO FORM 990, PART XI, LINE 9	2,985,721.

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	90 PAGE 10							990			-		-		
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
2	BLDG & IMPROVEMENT * 990 PAGE 10 TOTAL	VARIOUS	SL	39.00	MM	16	8,815,508.				8,815,508.	8,670,344.		145,164.	8,815,508.
	BUILDINGS						8,815,508.				8,815,508.	8,670,344.		145,164.	8,815,508.
	MACHINERY & EQUIPMENT														
3	FURNITURE & EQUIP * 990 PAGE 10 TOTAL	VARIOUS	SL	7.00		16	464,400.				464,400.	464,400.		٥.	464,400.
	MACHINERY & EQUIPMENT						464,400.				464,400.	464,400.		0.	464,400.
	LAND														
1	LAND	VARIOUS	L				191,000.				191,000.			0.	
	* 990 PAGE 10 TOTAL LAND * GRAND TOTAL 990 PAGE 10						191,000.				191,000.	0.		٥.	0.
	DEPR						9,470,908.				9,470,908.	9,134,744.		145,164.	9,279,908.

028111 04-01-20

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone