

PUBLIC DISCLOSURE COPY

EXTENDED TO NOVEMBER 15, 2024

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2023

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2023 calendar year, or tax year beginning		and ending	
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization ALOHA UNITED WAY, INC.		D Employer identification number 99-0073494
	Doing business as		E Telephone number 808-536-1951
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	200 N. VINEYARD		G Gross receipts \$ 30,382,430.
	700		
City or town, state or province, country, and ZIP or foreign postal code HONOLULU, HI 96817-3938		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: JOHN FINK 200 N. VINEYARD BLVD, #700, HON, HI 96817		H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(c) Group exemption number	
J Website: WWW.AUW.ORG		L Year of formation: 1938 M State of legal domicile: HI	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: AUW ADVANCES THE HEALTH, EDUCATION, & FINANCIAL STABILITY OF EVERY PERSON IN OUR COMMUNITY.		
	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	79
	6	Total number of volunteers (estimate if necessary)	6	1003
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	16,769,903.	21,500,915.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	338,658.	681,980.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,927,971.	2,282,232.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,036,532.	24,465,127.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,348,339.	17,296,306.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,134,321.	4,743,881.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25)	1,643,057.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,562,007.	2,309,049.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,044,667.	24,349,236.
19	Revenue less expenses. Subtract line 18 from line 12	-1,008,135.	115,891.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	21,608,441.	23,207,018.
	21	Total liabilities (Part X, line 26)	4,484,436.	4,866,294.
22	Net assets or fund balances. Subtract line 21 from line 20	17,124,005.	18,340,724.	

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	Signature of officer				Date
	JOHN FINK, PRESIDENT & CEO				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check if self-employed
	RACHEL C. ANTAL				P01263071
Preparer Use Only	Firm's name			Firm's EIN	
	ACCUITY LLP			20-5325889	
	Firm's address			Phone no.	
	999 BISHOP STREET, STE. 2300 HONOLULU, HI 96813			808-531-3400	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: ALOHA UNITED WAY ADVANCES THE HEALTH, EDUCATION, AND FINANCIAL STABILITY OF EVERY PERSON IN OUR COMMUNITY BY BRINGING TOGETHER RESOURCES, ORGANIZATIONS, AND PEOPLE.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 12,989,570. including grants of \$ 11,954,424.) (Revenue \$)

COMMUNITY SUPPORT: WE ADDRESS THE GREATEST NEEDS OF OUR COMMUNITY, OFFER HOPE, AND PROVIDE OPPORTUNITIES TO IMPROVE THE QUALITY OF LIFE FOR FAMILIES IN HAWAII. THROUGH COMMUNITY-WIDE FUNDRAISING, WE HELP AMPLIFY THE POWER OF EACH GIFT TO MAKE A DIFFERENCE. ALOHA UNITED WAY (AUW) HAS LONG SUPPORTED DISASTER, CRISIS, FOOD, SHELTER AND EMERGENCY SUPPORT SERVICES THROUGH THE SAFETY NET FUND, AND ESTABLISHED THE ALICE (ASSET LIMITED INCOME CONSTRAINED EMPLOYED) FUND TO TACKLE THE ISSUES THAT CAUSE FINANCIAL INSTABILITY FOR INDIVIDUALS AND FAMILIES. THE ALICE REPORTS ALSO PROVIDE DATA THAT ARE INCREASINGLY INFORMING GOVERNMENT POLICY AND BUSINESS RESPONSE TO ADDRESS FINANCIAL STABILITY AND HOUSING. THROUGH TRANSFORMATIVE INITIATIVES THAT BRING TOGETHER PEOPLE, RESOURCES AND

4b (Code:) (Expenses \$ 5,373,466. including grants of \$ 5,341,882.) (Revenue \$)

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

4c (Code:) (Expenses \$ 2,034,132. including grants of \$) (Revenue \$ 1,746,707.)

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, SUBSTANCE USE DISORDER SUPPORT, AS WELL AS BASIC FOOD, SHELTER, CRISIS AND OTHER NEEDS. AUW 211 IS USED BY NUMEROUS GOVERNMENT AGENCIES TO CONNECT RESIDENTS TO SERVICE INFORMATION FOR CRISIS OR DISASTER RESPONSE. 211 IS ALSO THE NUMBER TO CALL WHEN PEOPLE WANT TO DONATE GOODS OR VOLUNTEER IN THE COMMUNITY. IN 2023, THE 211 PROGRAM RESPONDED TO MORE THAN 47,000 REQUESTS TO ITS STATEWIDE RESOURCE HELPLINE.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 20,397,168.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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Part 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		79
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 25		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed HI
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
VICTORIA FISHER - 808-536-1951
200 N. VINEYARD BLVD., STE 700, HONOLULU, HI 96817

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN FINK PRESIDENT/CEO	40.00			X			250,000.	0.	25,729.	
(2) EMMALY CALIBRARO VP RESOURCE DEVELOPMENT	40.00				X		161,890.	0.	20,515.	
(3) SUZANNE SKJOLD COO	40.00			X			154,100.	0.	14,966.	
(4) DAYLE MURAKAMI VP FINANCE	40.00			X			123,757.	0.	29,099.	
(5) VICTORIA FISHER (HIRED 4/10/23) VP FINANCE (STARTING 9/17/23)	40.00			X			87,731.	0.	10,205.	
(6) RICK CHING DIRECTOR/CHAIR	1.00	X		X			0.	0.	0.	
(7) BRIAN BOWERS DIRECTOR/VICE CHAIR	1.00	X		X			0.	0.	0.	
(8) GUY CHURCHILL DIRECTOR/TREASURER	1.00	X		X			0.	0.	0.	
(9) JIM ALBERTS DIRECTOR/SECRETARY	1.00	X		X			0.	0.	0.	
(10) JASON ITO DIRECTOR	1.00	X					0.	0.	0.	
(11) WILBERT HOLCK DIRECTOR	1.00	X					0.	0.	0.	
(12) DANIEL ARITA DIRECTOR	1.00	X					0.	0.	0.	
(13) CHRIS BENJAMIN DIRECTOR	1.00	X					0.	0.	0.	
(14) WILL CUNNINGHAM DIRECTOR	1.00	X					0.	0.	0.	
(15) JASON HAGIWARA DIRECTOR	1.00	X					0.	0.	0.	
(16) SAVAN PATEL DIRECTOR	1.00	X					0.	0.	0.	
(17) ERIKA LACRO DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MEGUMI SAKAE DIRECTOR	1.00	X						0.	0.	0.
(19) SU SHIN DIRECTOR	1.00	X						0.	0.	0.
(20) BETTINA MEHNERT DIRECTOR	1.00	X						0.	0.	0.
(21) ROWENA BUFFET TIMMS DIRECTOR	1.00	X						0.	0.	0.
(22) GREG CARLSON DIRECTOR	1.00	X						0.	0.	0.
(23) AVERY FUKEDA DIRECTOR	1.00	X						0.	0.	0.
(24) RICK HOPFER DIRECTOR	1.00	X						0.	0.	0.
(25) DOUG JONHSTONE DIRECTOR	1.00	X						0.	0.	0.
(26) GLEN KANESHIGE DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								777,478.	0.	100,514.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								777,478.	0.	100,514.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HIEMPLOYMENT 745 FORT ST. STE. 124, HONOLULU, HI 96813	TEMP STAFFING SERVICES	217,399.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	303,259.		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	5,385,630.		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	15,812,026.		
	g	Noncash contributions included in lines 1a-1f	1g	\$ 401,276.		
	h	Total. Add lines 1a-1f		21,500,915.		
	Program Service Revenue	2 a		Business Code		
b						
c						
d						
e						
f		All other program service revenue				
g		Total. Add lines 2a-2f				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		282,812.	
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real	1,988,990.		
			(ii) Personal			
			6a	1,988,990.		
	b	Less: rental expenses	6b	1,334,083.		
	c	Rental income or (loss)	6c	654,907.		
	d	Net rental income or (loss)		654,907.		654,907.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	4,829,747.		
			(ii) Other			
			7a	4,829,747.		
	b	Less: cost or other basis and sales expenses	7b	4,430,579.		
	c	Gain or (loss)	7c	399,168.		
	d	Net gain or (loss)		399,168.		399,168.
8 a	Gross income from fundraising events (not including \$ 303,259. of contributions reported on line 1c). See Part IV, line 18		33,259.			
		8a	33,259.			
		b	Less: direct expenses	8b	152,641.	
c	Net income or (loss) from fundraising events		-119,382.		-119,382.	
9 a	Gross income from gaming activities. See Part IV, line 19					
		9a				
		b	Less: direct expenses	9b		
c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances					
		10a				
		b	Less: cost of goods sold	10b		
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	PROGRAM CONTRACT SERVICES	561499	1,746,290.	1,746,290.	
	b	OTHER MISC REVENUE	900099	417.	417.	
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d		1,746,707.		
	12	Total revenue. See instructions		24,465,127.	1,746,707.	0.

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17,296,306.	17,296,306.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	878,418.	79,516.	680,808.	118,094.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,836,532.	1,626,741.	740,829.	468,962.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	119,498.	53,644.	51,111.	14,743.
9 Other employee benefits	590,855.	258,215.	237,768.	94,872.
10 Payroll taxes	318,578.	149,252.	116,920.	52,406.
11 Fees for services (nonemployees):				
a Management				
b Legal	5,406.		5,406.	
c Accounting	75,392.	20,942.	54,450.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	90,190.		90,190.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,305,410.	617,216.	144,969.	543,225.
12 Advertising and promotion	227,010.	6,788.	15,722.	204,500.
13 Office expenses	171,406.	86,459.	35,411.	49,536.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	16,768.	9,577.	7,191.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	79,907.	35,735.	11,244.	32,928.
20 Interest				
21 Payments to affiliates	197,257.	99,707.	54,839.	42,711.
22 Depreciation, depletion, and amortization	68,314.	23,444.	23,790.	21,080.
23 Insurance				
24 Other expenses. Itemize expenses not 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 O.)				
a MISCELLANEOUS EXPENSES	71,989.	33,626.	38,363.	0.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	24,349,236.	20,397,168.	2,309,011.	1,643,057.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part 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
Assets	1 Cash - non-interest-bearing	2,331,970.	1	3,279,000.
	2 Savings and temporary cash investments	1,728,361.	2	637,457.
	3 Pledges and grants receivable, net	2,398,759.	3	2,488,781.
	4 Accounts receivable, net	1,320,182.	4	1,834,167.
	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 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	121,178.	9	126,051.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,815,279.		
	b Less: accumulated depreciation	10b 10,379,416.		
	11 Investments - publicly traded securities	2,551,193.	10c	2,435,863.
	12 Investments - other securities. See Part IV, line 11	6,483,596.	11	7,023,401.
	13 Investments - program-related. See Part IV, line 11	2,667,637.	12	3,020,300.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,005,565.	15	2,361,998.	
	21,608,441.	16	23,207,018.	
Liabilities	17 Accounts payable and accrued expenses	1,191,806.	17	1,746,041.
	18 Grants payable	2,798,469.	18	2,798,194.
	19 Deferred revenue	456,729.	19	289,203.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	37,432.	25	32,856.
	26 Total liabilities. Add lines 17 through 25	4,484,436.	26	4,866,294.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,281,672.	27	8,494,267.
	28 Net assets with donor restrictions	8,842,333.	28	9,846,457.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	17,124,005.	32	18,340,724.
	33 Total liabilities and net assets/fund balances	21,608,441.	33	23,207,018.

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,465,127.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,349,236.
3	Revenue less expenses. Subtract line 2 from line 1	3	115,891.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,124,005.
5	Net unrealized gains (losses) on investments	5	259,283.
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	841,545.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	18,340,724.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization <p style="text-align: center;">ALOHA UNITED WAY, INC.</p>	Employer identification number <p style="text-align: center;">99-0073494</p>
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14300238.	41028773.	24138529.	16743620.	21197657.	117408817
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14300238.	41028773.	24138529.	16743620.	21197657.	117408817
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)						3230359.
6 Public support. Subtract line 5 from line 4.						114178458

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	14300238.	41028773.	24138529.	16743620.	21197657.	117408817
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2009219.	2350771.	1887109.	1950217.	2271802.	10469118.
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.)	100,645.	417,458.	1102786.	1452270.	1746707.	4819866.
11 Total support. Add lines 7 through 10						132697801
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	86.04 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	89.18 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 (<i>explain in detail in Part VI</i>):		
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 amount, 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2023

Name of the organization

Employer identification number

ALOHA UNITED WAY, INC.

99-0073494

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>498,742.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>5,359,811.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>1,569,526.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>650,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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

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

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

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

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

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

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

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

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

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

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SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2023

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	1,096.	
c	Total lobbying expenditures (add lines 1a and 1b)	1,096.	
d	Other exempt purpose expenditures	20,397,168.	
e	Total exempt purpose expenditures (add lines 1c and 1d)	20,398,264.	
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	
	If the amount on line 1e, column (a) or (b) is:		
	not over \$500,000,		
	over \$500,000 but not over \$1,000,000,		
	over \$1,000,000 but not over \$1,500,000,		
	over \$1,500,000 but not over \$17,000,000,		
	over \$17,000,000,		
	The lobbying nontaxable amount is:		
	20% of the amount on line 1e.		
	\$100,000 plus 15% of the excess over \$500,000.		
	\$175,000 plus 10% of the excess over \$1,000,000.		
	\$225,000 plus 5% of the excess over \$1,500,000.		
	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
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.	
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	969,619.	1,000,000.	3,969,619.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,954,429.
c Total lobbying expenditures	8,624.	6,160.	3,308.	1,096.	19,188.
d Grassroots nontaxable amount	250,000.	250,000.	242,405.	250,000.	992,405.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,488,608.
f Grassroots lobbying expenditures	3,650.	3,650.	0.	0.	7,300.

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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)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-8. Monitoring and enforcement details (number of easements, states, policy, staff hours, expenses, and requirements).

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

Form with sections 1a-1b and 2. 1a: Text of footnote for art collection. 1b: Amounts for art collection (revenue/assets). 2: Amounts for art collection for financial gain (revenue/assets).

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,054,427.	1,954,427.	1,718,407.	1,718,407.	1,718,407.
b Contributions	110,388.	100,000.	236,020.		
c Net investment earnings, gains, and losses	30,411.	30,403.	30,402.	30,487.	30,402.
d Grants or scholarships					
e Other expenditures for facilities and programs	30,411.	30,403.	30,402.	30,487.	30,402.
f Administrative expenses					
g End of year balance	2,164,815.	2,054,427.	1,954,427.	1,718,407.	1,718,407.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____%
- b** Permanent endowment 100 %
- c** Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|----------|----------|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		191,000.		191,000.
b Buildings		11,851,414.	9,657,255.	2,194,159.
c Leasehold improvements				
d Equipment		772,865.	722,161.	50,704.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,435,863.

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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	71,784.	COST
(B) RESTRICTED CERTIFICATE OF		
(C) DEPOSIT	1,000,000.	COST
(D) MUTUAL AND FIXED INCOME		
(E) FUNDS	1,948,516.	COST
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	3,020,300.	

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, line 13, col. (B))		

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	1,055,909.
(2) OTHER ASSETS	211,456.
(3) THIRD PARTY HOLDINGS	1,094,633.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,361,998.

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	32,856.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	32,856.

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 ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	17,524,241.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	259,283.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	610,075.
e	Add lines 2a through 2d	2e	869,358.
3	Subtract line 2e from line 1	3	16,654,883.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,654.
b	Other (Describe in Part XIII.)	4b	7,787,590.
c	Add lines 4a and 4b	4c	7,810,244.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	24,465,127.

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

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

1	Total expenses and losses per audited financial statements	1	16,307,522.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	152,642.
e	Add lines 2a through 2d	2e	152,642.
3	Subtract line 2e from line 1	3	16,154,880.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,654.
b	Other (Describe in Part XIII.)	4b	8,171,702.
c	Add lines 4a and 4b	4c	8,194,356.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	24,349,236.

Part XIII Supplemental Information

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

PART 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, 2023 AND 2022, MANAGEMENT BELIEVES THERE WERE NO SIGNIFICANT UNCERTAIN TAX POSITIONS AND THERE WERE NO PENDING FEDERAL OR STATE INCOME TAX AUDITS. THE FEDERAL STATUTE OF LIMITATIONS REMAINS OPEN FOR ALOHA UNITED WAY FOR THE YEARS ENDED DECEMBER 31, 2020 THROUGH 2022.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSE 152,642.

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Part XIII Supplemental Information (continued)

BENEFICIAL INTEREST IN TRUST 457,433.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 610,075.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 7,787,590.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSE 152,642.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS 8,171,702.

PART I, LINE 1

ALOHA UNITED WAY IS REPORTING A QUASI-ENDOWED FUND. AS SUCH, THERE IS NO SPECIFIC DONOR TO ADVISE OF THE EXECUTIVE LEGAL CONTROL OVER THE ASSETS IN THE FUND. THE FUNDS HAVE BEEN EARMARKED BY THE BOARD OF DIRECTORS FOR USE FOR CHARITABLE PURPOSES.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		WOMEN UNITED C4 (event type)	SYL SCHOOL SUPPLY DRIVE (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1	283,570.	7,589.	45,359.	336,518.
	2	259,033.	7,589.	36,637.	303,259.
	3	24,537.		8,722.	33,259.
Direct Expenses	4				
	5	0.	7,589.	8,750.	16,339.
	6	33,035.		9,962.	42,997.
	7	34,236.	91.		34,327.
	8	15,586.			15,586.
	9	36,190.	5,505.	1,697.	43,392.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-119,382.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PURPLE MAIA FOUNDATION 98-820 MOANALUA ROAD #15-547 AIEA, HI 96701	46-4326249	501(C) (3)	20,000.	0.			GENERAL OPERATING GRANT
FILVETREP 5002 HALLEY FARM COURT ALEXANDRIA, VA 22309	47-2422015	501(C) (3)	8,500.	0.			GENERAL OPERATING GRANT
CHILD & FAMILY SERVICE 91-1841 FORT WEAVER RD. EWA BEACH, HI 96706	99-0073483	501(C) (3)	49,857.	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)	36,278.	0.			GENERAL OPERATING GRANT
THE WAIAKEA HIGH SCHOOL FOUNDATION 155 W. KAWILI STREET HILO, HI 96720	20-1282904	501(C) (3)	8,000.	0.			GENERAL OPERATING GRANT
VIBRANT HAWAII 230 KEKUANAHOA STREET HILO, HI 96720	85-3693179	501(C) (3)	218,000.	0.			FISCAL-SPONSORED GRANT, WEINBERG

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **168.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FINLEY FORT FOUNDATION 600 QUEEN ST. APT 2704 HONOLULU, HI 96813	87-1292886	501(C) (3)	10,832.	0.			GENERAL OPERATING GRANT
POLYNESIAN VOYAGING SOCIETY 10 SAND ISLAND PARKWAY HONOLULU, HI 96819	23-7302232	501(C) (3)	10,000.	0.			GENERAL OPERATING GRANT
HAWAII EMPLOYEES LIFELINE PROGRAM 888 MILILANI STREET STE 501 HONOLULU, HI 96813	45-5355817	501(C) (3)	7,209.	0.			GENERAL OPERATING GRANT
PACIFIC AVIATION MUSEUM PEARL HARBOR - HANGAR 37 FORD ISLAND319 LEXINGTON BLVD. - HONOLULU, HI 97818	99-0337979	501(C) (3)	6,441.	0.			GENERAL OPERATING GRANT
SHIDLER COLLEGE OF BUSINESS ALUMNI ASSOCIATION - 2404 MAILE WAY - HONOLULU, HI 96822	99-0339302	501(C) (3)	6,420.	0.			GENERAL OPERATING GRANT
HAWAII OPERA THEATRE 848 S. BERETANIA ST., STE. 301 HONOLULU, HI 96813	99-0197758	501(C) (3)	6,229.	0.			GENERAL OPERATING GRANT
THE GIFT FOUNDATION OF HAWAII PO BOX 26297 HONOLULU, HI 96825	30-0266316	501(C) (3)	6,000.	0.			GENERAL OPERATING GRANT
HAWAII SOCIETY OF PROFESSIONAL ENGINEERS - EDUCATIONAL FUND PO BOX 3774 - HONOLULU, HI 96812	20-2014196	501(C) (3)	5,037.	0.			GENERAL OPERATING GRANT
PACIFIC RIM CHRISTIAN UNIVERSITY 2223 HOONEE PLACE HONOLULU, HI 96819	47-3609601	501(C) (3)	5,035.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAII BAPTIST ACADEMY 1848 NU'UANU AVENUE HONOLULU, HI 96817	99-0301266	501(C) (3)	5,035.	0.			GENERAL OPERATING GRANT
FRIENDS OF YOUTH OUTREACH FOUNDATION DBA RYSE - PO BOX 11662 - HONOLULU, HI 96828	81-2102826	501(C) (3)	91,034.	0.			GENERAL OPERATING GRANT
AMERICAN DIABETES ASSOCIATION INC. PIONEER PLAZA 900 FORT STREET MALL, SUITE 940 - HONOLULU, HI 96813	13-1623888	501(C) (3)	17,378.	0.			GENERAL OPERATING GRANT
REALITY CHURCH OF HONOLULU P.O. BOX 62156 HONOLULU, HI 96839	82-2653924	501(C) (3)	6,500.	0.			GENERAL OPERATING GRANT
RONALD MCDONALD HOUSE CHARITIES OF HAWAII INC. - P.O. BOX 61777 - HONOLULU, HI 96839	99-0222124	501(C) (3)	18,494.	0.			GENERAL OPERATING GRANT
HAWAII MEALS ON WHEELS, INC. P.O. BOX 61194 HONOLULU, HI 96839	99-0198132	501(C) (3)	143,091.	0.			GENERAL OPERATING GRANT
RIVER OF LIFE MISSION P.O. BOX 37939 HONOLULU, HI 96837	99-0253651	501(C) (3)	12,686.	0.			GENERAL OPERATING GRANT
DOMESTIC VIOLENCE ACTION CENTER P.O. BOX 3198 HONOLULU, HI 96801	99-0290389	501(C) (3)	54,692.	0.			GENERAL OPERATING GRANT
COMMON GRACE P.O. BOX 31116 HONOLULU, HI 96820	30-0110074	501(C) (3)	9,326.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAII PUBLIC TELEVISION FOUNDATION DBA PBS HAWAII - P.O. BOX 29805 - HONOLULU, HI 96820	99-0334518	501(C) (3)	13,222.	0.			GENERAL OPERATING GRANT
ST. FRANCIS COMMUNITY HEALTH SERVICES - P.O. BOX 29700 - HONOLULU, HI 96820	99-0325194	501(C) (3)	5,852.	0.			GENERAL OPERATING GRANT
ACCESSURF HAWAII, INC. P.O. BOX 15152 HONOLULU, HI 96830	20-4420646	501(C) (3)	14,191.	0.			GENERAL OPERATING GRANT
UNIVERSITY OF HAWAII FOUNDATION P.O. BOX 11270 HONOLULU, HI 96828	99-0085260	501(C) (3)	166,142.	0.			GENERAL OPERATING GRANT
YOUTH FOR CHRIST USA INC. P.O. BOX 11145 HONOLULU, HI 96828	99-6001292	501(C) (3)	7,497.	0.			GENERAL OPERATING GRANT
ASSETS SCHOOL ONE OHANA NUI WAY HONOLULU, HI 96818	99-6001152	501(C) (3)	12,570.	0.			GENERAL OPERATING GRANT
GUIDE DOGS OF HAWAII ADAPTIVE AIDS CANINES & ADVOCACY FOR THE BLIND - ADVOCACY FOR THE BLIND 747 AMANA ST., #407 - HONOLULU, HI 96814	99-0103779	501(C) (3)	12,549.	0.			GENERAL OPERATING GRANT
LEGAL AID SOCIETY OF HAWAI'I 924 BETHEL ST. HONOLULU, HI 96813	99-0076020	501(C) (3)	129,513.	0.			GENERAL OPERATING GRANT
THE NATURE CONSERVANCY HAWAII PROGRAM - 923 NUUANU AVE. - HONOLULU, HI 96817	53-0242652	501(C) (3)	8,862.	0.			GENERAL OPERATING GRANT

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HONOLULU HABITAT FOR HUMANITY 922 AUSTIN LANE, #C-1 HONOLULU, HI 96817	99-0261871	501(C) (3)	33,984.	0.			GENERAL OPERATING GRANT
MOILILILI HONGWANJI MISSION - PROJECT DANA - 902 UNIVERSITY AVENUE - HONOLULU, HI 96826	99-0143990	501(C) (3)	47,129.	0.			GENERAL OPERATING GRANT
NAVIAN HAWAII, FORMALLY HOSPICE HAWAII - 860 IWILEI RD. - HONOLULU, HI 96817	99-0203930	501(C) (3)	42,611.	0.			GENERAL OPERATING GRANT
HAWAII COMMUNITY FOUNDATION 827 FORT STREET MALL HONOLULU, HI 96813	99-0261283	501(C) (3)	21,648.	0.			GENERAL OPERATING GRANT
PALAMA SETTLEMENT 810 N. VINEYARD BLVD. HONOLULU, HI 96817	99-0074140	501(C) (3)	32,274.	0.			GENERAL OPERATING GRANT
HAWAII CHILDREN'S ACTION NETWORK 805 RICHARDS ST., STE 201 HONOLULU, HI 96813	94-3257650	501(C) (3)	82,275.	0.			GENERAL OPERATING GRANT
FAMILY PROGRAMS OF HAWAII 801 S KING STREET HONOLULU, HI 96813	99-0280498	501(C) (3)	6,330.	1,500.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
HAWAII PUBLIC RADIO 738 KAHEKA STREET, #101 HONOLULU, HI 96814	51-0191809	501(C) (3)	20,111.	0.			GENERAL OPERATING GRANT
HAWAII APPLESEED CENTER FOR LAW AND ECONOMIC JUSTICE - 733 BISHOP STREET, STE 1180 - HONOLULU, HI 96813	76-0748976	501(C) (3)	102,471.	0.			GENERAL OPERATING GRANT

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EASTER SEALS HAWAII 710 GREEN ST. HONOLULU, HI 96813	99-0075235	501(C) (3)	22,099.	0.			GENERAL OPERATING GRANT
AMERICAN HEART ASSOCIATION OF HAWAII - 707 RICHARDS STREET, SUITE 615 - HONOLULU, HI 96813	13-5613797	501(C) (3)	41,339.	0.			GENERAL OPERATING GRANT
CENTER FOR TOMORROW'S LEADERS 677 ALA MOANA BLVD., SUITE 1100 HONOLULU, HI 96813	46-3490591	501(C) (3)	68,180.	0.			GENERAL OPERATING GRANT
LIFE FOUNDATION (HAWAII HEALTH & HARM REDUCTION CENTER) - 677 ALA MOANA BLVD., STE. 226 - HONOLULU, HI 96813	99-0230542	501(C) (3)	8,809.	0.			GENERAL OPERATING GRANT
KUPU 677 ALA MOANA BLVD., #1200 HONOLULU, HI 96813	51-0652665	501(C) (3)	15,737.	0.			GENERAL OPERATING GRANT
HONOLULU POLICE COMMUNITY FOUNDATION - 6650 HAWAII KAI DR., STE. 250 - HONOLULU, HI 96825	94-3274384	501(C) (3)	5,422.	0.			GENERAL OPERATING GRANT
HALE KIPA, INC. 615 PIIKOI ST., STE. 203 HONOLULU, HI 96814	23-7061499	501(C) (3)	72,741.	0.			GENERAL OPERATING GRANT
IOLANI SCHOOL 563 KAMOKU STREET HONOLULU, HI 96826	99-0073502	501(C) (3)	56,039.	0.			GENERAL OPERATING GRANT
PALI MOMI FOUNDATION 55 MERCHANT ST., SUITE 2600 HONOLULU, HI 96813	38-3840327	501(C) (3)	8,269.	0.			GENERAL OPERATING GRANT

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KAPI'OLANI HEALTH FOUNDATION 55 MERCHANT ST., 26TH FL. HONOLULU, HI 96813	99-0246364	501(C) (3)	39,600.	0.			GENERAL OPERATING GRANT
STRAUB FOUNDATION 55 MERCHANT ST., 26TH FL. HONOLULU, HI 96813	99-0109350	501(C) (3)	9,205.	0.			GENERAL OPERATING GRANT
IHS, THE INSTITUTE FOR HUMAN SERVICES, INC. - 546 KA'AAHI ST. - HONOLULU, HI 96817	99-0199107	501(C) (3)	211,169.	0.			GENERAL OPERATING GRANT
DIAMOND HEAD THEATRE 520 MAKAPUU AVE. HONOLULU, HI 96816	99-0073495	501(C) (3)	35,743.	0.			GENERAL OPERATING GRANT
TEACH FOR AMERICA, INC. 500 ALA MOANA BLVD., STE. 3-580 HONOLULU, HI 96813	13-3541913	501(C) (3)	50,732.	0.			GENERAL OPERATING GRANT
BOY SCOUTS OF AMERICA - ALOHA COUNCIL - 42 PUIWA ROAD - HONOLULU, HI 96817	99-0073482	501(C) (3)	40,010.	0.			GENERAL OPERATING GRANT
AMERICAN RED CROSS, HAWAII STATE CHAPTER - 4155 DIAMOND HEAD ROAD - HONOLULU, HI 96816	53-0196605	501(C) (3)	73,621.	0.			GENERAL OPERATING GRANT
GIRL SCOUTS OF HAWAI'I 410 ATKINSON DR., STE. 2E1 BOX 3 HONOLULU, HI 96814	99-0073488	501(C) (3)	32,359.	0.			GENERAL OPERATING GRANT
LEGACY OF LIFE HAWAII 405 N KUAKINI ST., #810 HONOLULU, HI 96817	99-0257883	501(C) (3)	10,661.	0.			GENERAL OPERATING GRANT

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THE ARC IN HAWAII 3989 DIAMOND HEAD RD. HONOLULU, HI 96816	99-0089327	501(C) (3)	11,845.	0.			GENERAL OPERATING GRANT
WOUNDED WARRIOR OHANA 393 OPIHIKAO PL. HONOLULU, HI 96825	81-2106180	501(C) (3)	6,163.	0.			GENERAL OPERATING GRANT
HUGS (HELP, UNDERSTANDING & GROUP SUPPORT) - 3636 KILAUEA AVE. - HONOLULU, HI 96816	99-0213594	501(C) (3)	25,069.	0.			GENERAL OPERATING GRANT
HAWAII SYMPHONY ORCHESTRA INC. 3610 WAIALAE AVE HONOLULU, HI 96816	45-2861988	501(C) (3)	38,882.	0.			GENERAL OPERATING GRANT
ALOHA HARVEST 3599 WAIALAE AVE., #23 HONOLULU, HI 96816	99-0344209	501(C) (3)	72,113.	0.			GENERAL OPERATING GRANT
SUSAN G. KOMEN BREAST CANCER FOUNDATION - 3555 HARDING AVENUE, SUITE 2D - HONOLULU, HI 96816	75-2844638	501(C) (3)	9,428.	0.			GENERAL OPERATING GRANT
KUAKINI FOUNDATION 347 N. KUAKINI ST. HONOLULU, HI 96817	99-0225067	501(C) (3)	7,482.	0.			GENERAL OPERATING GRANT
ADULT FRIENDS FOR YOUTH 3375 KOAPAKA ST., STE. B290 HONOLULU, HI 96819	99-0254581	501(C) (3)	9,614.	0.			GENERAL OPERATING GRANT
SAINT LOUIS SCHOOL 3142 WAIALAE AVE. HONOLULU, HI 96816	99-0272260	501(C) (3)	80,648.	0.			GENERAL OPERATING GRANT

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CHAMINADE UNIVERSITY OF HONOLULU 3140 WAIALAE AVE. HONOLULU, HI 96816	99-0272261	501(C) (3)	27,219.	0.			GENERAL OPERATING GRANT
WAIKIKI COMMUNITY CENTER 310 PAOKALANI AVE. HONOLULU, HI 96815	99-0179392	501(C) (3)	165,575.	0.			GENERAL OPERATING GRANT
THE SALVATION ARMY HAWAIIAN & PACIFIC ISLANDS DIVISION - 2950 MANOA RD. - HONOLULU, HI 96822	94-1156347	501(C) (3)	55,629.	0.			GENERAL OPERATING GRANT
WAIKIKI HEALTH 277 OHUA AVE. HONOLULU, HI 96815	99-0159253	501(C) (3)	29,243.	0.			GENERAL OPERATING GRANT
KCAA PRESCHOOLS OF HAWAI'I 2707 S. KING ST. HONOLULU, HI 96826	99-0075242	501(C) (3)	13,213.	0.			GENERAL OPERATING GRANT
HAWAIIAN HUMANE SOCIETY 2700 WAIALAE AVE. HONOLULU, HI 96826	99-0073490	501(C) (3)	143,836.	10,397.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
HAWAII FOODBANK, INC. 2611 KILIHOU ST. HONOLULU, HI 96819	99-0220699	501(C) (3)	140,291.	0.			GENERAL OPERATING GRANT
GOODWILL INDUSTRIES OF HAWAII, INC. - 2610 KILIHOU ST. - HONOLULU, HI 96819	99-6001264	501(C) (3)	95,839.	0.			GENERAL OPERATING GRANT
MOILILI COMMUNITY CENTER 2535 S. KING ST. HONOLULU, HI 96826	99-0073515	501(C) (3)	5,678.	0.			GENERAL OPERATING GRANT

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FEEDING HAWAII TOGETHER (THE PANTRY) - 2522 ROSE STREET - HONOLULU, HI 96819	47-0901806	501(C) (3)	53,516.	0.			GENERAL OPERATING GRANT
PALOLO CHINESE HOME 2459 10TH AVE. HONOLULU, HI 96816	99-0073521	501(C) (3)	7,499.	0.			GENERAL OPERATING GRANT
JAPANESE CULTURAL CENTER OF HAWAII 2454 S. BERETANIA STREET HONOLULU, HI 96826	99-0256147	501(C) (3)	5,261.	0.			GENERAL OPERATING GRANT
HAWAII LITERACY, INC. 245 NORTH KUKUI STREET, SUITE 202 HONOLULU, HI 96817	23-7198698	501(C) (3)	8,838.	0.			GENERAL OPERATING GRANT
HEALTHY MOTHERS HEALTHY BABIES COALITION OF HAWAII - 245 N. KUKUI STREET SUITE 102A - HONOLULU, HI 96817	99-0299264	501(C) (3)	36,182.	0.			GENERAL OPERATING GRANT
FAMILY PROMISE OF HAWAII 245 N. KUKUI ST., #101 HONOLULU, HI 96817	20-2645489	501(C) (3)	168,314.	0.			GENERAL OPERATING GRANT
MID-PACIFIC INSTITUTE 2445 KAALA ST. HONOLULU, HI 96822	99-0073514	501(C) (3)	101,140.	0.			GENERAL OPERATING GRANT
AMERICAN CANCER SOCIETY, INC. 2370 NUUANU AVE. HONOLULU, HI 96817	13-1788491	501(C) (3)	27,077.	0.			GENERAL OPERATING GRANT
REHABILITATION HOSPITAL OF THE PACIFIC - 226 N. KUAKINI ST. - HONOLULU, HI 96817	99-0241634	501(C) (3)	32,050.	0.			GENERAL OPERATING GRANT

