

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

A For the 2019 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	G Gross receipts \$ 23,360,649.	
	200 N. VINEYARD	700	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code HONOLULU, HI 96817-3938		H(b) Are all subordinates included? Yes No		
F Name and address of principal officer: JOHN FINK 200 N. VINEYARD BLVD, #700, HON, HI 96817		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: SEE STATEMENT O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	65
	6 Total number of volunteers (estimate if necessary)	6	1023
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 14,084,322.	Current Year 14,350,322.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	361,110.	534,472.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	723,142.	631,144.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,168,574.	15,515,938.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,706,362.	12,049,271.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,733,171.	3,141,082.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,089,161.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,599,837.	2,671,181.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,039,370.	17,861,534.
19 Revenue less expenses. Subtract line 18 from line 12	-1,870,796.	-2,345,596.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 20,637,449.	End of Year 20,247,220.
	21 Total liabilities (Part X, line 26)	4,580,388.	4,319,584.
	22 Net assets or fund balances. Subtract line 21 from line 20	16,057,061.	15,927,636.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	JOHN FINK, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MANOJ SAMARANAYAKE	Preparer's signature <i>Manoj Samaranayake</i>	Date 11/12/2020	Check if self-employed <input type="checkbox"/>	PTIN P01450116
	Firm's name ▶ ACCUNITY LLP	Firm's EIN ▶ 20-5325889			
	Firm's address ▶ 999 BISHOP STREET, STE. 1900 HONOLULU, HI 96813		Phone no. 808-531-3400		

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] 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 \$ 7,773,453. including grants of \$ 7,033,466.) (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 HAS LONG SUPPORTED DISASTER, CRISIS, FOOD, SHELTER AND EMERGENCY SUPPORT SERVICES THROUGH THE SAFETY NET FUND, AND ESTABLISHED THE ALICE FUND TO TACKLE THE ISSUES THAT CAUSE FINANCIAL INSTABILITY FOR INDIVIDUALS AND FAMILIES. THROUGH TRANSFORMATIVE INITIATIVES THAT BRING TOGETHER PEOPLE, RESOURCES AND SUSTAINABLE SOLUTIONS, THE ALICE INITIATIVE STRIVES TO ENHANCE FINANCIAL STABILITY TO MAKE OUR COMMUNITY STRONGER AND MORE RESILIENT. ALOHA UNITED WAY SUPPORTED NEARLY 320 INDEPENDENT NONPROFIT

4b (Code:) (Expenses \$ 5,760,860. including grants of \$ 5,015,804.) (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 \$ 446,261. including grants of \$) (Revenue \$)

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

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

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

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> ?	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in 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>		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	

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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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 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 lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash 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 in 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 in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 26		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 26		
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 in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
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 in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
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 **EARL FUSATO - 808-543-2239**
200 N. VINEYARD BLVD., STE 700, HONOLULU, HI 96817

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JON BIERLY DIRECTOR	1.00	X						0.	0.	0.
(2) BRIAN BOWERS DIRECTOR	1.00	X						0.	0.	0.
(3) HARRIS CHAN DIRECTOR	1.00	X						0.	0.	0.
(4) RICK CHING DIRECTOR/VICE CHAIR	1.00	X		X				0.	0.	0.
(5) DION DIZON DIRECTOR	1.00	X						0.	0.	0.
(6) CHRISTOPHER DODS DIRECTOR - PART YEAR	1.00	X						0.	0.	0.
(7) TERRI FUJII DIRECTOR/CHAIR	1.00	X		X				0.	0.	0.
(8) BLENN FUJIMOTO DIRECTOR	1.00	X						0.	0.	0.
(9) AJ HALAGAO DIRECTOR	1.00	X						0.	0.	0.
(10) TRACY HAYASHI DIRECTOR	1.00	X						0.	0.	0.
(11) GREG HAZELTON DIRECTOR	1.00	X						0.	0.	0.
(12) KELLY HOEN DIRECTOR/SECRETARY	1.00	X		X				0.	0.	0.
(13) WILBERT HOLCK DIRECTOR	1.00	X						0.	0.	0.
(14) LEN ISOTOFF DIRECTOR	1.00	X						0.	0.	0.
(15) JASON ITO DIRECTOR	1.00	X						0.	0.	0.
(16) DAVID LASSNER DIRECTOR	1.00	X						0.	0.	0.
(17) ALICIA MOY DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TERI ORTON DIRECTOR	1.00	X					0.	0.	0.	
(19) SAVAN PATEL DIRECTOR	1.00	X					0.	0.	0.	
(20) RANDY PERREIRA DIRECTOR/VICE CHAIR	1.00	X		X			0.	0.	0.	
(21) MARK RHEE DIRECTOR	1.00	X					0.	0.	0.	
(22) RICHARD ROSENBLUM DIRECTOR	1.00	X					0.	0.	0.	
(23) KEVIN SAKAMOTO DIRECTOR/TREASURER	1.00	X		X			0.	0.	0.	
(24) DANIEL SCHABERG DIRECTOR	1.00	X					0.	0.	0.	
(25) CARL SEXTON DIRECTOR - PART YEAR	1.00	X					0.	0.	0.	
(26) MICHAEL STOLLAR DIRECTOR/ASSISTANT TREASURER	1.00	X		X			0.	0.	0.	
1b Subtotal							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							516,144.	0.	50,866.	
d Total (add lines 1b and 1c)							516,144.	0.	50,866.	

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

	Yes	No
3 Did the organization list any former officer, director, 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
OLOMANA LOOMIS ISC, 900 FORT STREET MALL SUITE 1548, HONOLULU, HI 96813	ADVERTISING AND MARKETING	363,266.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	50,084.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,939,619.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	8,360,619.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 476,493.				
	h Total. Add lines 1a-1f		14,350,322.				
Program Service Revenue	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)		202,768.			202,768.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	1,543,697.			
			(ii) Personal				
	b Less: rental expenses ...	6b	1,023,048.				
	c Rental income or (loss)	6c	520,649.				
	d Net rental income or (loss)		520,649.			520,649.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	7,070,231.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	6,738,527.				
	c Gain or (loss)	7c	331,704.				
d Net gain or (loss)		331,704.			331,704.		
8 a Gross income from fundraising events (not including \$ 50,084. of contributions reported on line 1c). See Part IV, line 18	8a		92,986.				
b Less: direct expenses	8b	83,136.					
c Net income or (loss) from fundraising events		9,850.			9,850.		
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 ADMIN FEE REIMBURSEMENT	Business Code	561000	70,760.	70,760.		
		b PROGRAM FEE REIMBURSEMENT	900099	29,885.	29,885.		
		c _____					
		d All other revenue					
		e Total. Add lines 11a-11d		100,645.			
12 Total revenue. See instructions		15,515,938.	100,645.	0.	1,064,971.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,049,271.	12,049,271.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	516,144.	118,807.	221,057.	176,280.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,953,782.	956,230.	426,755.	570,797.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	65,872.	25,567.	22,282.	18,023.
9 Other employee benefits	410,420.	180,885.	123,392.	106,143.
10 Payroll taxes	194,864.	83,558.	53,949.	57,357.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,353.	4,500.	3,853.	
c Accounting	55,201.	15,000.	40,201.	
d Lobbying	11,991.		11,991.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,432,368.	653,495.	241,143.	537,730.
12 Advertising and promotion	540,840.	98,540.	7,571.	434,729.
13 Office expenses	147,426.	81,568.	30,963.	34,895.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	61,422.	25,976.	18,781.	16,665.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	184,094.	36,454.	16,384.	131,256.
20 Interest				
21 Payments to affiliates	113,726.	53,274.	31,060.	29,392.
22 Depreciation, depletion, and amortization	145,677.	50,026.	51,394.	44,257.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses 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	-29,917.	19,759.	18,687.	-68,363.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	17,861,534.	14,452,910.	1,319,463.	2,089,161.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,856,334.	1	1,893,207.
	2 Savings and temporary cash investments	483,795.	2	488,130.
	3 Pledges and grants receivable, net	3,513,682.	3	3,035,146.
	4 Accounts receivable, net	1,115,223.	4	1,241,933.
	5 Loans and other 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	63,882.	9	92,524.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,068,503.		
	b Less: accumulated depreciation	10b 9,367,027.	10c	2,701,476.
	11 Investments - publicly traded securities	6,953,905.	11	6,611,312.
	12 Investments - other securities. See Part IV, line 11	1,957,956.	12	2,123,831.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,940,350.	15	2,059,661.
16 Total assets. Add lines 1 through 15 (must equal line 33)	20,637,449.	16	20,247,220.	
Liabilities	17 Accounts payable and accrued expenses	1,521,582.	17	1,768,125.
	18 Grants payable	3,004,966.	18	2,501,471.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	53,840.	25	49,988.
	26 Total liabilities. Add lines 17 through 25	4,580,388.	26	4,319,584.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,772,117.	27	8,801,711.
	28 Net assets with donor restrictions	7,284,944.	28	7,125,925.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	16,057,061.	32	15,927,636.
	33 Total liabilities and net assets/fund balances	20,637,449.	33	20,247,220.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,515,938.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,861,534.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,345,596.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,057,061.
5	Net unrealized gains (losses) on investments	5	623,613.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,592,558.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,927,636.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
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 _____		

Form 990 (2019)

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12297788.	16764241.	9587531.	14082382.	14300238.	67032180.
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	12297788.	16764241.	9587531.	14082382.	14300238.	67032180.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						67032180.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	12297788.	16764241.	9587531.	14082382.	14300238.	67032180.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1377149.	1688216.	1916985.	1910910.	2009219.	8902479.
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.)	119,588.	489,825.	174,639.	201,768.	100,645.	1086465.
11 Total support. Add lines 7 through 10						77021124.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	87.03 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	87.82 %
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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 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>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

ALOHA UNITED WAY, INC.

Employer identification number

99-0073494

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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
1	<hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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 or 990-EZ) 2019

LHA

932041 11-26-19

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)	3,300.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	8,691.													
c	Total lobbying expenditures (add lines 1a and 1b)	11,991.													
d	Other exempt purpose expenditures	14,441,558.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	14,453,549.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	872,677.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	218,169.													
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000.	703,506.	858,102.	872,677.	3,434,285.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,151,428.
c Total lobbying expenditures	5,078.	22,806.	27,373.	11,991.	67,248.
d Grassroots nontaxable amount	251,491.	175,877.	214,525.	218,169.	860,062.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,290,093.
f Grassroots lobbying expenditures	5,078.	22,806.	27,373.	11,991.	67,248.

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

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

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political 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 expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

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

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

2019

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 about 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). 3-7. Monitoring and enforcement details. 8-9. Reporting 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: Reporting on revenue and assets for public service. 1b: Reporting on revenue and assets for public service. 2: Reporting on revenue and assets for financial gain.

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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,718,407.	1,718,407.	1,718,407.	1,718,407.	1,718,407.
b Contributions					
c Net investment earnings, gains, and losses	30,402.	13,297.	13,297.	13,730.	4,857.
d Grants or scholarships					
e Other expenditures for facilities and programs	30,402.	13,297.	13,297.	13,730.	4,857.
f Administrative expenses					
g End of year balance	1,718,407.	1,718,407.	1,718,407.	1,718,407.	1,718,407.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - 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? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		191,000.		191,000.
b Buildings		11,081,008.	8,763,595.	2,317,413.
c Leasehold improvements				
d Equipment		796,495.	603,432.	193,063.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 2,701,476.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) CASH	77,025.	COST
(B) RESTRICTED CERTIFICATE OF		
(C) DEPOSIT	1,000,000.	COST
(D) MUTUAL AND FIXED INCOME		
(E) FUNDS	1,046,806.	COST
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,123,831.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	13,571,714.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	623,613.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	367,653.
e	Add lines 2a through 2d	2e	991,266.
3	Subtract line 2e from line 1	3	12,580,448.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	2,935,490.
c	Add lines 4a and 4b	4c	2,935,490.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	15,515,938.

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

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

1	Total expenses and losses per audited financial statements	1	13,701,138.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	83,136.
e	Add lines 2a through 2d	2e	83,136.
3	Subtract line 2e from line 1	3	13,618,002.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	4,243,532.
c	Add lines 4a and 4b	4c	4,243,532.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,861,534.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

ALOHA UNITED WAY EVALUATES UNCERTAIN TAX POSITIONS UTILIZING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. AT DECEMBER 31, 2019 AND 2018, MANAGEMENT BELIEVES THERE WERE NO SIGNIFICANT UNCERTAIN TAX POSITIONS AND THERE WERE NO PENDING FEDERAL OR STATE INCOME TAX AUDITS. THE FEDERAL STATUTE OF LIMITATIONS REMAINS OPEN FOR ALOHA UNITED WAY FOR THE YEARS ENDED DECEMBER

Part XIII Supplemental Information (continued)

31, 2017 THROUGH 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSE	83,136.
BENEFICIAL INTEREST IN TRUST	284,517.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	367,653.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	2,861,513.
FUNDRAISING REVENUE IN EXCESS OF BOOK	73,977.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,935,490.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSE	83,136.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	4,243,532.
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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 (add col. (a) through col. (c))	
		WOMEN UNITED C4 (event type)	KNOCKERBALL (event type)	1 (total number)		
Revenue	1	Gross receipts	121,105.	11,250.	10,715.	143,070.
	2	Less: Contributions	49,200.		884.	50,084.
	3	Gross income (line 1 minus line 2)	71,905.	11,250.	9,831.	92,986.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	2,070.	82.	206.	2,358.
	6	Rent/facility costs	3,440.	1,130.	5,329.	9,899.
	7	Food and beverages	29,752.		8,639.	38,391.
	8	Entertainment	8,054.		613.	8,667.
	9	Other direct expenses	20,904.	941.	1,976.	23,821.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				83,136.
11	Net income summary. Subtract line 10 from line 3, column (d)				9,850.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**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

2019

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCESSSURF HAWAII P.O. BOX 15152 HONOLULU, HI 96830	20-4420646	501(C) (3)	17,320.	0.			GENERAL OPERATING GRANT
ADULT FRIENDS FOR YOUTH 3375 KOAPAKA ST., STE. B290 HONOLULU, HI 96819-1876	99-0254581	501(C) (3)	20,710.	0.			GENERAL OPERATING GRANT
AFTER-SCHOOL ALL-STARS HAWAII 4747 KILAUEA AVE., #210 HONOLULU, HI 96816	27-4604870	501(C) (3)	19,196.	0.			GENERAL OPERATING GRANT
AIO FOUNDATION 1000 BISHOP ST., STE 405 HONOLULU, HI 96813	94-3278794	501(C) (3)	7,500.	0.			GENERAL OPERATING GRANT
ALOHA HARVEST 3599 WAIALAE AVE., #23 HONOLULU, HI 96816-2759	99-0344209	501(C) (3)	65,052.	0.			GENERAL OPERATING GRANT
ALOHA MEDICAL MISSION 810 N. VINEYARD BLVD. HONOLULU, HI 96817	99-0234811	501(C) (3)	63,835.	0.			GENERAL OPERATING GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 151.**

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

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

Schedule I (Form 990) (2019)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC. - 1130 N. NIMITZ HIGHWAY SUITE A-265 - HONOLULU, HI 96817	13-3039601	501(C) (3)	89,279.	0.			GENERAL OPERATING GRANT
AMERICAN CANCER SOCIETY, INC. 2370 NUUANU AVE. HONOLULU, HI 96817	13-1788491	501(C) (3)	76,878.	0.			GENERAL OPERATING GRANT
AMERICAN DIABETES ASSOCIATION INC. PIONEER PLAZA 900 FORT STREET MALL, SUITE 940 - HONOLULU, HI 96813	13-1623888	501(C) (3)	47,694.	0.			GENERAL OPERATING GRANT
AMERICAN HEART ASSOCIATION OF HAWAII - 677 ALA MOANA BLVD. #600 - HONOLULU, HI 96813	13-5613797	501(C) (3)	81,742.	0.			GENERAL OPERATING GRANT
AMERICAN RED CROSS, HAWAII STATE CHAPTER - 4155 DIAMOND HEAD ROAD - HONOLULU, HI 96816	53-0196605	501(C) (3)	117,911.	0.			GENERAL OPERATING GRANT
ARMED SERVICES YMCA OF HONOLULU 1260 PIERCE STREET PEARL HARBOR, HI 96860	99-0075037	501(C) (3)	15,190.	0.			GENERAL OPERATING GRANT
ARTHRITIS FOUNDATION HI CHAPTER 2752 WOODLAWN DRIVE, STE. 5-204B HONOLULU, HI 96822	58-1341679	501(C) (3)	12,119.	0.			GENERAL OPERATING GRANT
ASSETS SCHOOL ONE OHANA NUI WAY HONOLULU, HI 96818	99-6001152	501(C) (3)	57,542.	0.			GENERAL OPERATING GRANT
BIG BROTHERS BIG SISTERS HAWAII, INC. - 418 KUWILI ST., STE. 106 - HONOLULU, HI 96817-5364	99-0109970	501(C) (3)	37,718.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOOD BANK OF HAWAII 2043 DILLINGHAM BLVD HONOLULU, HI 96819	99-0073479	501(C) (3)	9,849.	0.			GENERAL OPERATING GRANT
BLUE PLANET FOUNDATION 55 MERCHANT ST., SUITE 1700 HONOLULU, HI 96813	20-8247917	501(C) (3)	9,780.	0.			GENERAL OPERATING GRANT
BOY SCOUTS OF AMERICA - ALOHA COUNCIL - 42 PUIWA ROAD - HONOLULU, HI 96817	99-0073482	501(C) (3)	57,198.	0.			GENERAL OPERATING GRANT
BOYS & GIRLS CLUB OF HAWAII 345 QUEEN STREET, SUITE 900 HONOLULU, HI 96813	99-6005407	501(C) (3)	55,349.	0.			GENERAL OPERATING GRANT
CATHOLIC CHARITIES HAWAI'I 1822 KEEAUMOKU ST. HONOLULU, HI 96822	99-0073547	501(C) (3)	230,735.	0.			GENERAL OPERATING GRANT
CENTER FOR TOMORROW'S LEADERS 677 ALA MOANA BLVD., SUITE 1100 HONOLULU, HI 96813	46-3490591	501(C) (3)	11,901.	0.			GENERAL OPERATING GRANT
CHAMINADE UNIVERSITY OF HONOLULU 3140 WAIALAE AVE. HONOLULU, HI 96816	99-0272261	501(C) (3)	51,750.	0.			GENERAL OPERATING GRANT
CHILD & FAMILY SERVICE 91-1841 FORT WEAVER RD. EWA BEACH, HI 96706	99-0073483	501(C) (3)	111,630.	3,125.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
COALITION FOR A DRUG-FREE HAWAII 1130 N. NIMITZ HWY., #A259 HONOLULU, HI 96817	99-0255126	501(C) (3)	5,409.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT - 91-1270 KINOIKIK ST. - HONOLULU, HI 96807	91-0313383	501(C)(3)	221,951.	0.			GENERAL OPERATING GRANT
DAMIEN MEMORIAL HIGH SCHOOL 1401 HOUGHTAILING ST. HONOLULU, HI 96817-2797	99-0108341	501(C)(3)	7,789.	0.			GENERAL OPERATING GRANT
DEPARTMENT OF EDUCATION 1390 MILLER ST. HONOLULU, HI 96813	99-0266482	170(C)(1)	0.	11,104.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
DIAMOND HEAD THEATRE 520 MAKAPUU AVE. HONOLULU, HI 96816-2319	99-0073495	501(C)(3)	74,351.	0.			GENERAL OPERATING GRANT
DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST - 3725 ALEXANDRIA PIKE - COLD SPRING, KY 41076	52-1521276	501(C)(3)	5,117.	0.			GENERAL OPERATING GRANT
DOMESTIC VIOLENCE ACTION CENTER P.O. BOX 3198 HONOLULU, HI 96801-3198	99-0290389	501(C)(3)	23,194.	0.			GENERAL OPERATING GRANT
EASTER SEALS HAWAII 710 GREEN ST. HONOLULU, HI 96813-2119	99-0075235	501(C)(3)	19,370.	2,500.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