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ST. ANDREW'S PRIORY 224 QUEEN EMMA SQ. HONOLULU, HI 96813	99-0073525	501(C) (3)	16,500.	0.			GENERAL OPERATING GRANT
KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES - 2239 N. SCHOOL ST. - HONOLULU, HI 96819	99-0149797	501(C) (3)	183,282.	0.			GENERAL OPERATING GRANT
MAKE A WISH HAWAII INC. 223 S KING ST. #100 HONOLULU, HI 96813	99-0220777	501(C) (3)	45,880.	0.			GENERAL OPERATING GRANT
ST. FRANCIS HEALTHCARE FOUNDATION OF HAWAII - 2228 LILIHA ST., STE. 205 - HONOLULU, HI 96817	99-0240060	501(C) (3)	23,400.	0.			GENERAL OPERATING GRANT
HAWAII NATURE CENTER INC. 2131 MAKIKI HEIGHTS DRIVE HONOLULU, HI 96822	99-0208246	501(C) (3)	6,249.	0.			GENERAL OPERATING GRANT
BIG BROTHERS BIG SISTERS HAWAII, INC. - 2119 N. KING ST. #202 - HONOLULU, HI 96819	99-0109970	501(C) (3)	44,108.	0.			GENERAL OPERATING GRANT
HELPING HANDS HAWAII 2100 N. NIMITZ HWY. HONOLULU, HI 96819	23-7365077	501(C) (3)	28,273.	0.			GENERAL OPERATING GRANT
BLOOD BANK OF HAWAII 2043 DILLINGHAM BLVD HONOLULU, HI 96819	99-0073479	501(C) (3)	15,155.	0.			GENERAL OPERATING GRANT
PARTNERS IN DEVELOPMENT FOUNDATION 2040 BACHELOT STREET HONOLULU, HI 96817	94-3271325	501(C) (3)	116,222.	0.			GENERAL OPERATING GRANT

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HAWAIIAN COMMUNITY ASSETS 200 N VINEYARD BLVD., STE A300 HONOLULU, HI 96817	99-0348767	501(C) (3)	110,211.	0.			GENERAL OPERATING GRANT
GREGORY HOUSE PROGRAMS 200 N VINEYARD BLVD, STE A310 HONOLULU, HI 96817	99-0265111	501(C) (3)	11,260.	0.			GENERAL OPERATING GRANT
RE-USE HAWAII 200 KEAWE STREET HONOLULU, HI 96813	20-5840697	501(C) (3)	5,373.	0.			GENERAL OPERATING GRANT
SPECIAL OLYMPICS HAWAII 1833 KALAKAUA AVENUE, SUITE 500 HONOLULU, HI 96815	23-7173957	501(C) (3)	66,441.	0.			GENERAL OPERATING GRANT
CATHOLIC CHARITIES HAWAI'I 1822 KEEAUMOKU ST. HONOLULU, HI 96822	99-0073547	501(C) (3)	249,613.	0.			GENERAL OPERATING GRANT
HAWAII CHILDREN'S CANCER FOUNDATION - 1814 LILIHA ST. - HONOLULU, HI 96817	99-0299937	501(C) (3)	32,454.	350.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
LANAKILA PACIFIC 1809 BACHELOT ST. HONOLULU, HI 96817	99-0103922	501(C) (3)	15,328.	0.			GENERAL OPERATING GRANT
PUNAHOU SCHOOL 1601 PUNAHOU ST. HONOLULU, HI 96822	99-0073523	501(C) (3)	27,303.	0.			GENERAL OPERATING GRANT
PACIFIC AND ASIAN AFFAIRS COUNCIL 1601 EAST-WEST ROAD, 4TH FLOOR HONOLULU, HI 96848	99-0073501	501(C) (3)	26,024.	0.			GENERAL OPERATING GRANT

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MARYKNOLL SCHOOL 1526 ALEXANDER STREET HONOLULU, HI 96822	99-0110569	501(C) (3)	18,171.	0.			GENERAL OPERATING GRANT
BISHOP MUSEUM 1525 BERNICE STREET HONOLULU, HI 96817	99-0161980	501(C) (3)	11,123.	0.			GENERAL OPERATING GRANT
AFTER-SCHOOL ALL-STARS HAWAII 1523 KALAKAUA AVE. STE 200-202 HONOLULU, HI 96826	27-4604870	501(C) (3)	10,891.	1,000.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
HONOLULU ZOOLOGICAL SOCIETY 151 KAPAHULU AVE. HONOLULU, HI 96815	23-7057714	501(C) (3)	17,865.	0.			GENERAL OPERATING GRANT
PARENTS AND CHILDREN TOGETHER (PACT) - 1485 LINAPUNI ST., STE. 105 - HONOLULU, HI 96819	99-0119678	501(C) (3)	141,580.	3,305.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
YMCA OF HONOLULU 1441 PALI HWY. HONOLULU, HI 96813	99-0073533	501(C) (3)	46,529.	0.			GENERAL OPERATING GRANT
DEPARTMENT OF EDUCATION 1390 MILLER ST. HONOLULU, HI 96813	99-0266482	501(C) (3)	0.	7,589.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
NATIONAL KIDNEY FOUNDATION OF HAWAII - 1314 S. KING ST., STE. 1555 - HONOLULU, HI 96814	99-0266733	501(C) (3)	9,650.	0.			GENERAL OPERATING GRANT
SHRINERS HOSPITALS FOR CHILDREN HONOLULU - 1310 PUNAHOU STREET - HONOLULU, HI 96826	36-2193608	501(C) (3)	10,505.	0.			GENERAL OPERATING GRANT

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READ TO ME INTERNATIONAL FOUNDATION - 126 QUEEN ST., #303 - HONOLULU, HI 96813	99-0327529	501(C) (3)	11,086.	0.			GENERAL OPERATING GRANT
HAWAII HOME OWNERSHIP CENTER 1259 AALA ST., #201 HONOLULU, HI 96817	68-0544935	501(C) (3)	67,765.	0.			GENERAL OPERATING GRANT
MENTAL HEALTH KOKUA 1221 KAPIOLANI BLVD., STE. 345 HONOLULU, HI 96814	99-0154505	501(C) (3)	44,019.	0.			GENERAL OPERATING GRANT
COMPASSION FOR CANCER CAREGIVERS 1182 OILIPUU PLACE HONOLULU, HI 96825	47-4067239	501(C) (3)	18,925.	0.			GENERAL OPERATING GRANT
HONOLULU THEATRE FOR YOUTH 1149 BETHEL ST., STE. 700 HONOLULU, HI 96813	99-0107563	501(C) (3)	17,335.	0.			GENERAL OPERATING GRANT
HONOLULU COMMUNITY ACTION PROGRAM, INC. (HCAP) - 1132 BISHOP STREET, SUITE 100 - HONOLULU, HI 96813	99-0140622	501(C) (3)	46,554.	0.			GENERAL OPERATING GRANT
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC. - 1130 N. NIMITZ HIGHWAY SUITE A-265 - HONOLULU, HI 96817	13-3039601	501(C) (3)	80,585.	0.			GENERAL OPERATING GRANT
HAWAII THEATRE CENTER 1130 BETHEL STREET HONOLULU, HI 96813	99-0229658	501(C) (3)	12,444.	0.			GENERAL OPERATING GRANT
SUSANNAH WESLEY COMMUNITY CENTER 1117 KAILI ST. HONOLULU, HI 96819	99-0073528	501(C) (3)	43,513.	0.			GENERAL OPERATING GRANT