EPILEPSY FOUNDATION OF HAWAII 1050 ALA MOANA BLVD., SUITE 2550 HONOLULU, HI 96814	23-7216782	501(C)(3)	6,259.	0.			GENERAL OPERATING GRANT
FAMILY PROGRAMS OF HAWAII 250 VINEYARD ST. HONOLULU, HI 96813	99-0280498	501(C)(3)	5,419.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF HAWAII 245 N. KUKUI ST., #101 HONOLULU, HI 96817	20-2645489	501(C) (3)	66,599.	0.			GENERAL OPERATING GRANT
FEED THE HUNGER FUND FKA FEED THE HUNGER FOUNDATION - 100 MONTGOMERY ST. - SAN FRANCISCO, CA 94129	26-2975093	501(C) (3)	102,467.	0.			GENERAL OPERATING GRANT
FISHER HOUSE FOUNDATION INC - TRIPLER ARMY MEDICAL CENTER - 12300 TWINBROOK PKWY. - ROCKVILLE, MD 20852	11-3158401	501(C) (3)	11,079.	0.			GENERAL OPERATING GRANT
FRANCISCAN CARE SERVICES 2226 LILIHA STREET, STE. 227 HONOLULU, HI 96817	27-4348363	501(C) (3)	5,708.	0.			GENERAL OPERATING GRANT
FRIENDS OF THE CANCER RESEARCH CENTER OF HAWAII - 701 ILALO STREET, SUITE 606 - HONOLULU, HI 96813	99-0207313	501(C) (3)	5,442.	0.			GENERAL OPERATING GRANT
FRIENDS OF THE CHILDRENS JUSTICE CENTER OF OAHU - 3019 PALI HWY. - HONOLULU, HI 96817	27-3663109	501(C) (3)	8,212.	0.			GENERAL OPERATING GRANT
FRIENDS OF THE LIBRARY OF HAWAII 99-1132 IWAENA STREET AIEA, HI 96701	99-6003670	501(C) (3)	5,308.	15,795.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
FRIENDS OF YOUTH OUTREACH FOUNDATION DBA RYSE - 91-1264 KAIOPUA STREET - EWA BEACH, HI 96706	81-2102826	501(C) (3)	50,000.	0.			GENERAL OPERATING GRANT
GIRL SCOUTS OF HAWAI'I 410 ATKINSON DR., STE. 2E10BOX 3 HONOLULU, HI 96814	99-0073488	501(C) (3)	22,606.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODWILL INDUSTRIES OF HAWAII, INC. - 2610 KILILHAU ST. - HONOLULU, HI 96819	99-6001264	501(C) (3)	264,040.	0.			GENERAL OPERATING GRANT
GREGORY HOUSE PROGRAMS 200 N VINEYARD BLVD, STE A310 HONOLULU, HI 96817	99-0265111	501(C) (3)	23,103.	1,139.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
GUIDE DOGS OF HAWAII ADAPTIVE AIDS CANINES & - ADVOCACY FOR THE BLIND 747 AMANA ST., #407 - HONOLULU, HI	99-0103779	501(C) (3)	17,349.	0.			GENERAL OPERATING GRANT
HABILITAT, INC PO BOX 801 KANEEOHE, HI 96744	99-0146306	501(C) (3)	13,963.	0.			GENERAL OPERATING GRANT
HALE KIPA, INC. 615 PIIKOI ST., STE. 203 HONOLULU, HI 96814	23-7061499	501(C) (3)	96,611.	0.			GENERAL OPERATING GRANT
HANAHAU'OLI SCHOOL 1922 MAKIKI ST. HONOLULU, HI 96822	99-0074143	501(C) (3)	11,000.	0.			GENERAL OPERATING GRANT
HAWAII 3RS P.O. BOX 1196 HONOLULU, HI 96807-1401	43-1990722	501(C) (3)	7,514.	0.			GENERAL OPERATING GRANT
HAWAII APPLESEED CENTER FOR LAW AND ECONOMIC JUSTICE - P.O. BOX 37952 - HONOLULU, HI 96837-0952	76-0748976	501(C) (3)	12,074.	0.			GENERAL OPERATING GRANT
HAWAII AUTISM FOUNDATION PO BOX 2775 HONOLULU, HI 96803	26-1563850	501(C) (3)	7,135.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAII BOOK & MUSIC FESTIVAL 47-231 KAMAKOI ROAD KANEEOHE, HI 96744	30-0261277	501(C) (3)	7,460.	15,125.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
HAWAII CHILDREN'S ACTION NETWORK 850 RICHARDS ST., STE 201 HONOLULU, HI 96813	94-3257650	501(C) (3)	151,564.	0.			GENERAL OPERATING GRANT
HAWAII CHILDREN'S CANCER FOUNDATION - 1814 LILIHA ST. - HONOLULU, HI 96817	99-0299937	501(C) (3)	35,272.	565.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
HAWAII COMMUNITY FOUNDATION 1164 BISHOP ST., STE 800 HONOLULU, HI 96813	99-0261283	501(C) (3)	7,500.	0.			GENERAL OPERATING GRANT
HAWAII COUNCIL ON ECONOMIC EDUCATION - 1136 UNION MALL, STE. 310 - HONOLULU, HI 96813	99-6010090	501(C) (3)	9,640.	0.			GENERAL OPERATING GRANT
HAWAII DOG FOUNDATION 94-1221 KA UKA BLVD., #108-315 WAIPAHU, HI 96797	05-0594693	501(C) (3)	21,804.	0.			GENERAL OPERATING GRANT
HAWAII FI-DO SERVICE DOG 59-790 KAMEHAMEHA HWY. HALEIWA, HI 96712	99-0353345	501(C) (3)	12,647.	0.			GENERAL OPERATING GRANT
HAWAII FOODBANK, INC. 2611 KILIHOU ST. HONOLULU, HI 96819	99-0220699	501(C) (3)	129,391.	0.			GENERAL OPERATING GRANT
HAWAII HOME OWNERSHIP CENTER 1259 AALA ST., #201 HONOLULU, HI 96817-3962	68-0544935	501(C) (3)	150,392.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAII ISLAND UNITED WAY P.O. BOX 745 HILO, HI 96720	99-6012257	501(C) (3)	21,888.	0.			GENERAL OPERATING GRANT
HAWAII LIONS FOUNDATION P. O. BOX 834 HONOLULU, HI 96808-0834	99-6010563	501(C) (3)	2,394.	16,500.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
HAWAII LITERACY, INC. 245 NORTH KUKUI STREET, SUITE 202 HONOLULU, HI 96817	23-7198698	501(C) (3)	24,830.	7,840.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
HAWAII MEALS ON WHEELS, INC. P.O. BOX 61194 HONOLULU, HI 96839-1194	99-0198132	501(C) (3)	131,244.	0.			GENERAL OPERATING GRANT
HAWAII MOTHERS MILK, INC. 1319 PUNAHOU ST. HONOLULU, HI 96826	99-0161419	501(C) (3)	5,861.	0.			GENERAL OPERATING GRANT
HAWAII NATURE CENTER INC. 2131 MAKIKI HEIGHTS DRIVE HONOLULU, HI 96822	99-0208246	501(C) (3)	7,236.	0.			GENERAL OPERATING GRANT
HAWAII PERFORMING ARTS COMPANY LTD. DBA MANOA VALLEY THEATRE - 2833 EAST MANOA ROAD - HONOLULU, HI 96822	99-0148833	501(C) (3)	6,000.	0.			GENERAL OPERATING GRANT
HAWAII PUBLIC TELEVISION FOUNDATION DBA PBS HAWAII - P.O. BOX 29805 - HONOLULU, HI 96820-2006	99-0334518	501(C) (3)	25,825.	1,440.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
HAWAII THEATRE CENTER 1130 BETHEL STREET HONOLULU, HI 96813	99-0229658	501(C) (3)	5,184.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAII YOUTH SYMPHONY ASSOCIATION 1110 UNIVERSITY AVE., STE. 200 HONOLULU, HI 96826-1598	99-0119771	501(C) (3)	19,296.	0.			GENERAL OPERATING GRANT
HAWAIIAN COMMUNITY ASSETS 200 N VINEYARD BLVD., STE A300 HONOLULU, HI 96817	99-0348767	501(C) (3)	350,123.	2,278.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
HAWAIIAN HUMANE SOCIETY 2700 WAIALAE AVE. HONOLULU, HI 96826-1899	99-0073490	501(C) (3)	158,640.	0.			GENERAL OPERATING GRANT
HELPING HANDS HAWAII 2100 N. NIMITZ HWY. HONOLULU, HI 96819-2218	23-7365077	501(C) (3)	69,741.	108,619.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
HISTORIC HAWAII FOUNDATION 680 IWILEI ROAD, STE 690 HONOLULU, HI 96817	23-7441972	501(C) (3)	7,384.	0.			GENERAL OPERATING GRANT
HO'OLA NA PUA 66-382 KAAMOOLOA RD. WAIALUA, HI 96791	46-5139164	501(C) (3)	43,534.	0.			GENERAL OPERATING GRANT
HOA AINA O MAKAHA 84-766 LAHAINA ST. WAIANAE, HI 96792	99-0292820	501(C) (3)	26,666.	0.			GENERAL OPERATING GRANT
HONOLULU ACADEMY OF ARTS DBA HONOLULU MUSEUM OF ART - 900 S. BERETANIA ST. - HONOLULU, HI 96814	99-0079713	501(C) (3)	6,614.	0.			GENERAL OPERATING GRANT
HONOLULU HABITAT FOR HUMANITY 922 AUSTIN LANE, #C-1 HONOLULU, HI 96817	99-0261871	501(C) (3)	101,483.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HONOLULU JAPANESE CHAMBER OF COMMERCE CHARITABLE CORPORATION - 2454 S. BERETANIA ST., STE 201 - HONOLULU, HI 96826	99-0354364	501(C) (3)	6,300.	0.			GENERAL OPERATING GRANT
HONOLULU POLICE COMMUNITY FOUNDATION - 6650 HAWAII KAI DR., STE. 250 - HONOLULU, HI 96825	94-3274384	501(C) (3)	10,816.	0.			GENERAL OPERATING GRANT
HONOLULU THEATRE FOR YOUTH 1149 BETHEL ST., STE. 700 HONOLULU, HI 96813-2236	99-0107563	501(C) (3)	11,860.	0.			GENERAL OPERATING GRANT
HONPA HONGWANJI MISSION OF HAWAII 1727 PALI HWY. HONOLULU, HI 96813	99-0073500	501(C) (3)	5,677.	0.			GENERAL OPERATING GRANT