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HAWAII YOUTH SYMPHONY ASSOCIATION 1110 UNIVERSITY AVE., STE. 200 HONOLULU, HI 96826	99-0119771	501(C) (3)	12,666.	0.			GENERAL OPERATING GRANT
YWCA OF O'AHU 1040 RICHARDS ST. HONOLULU, HI 96813	99-0073534	501(C) (3)	9,918.	0.			GENERAL OPERATING GRANT
BOYS & GIRLS CLUB OF HAWAII 1001 BISHOP STREET, SUITE 505 HONOLULU, HI 96813	99-6005407	501(C) (3)	108,808.	0.			GENERAL OPERATING GRANT
HAWAII PACIFIC UNIVERSITY 1 ALOHA TOWER DRIVE, SUITE 3100 HONOLULU, HI 96813	99-0113930	501(C) (3)	14,013.	0.			GENERAL OPERATING GRANT
IHS, THE INSTITUTE FOR HUMAN SERVICES, INC. - 546 KA'AAHI STREET - HONOLULU, HI 96817	99-0199107	501(C) (3)	1,654,238.	0.			CONTINUUM OF CARE GRANT
KALIHI PALAMA HEALTH CENTER PO BOX 17460 HONOLULU, HI 96817	99-0161221	501(C) (3)	1,881,327.	0.			CONTINUUM OF CARE GRANT
STEADFAST HOUSING DEVELOPMENT CORPORATION - 888 IWILEI ROAD, SUITE 250 - HONOLULU, HI 96817	99-0272190	501(C) (3)	1,498,140.	0.			CONTINUUM OF CARE GRANT
FAMILY PROMISE OF HAWAII 245 N. KUKUI ST., #101 HONOLULU, HI 96817	20-2645489	501(C) (3)	43,667.	0.			CONTINUUM OF CARE GRANT
HAWAII APPLESEED CENTER FOR LAW AND ECONOMIC JUSTICE - 733 BISHOP STREET, STE 1180 - HONOLULU, HI 96813	76-0748976	501(C) (3)	230,000.	0.			FISCAL-SPONSORED GRANT, WEINBERG

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS IN CARE 200 N. VINEYARD BLVD. SUITE A-210 HONOLULU, HI 96817	84-1705573	501(C) (3)	150,000.	0.			FISCAL-SPONSORED GRANT, WEINBERG
HO'OLA NA PUA P.O. BOX 22551 HONOLULU, HI 96823	46-5139164	501(C) (3)	59,229.	0.			GENERAL OPERATING GRANT
FUND FOR THE PACIFIC CENTURY P.O BOX 161000 HONOLULU, HI 96816	99-0321342	501(C) (3)	20,000.	0.			GENERAL OPERATING GRANT
COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT - 91-1270 KINOIKI ST. - HONOLULU, HI 96807	91-0313383	501(C) (3)	111,656.	0.			GENERAL OPERATING GRANT
OAHU ECONOMIC DEVELOPMENT BOARD 735 BISHOP ST. STE 424 HONOLULU, HI 96813	99-0229787	501(C) (3)	15,000.	0.			GENERAL OPERATING GRANT
LE JARDIN ACADEMY 917 KALANIANA'OLE HWY KAILUA, HI 96734	99-0146978	501(C) (3)	11,459.	0.			GENERAL OPERATING GRANT
KUALOA-HE'EIA ECUMENICAL YOUTH PROJECT - 47-200 WAIHEE RD. - KANEHOE, HI 96744	99-0118209	501(C) (3)	40,000.	0.			FISCAL-SPONSORED GRANT, WEINBERG
GANI DBA CHABAD KAUAI 4531 POULI ROAD, #101 KAPA'A, HI 96746	45-5223669	501(C) (3)	30,000.	0.			FISCAL-SPONSORED GRANT, WEINBERG
FUR-ANGEL FOUNDATION 590 FARRINGTON HWY #524-224 KAPOLEI, HI 96707	47-4033399	501(C) (3)	8,189.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MALAMA LEARNING CENTER PO BOX 75467 KAPOLEI, HI 96707	20-0442056	501(C) (3)	16,400.	0.			GENERAL OPERATING GRANT
INSTITUTE FOR NATIVE PACIFIC EDUCATION AND CULTURE (INPEACE) - 1001 KAMOKILA BLVD., STE. 226 - KAPOLEI, HI 96707	99-0315193	501(C) (3)	102,264.	0.			GENERAL OPERATING GRANT
KHM INTERNATIONAL PO BOX 482188 KAUNAKAKAI, HI 96748	20-0987319	501(C) (3)	50,000.	0.			FISCAL-SPONSORED GRANT, WEINBERG
THE TRUST FOR PUBLIC LAND P.O. BOX 889336 LOS ANGELES, CA 90088	23-7222333	501(C) (3)	14,500.	0.			GENERAL OPERATING GRANT
HUI MALAMA I KE ALA ULILI PO BOX 6 PA'AULIO, HI 96776	30-0808673	501(C) (3)	500,000.	0.			FISCAL-SPONSORED GRANT, WEINBERG
MOUNTAIN VALLEY TREATMENT CENTER 703 RIVER ROAD PAINFILED, NH 03781	45-1619072	501(C) (3)	8,000.	0.			GENERAL OPERATING GRANT
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA-THE WHARTON FUND - 3451 WALNUT STREET SUITE 305 - PHILADELPHIA, PA 19104	23-1352685	501(C) (3)	9,000.	0.			GENERAL OPERATING GRANT
FEED THE HUNGER FOUNDATION 100 MONTGOMERY ST. SAN FRANCISCO, CA 94129	26-2975093	501(C) (3)	107,203.	0.			GENERAL OPERATING GRANT
PLANNED PARENTHOOD OF THE GREAT NORTHWEST & HAWAIIAN ISLANDS - 2001 E MADISON STREET - SEATTLE, CA 96815	91-0686012	501(C) (3)	10,609.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAIANAE ECONOMIC DEVELOPMENT COUNCIL - 87-151 LILIANA ST - WAIANAE, HI 96792	47-1646700	501(C) (3)	30,273.	0.			GENERAL OPERATING GRANT
WAIANAE DISTRICT COMPREHENSIVE HEALTH AND HOSPITAL BOARD, INC - 86-260 FARRINGTON HWY. - WAIANAE, HI 96792	99-0148164	501(C) (3)	66,420.	0.			GENERAL OPERATING GRANT
WOMEN HELPING WOMEN (MAUI) 1935 MAIN STREET SUITE 202 WAILUKU, HI 96793	99-0205452	501(C) (3)	8,223.	0.			GENERAL OPERATING GRANT
MAUI FOOD BANK 760 KOLU STREET WAILUKU, HI 96794	99-0315110	501(C) (3)	5,369.	0.			GENERAL OPERATING GRANT
MAUI UNITED WAY 270 HOOKAHI STREET SUITE 301 WAILUKU, HI 96793	99-0086524	501(C) (3)	4,258,033.	0.			GENERAL OPERATING GRANT
WOMEN IN NEED (WIN) P.O. BOX 414 WAIMANALO, HI 96795	94-3266305	501(C) (3)	34,193.	0.			GENERAL OPERATING GRANT
FILIPINO COMMUNITY CENTER INC. 94-428 MOKUOLA STREET, SUITE 302 WAIPAHU, HI 96797	99-0305884	501(C) (3)	6,000.	0.			GENERAL OPERATING GRANT
HAWAII DOG FOUNDATION 94-1221 KA UKA BLVD., #108-315 WAIPAHU, HI 96797	05-0594693	501(C) (3)	10,225.	0.			GENERAL OPERATING GRANT
US JAPAN COUNCIL 1819 L STREET NW, SUITE 800 WASHINGTON, DC 20036	90-0447211	501(C) (3)	10,021.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAI'ANAЕ COMMUNITY RE-DEVELOPMENT CORPORATION - 86-146 PUHAWAI ROAD - WAIANAЕ, HI 96792	99-0350803	501(C) (3)	75,000.	0.			FISCAL-SPONSORED GRANT, WEINBERG
THE QUEEN'S HEALTH SYSTEMS 1301 PUNCHBOWL ST. HONOLULU, HI 96813	99-0238120	501(C) (3)	15,460.	0.			GENERAL OPERATING GRANT

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

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

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

PART I, LINE 2

IN GENERAL, AUW'S GRANT FUNDS ARE UNRESTRICTED. AGENCIES MUST
 PREQUALIFY TO BE CONSIDERED FOR ALLOCATIONS. ONE OF THE PREREQUISITES
 IS REPORTING ON PROGRAM RESULTS. AGENCIES MUST PROVIDE THOSE REPORTS OR
 THEY MAY BE EXCLUDED FROM FUTURE ALLOCATIONS.

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SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

2023

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
 - b Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
 - b Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
 - b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN FINK PRESIDENT/CEO	(i)	205,000.	45,000.	0.	0.	25,729.	275,729.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) EMMALY CALIBRARO VP RESOURCE DEVELOPMENT	(i)	147,590.	14,300.	0.	0.	20,515.	182,405.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUZANNE SKJOLD COO	(i)	149,600.	4,500.	0.	0.	14,966.	169,066.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAYLE MURAKAMI VP FINANCE	(i)	123,757.	0.	0.	0.	29,099.	152,856.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		21,197.	DONOR COST AND FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	12	257,989.	SALES PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>WOMEN UNITED SI</u>)	X	0	69,265.	DONOR COST
26 Other (<u>OFFICE FURNITUR</u>)	X	50	23,575.	COST
27 Other (<u>DONATED MEDIA</u>)	X	0	21,661.	COST
28 Other (<u>SCHOOL SUPPLIES</u>)	X	7,469	7,589.	COST

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

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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 PUBLICLY TRADED STOCK DONATIONS.

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SCHEDULE O
(Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

ALOHA UNITED WAY, INC.

Employer identification number

99-0073494

FORM 990, PART I, LINE 1

ALOHA UNITED WAY ADVANCES THE HEALTH, EDUCATION, AND FINANCIAL
STABILITY OF EVERY PERSON IN OUR COMMUNITY BY BRINGING TOGETHER
RESOURCES, ORGANIZATIONS, AND PEOPLE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SUSTAINABLE SOLUTIONS, THE ALICE INITIATIVE STRIVES TO ENHANCE
FINANCIAL STABILITY TO MAKE OUR COMMUNITY STRONGER AND MORE RESILIENT.
AUW SUPPORTED OVER 500 INDEPENDENT NONPROFIT AGENCIES, SUPPORTING
HEALTH AND HUMAN SERVICE SERVICES ACROSS THE STATE.

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

RICK CHING, CHAIRMAN, IS ON THE BOARD OF QUEENS MEDICAL CENTER AND THE
QUEENS HEALTH SYSTEMS AND ROWENA BUFFETT-TIMMS, DIRECTOR, IS EVP & CHIEF OF
ADMINISTRATION FOR THE QUEENS HEALTH SYSTEMS.

AUW DISTRIBUTES CONFLICT OF INTEREST QUESTIONNAIRES TO ALL BOARD MEMBERS
AND FOLLOWS UP WITH THEM TO ENSURE COMPLETION. AUW INDEPENDENTLY REVIEWS
INFORMATION FROM PUBLIC SOURCES SUCH AS LINKEDIN AND GOOGLE TO CORROBORATE
THIS INFORMATION AND INQUIRES IF IT APPEARS THE BOARD MEMBER MIGHT HAVE
INADVERTANTLY LEFT AN AFFILIATE OUT OF THEIR CONFLICT OF INTEREST
QUESTIONNAIRE.

AS OF THE FILING OF THIS RETURN, AUW BELIEVES IT HAS MADE A REASONABLE
EFFORT TO MONITOR AND DISCLOSE ALL SUCH RELATIONSHIPS.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

PUBLIC DISCLOSURE COPY

Name of the organization ALOHA UNITED WAY, INC.	Employer identification number 99-0073494
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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. CONFLICT OF INTEREST FORMS ARE COMPLETED AND COLLECTED FROM EACH BOARD MEMBER ANNUALLY.

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

COMPENSATION FOR THE PRESIDENT & CEO IS DETERMINED BY THE BOARD COMMITTEE WHO EVALUATES WORK PERFORMANCE BASED ON A WORK PLAN WITH GOALS AND SPECIFIC OBJECTIVES. THE AMOUNT OF COMPENSATION IS ALSO DETERMINED BASED ON INFORMATION FROM VARIOUS SALARY SURVEYS OF SIMILAR-SIZED UNITED WAYS AND OTHER NON-PROFIT COMPANIES. COMPENSATION OF THE COO AND VICE PRESIDENT WAS DETERMINED BY THE PRESIDENT IN CONSULTATION WITH THE BOARD CHAIR BASED ON EVALUATION OF WORK PERFORMANCE AND SALARY SURVEYS.

FORM 990, PART VI, SECTION C, LINE 19:

AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUST	457,433.
ADJUSTMENT FOR DONOR DESIGNATIONS	384,112.

PUBLIC DISCLOSURE COPY

Name of the organization ALOHA UNITED WAY, INC.	Employer identification number 99-0073494
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TOTAL TO FORM 990, PART XI, LINE 9 841,545.

FORM 990, PART XII, LINE 2C

NO CHANGE FROM PRIOR YEAR