HOSPICE HAWAI'I, INC. 860 IWILEI RD. HONOLULU, HI 96817	99-0203930	501(C) (3)	70,712.	0.			GENERAL OPERATING GRANT
HUGS (HELP, UNDERSTANDING & GROUP SUPPORT) - 3636 KILAUEA AVE. - HONOLULU, HI 96816-2318	99-0213594	501(C) (3)	31,250.	0.			GENERAL OPERATING GRANT
IHS, THE INSTITUTE FOR HUMAN SERVICES, INC. - 546 KA'AAHI ST. - HONOLULU, HI 96817	99-0199107	501(C) (3)	140,447.	1,319.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
IOLANI SCHOOL 563 KAMOKU STREET HONOLULU, HI 96826	99-0073502	501(C) (3)	52,777.	0.			GENERAL OPERATING GRANT
JUNIOR ACHIEVEMENT OF HAWAII, INC. 1888 KALAKAUA AVE., SUITE C312 HONOLULU, HI 96815	99-0088861	501(C) (3)	16,017.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KALIHI-PALAMA HEALTH CENTER 915 N. KING ST. HONOLULU, HI 96817	99-0161221	501(C) (3)	8,889.	585.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
KAPI'OLANI HEALTH FOUNDATION 55 MERCHANT ST., 26TH FL. HONOLULU, HI 96813	99-0246364	501(C) (3)	42,708.	0.			GENERAL OPERATING GRANT
KAUAI UNITED WAY 4374 KUKUI GROVE ST. STE 201 LIHUE, HI 96766	99-0146288	501(C) (3)	10,580.	0.			GENERAL OPERATING GRANT
KCAA PRESCHOOLS OF HAWAI'I 2707 S. KING ST. HONOLULU, HI 96826-3325	99-0075242	501(C) (3)	21,909.	0.			GENERAL OPERATING GRANT
KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES - 2239 N. SCHOOL ST. - HONOLULU, HI 96819	99-0149797	501(C) (3)	150,376.	800.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
KUAKINI FOUNDATION 347 N. KUAKINI ST. HONOLULU, HI 96817-2336	99-0225067	501(C) (3)	11,416.	0.			GENERAL OPERATING GRANT
KUPU 677 ALA MOANA BLVD., #1200 HONOLULU, HI 96813	51-0652665	501(C) (3)	18,302.	0.			GENERAL OPERATING GRANT
LANAKILA PACIFIC 1809 BACHELOT ST. HONOLULU, HI 96817	99-0103922	501(C) (3)	17,862.	0.			GENERAL OPERATING GRANT
LE JARDIN ACADEMY 917 KALANIANA'OLE HWY KAILUA, HI 96734	99-0146978	501(C) (3)	17,518.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP IN DISABILITIES & ACHIEVEMENT OF HAWAII (LDAH) - 245 N. KUKUI ST., STE. 205 - HONOLULU, HI 96817	99-0119223	501(C) (3)	6,527.	15,669.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
LEGACY OF LIFE HAWAII 405 N KUAKINI ST., #810 HONOLULU, HI 96817	99-0257883	501(C) (3)	7,521.	0.			GENERAL OPERATING GRANT
LEGAL AID SOCIETY OF HAWAI'I 924 BETHEL ST. HONOLULU, HI 96813	99-0076020	501(C) (3)	6,335.	0.			GENERAL OPERATING GRANT
LIFE FOUNDATION 677 ALA MOANA BLVD., STE. 226 HONOLULU, HI 96813-5405	99-0230542	501(C) (3)	9,606.	0.			GENERAL OPERATING GRANT
MAKE A WISH HAWAII INC. P.O. BOX 1877 HONOLULU, HI 96805	99-0220777	501(C) (3)	65,618.	0.			GENERAL OPERATING GRANT
MALAMA LEARNING CENTER CORP. PO BOX 75467 KAPOLEI, HI 96707	20-0442056	501(C) (3)	31,772.	569.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
MARCH OF DIMES FOUNDATION 1580 MAKALOA ST., SUITE 1200 HONOLULU, HI 96814	13-1846366	501(C) (3)	29,134.	0.			GENERAL OPERATING GRANT
MAUI UNITED WAY 270 HOOKAHI STREET SUITE 301 WAILUKU, HI 96793	99-0086524	501(C) (3)	11,461.	0.			GENERAL OPERATING GRANT
MENTAL HEALTH AMERICA OF HAWAI'I 1136 UNION MALL #510 HONOLULU, HI 96813	99-0076458	501(C) (3)	5,547.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID-PACIFIC INSTITUTE 2445 KAALA ST. HONOLULU, HI 96822-2299	99-0073514	501(C) (3)	25,258.	0.			GENERAL OPERATING GRANT
MOILIILI COMMUNITY CENTER 2535 S. KING ST. HONOLULU, HI 96826	99-0073515	501(C) (3)	7,798.	200.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
NATIONAL KIDNEY FOUNDATION OF HAWAII - 1314 S. KING ST., STE. 1555 - HONOLULU, HI 96814	99-0266733	501(C) (3)	12,793.	0.			GENERAL OPERATING GRANT
NATURE CONSERVANCY 923 NUUANU AVE. HONOLULU, HI 96817	53-0242652	501(C) (3)	43,900.	0.			GENERAL OPERATING GRANT
NAVY HALE KEIKI SCHOOL 153 BOUGAINVILLE DRIVE HONOLULU, HI 96818	99-0299640	501(C) (3)	5,759.	250.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
NEW HOPE WINDWARD 43 ONEAWA ST., STE 203 KAILUA, HI 96734	99-0348925	501(C) (3)	10,000.	0.			GENERAL OPERATING GRANT
OAHU SOCIETY FOR THE PREVENTION OF CRUELTY OF ANIMALS - OAHU SPCA P.O. BOX 25145 - HALEIWA, HI 96825	61-1569948	501(C) (3)	40,634.	250.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
PACIFIC AND ASIAN AFFAIRS COUNCIL 1601 EAST-WEST ROAD, 4TH FLOOR HONOLULU, HI 96848-1601	99-0073501	501(C) (3)	18,220.	0.			GENERAL OPERATING GRANT
PALAMA SETTLEMENT 810 N. VINEYARD BLVD. HONOLULU, HI 96817	99-0074140	501(C) (3)	13,274.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALOLO CHINESE HOME 2459 10TH AVE. HONOLULU, HI 96816	99-0073521	501(C) (3)	20,594.	600.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
PARENTS AND CHILDREN TOGETHER (PACT) - 1485 LINAPUNI ST., STE. 105 - HONOLULU, HI 96819	99-0119678	501(C) (3)	239,518.	1,300.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
PARTNERS IN DEVELOPMENT FOUNDATION SUITE 105 HONOLULU, HI 96817-2433	94-3271325	501(C) (3)	23,427.	1,250.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
PATCH (PEOPLE ATTENTIVE TO CHILDREN) - 560 N. NIMITZ HWY., STE. 218 - HONOLULU, HI 96817	99-0167464	501(C) (3)	11,065.	0.			GENERAL OPERATING GRANT
PLANNED PARENTHOOD OF THE GREAT NORTHWEST & HAWAIIAN ISLANDS - 2001 E MADISON STREET - SEATTLE, WA 96815	91-0686012	501(C) (3)	39,964.	0.			GENERAL OPERATING GRANT
PROJECT DANA 2720 NAKOOKOO ST. HONOLULU, HI 96826		501(C) (3)	54,952.	0.			GENERAL OPERATING GRANT
PROJECT VISION HAWAII P.O. BOX 23212 HONOLULU, HI 96823	27-2831637	501(C) (3)	25,100.	0.			GENERAL OPERATING GRANT
PUNAHOU SCHOOL 1601 PUNAHOU ST. HONOLULU, HI 96822	99-0073523	501(C) (3)	17,000.	0.			GENERAL OPERATING GRANT
QUEEN'S MEDICAL CENTER 1301 PUNCHBOWL ST. HONOLULU, HI 96821	99-0073524	501(C) (3)	10,000.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REHABILITATION HOSPITAL OF THE PACIFIC - 226 N. KUAKINI ST. - HONOLULU, HI 96817-2488	99-0241634	501(C) (3)	34,749.	0.			GENERAL OPERATING GRANT
RIVER OF LIFE MISSION P.O. BOX 37939 HONOLULU, HI 96837	99-0253651	501(C) (3)	11,809.	0.			GENERAL OPERATING GRANT
RONALD MCDONALD HOUSE CHARITIES OF HAWAII INC. - P.O. BOX 61777 - HONOLULU, HI 96839-1777	99-0222124	501(C) (3)	25,025.	100.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
SAINT LOUIS SCHOOL 3142 WAIALAE AVE. HONOLULU, HI 96816	99-0272260	501(C) (3)	38,171.	0.			GENERAL OPERATING GRANT
SHRINER'S HOSPITAL 1310 PUNAHOU STREET HONOLULU, HI 96826	36-2193608	501(C) (3)	24,913.	0.			GENERAL OPERATING GRANT
SPECIAL OLYMPICS HAWAII 1833 KALAKAUA AVENUE, SUITE 500 HONOLULU, HI 96815	23-7173957	501(C) (3)	80,751.	0.			GENERAL OPERATING GRANT
ST. FRANCIS HEALTHCARE FOUNDATION OF HAWAII - 2228 LILIHA ST., STE. 205 - HONOLULU, HI 96817	99-0240060	501(C) (3)	50,158.	1,000.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
STRAUB FOUNDATION 55 MERCHANT ST., 26TH FL. HONOLULU, HI 96813	99-0109350	501(C) (3)	17,620.	0.			GENERAL OPERATING GRANT
SUSAN G. KOMEN BREAST CANCER FOUNDATION - 3555 HARDING AVENUE, SUITE 2D - HONOLULU, HI 96816	75-2844638	501(C) (3)	6,587.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSANNAH WESLEY COMMUNITY CENTER 1117 KAILI ST. HONOLULU, HI 96819	99-0073528	501(C) (3)	44,006.	0.			GENERAL OPERATING GRANT
TEACH FOR AMERICA, INC. 500 ALA MOANA BLVD., STE. 3-400 HONOLULU, HI 96813	13-3541913	501(C) (3)	77,990.	0.			GENERAL OPERATING GRANT
THE ALCOHOLIC REHABILITATION SERVICES OF HI DBA HINA MAUKA - 45-845 PO'OKELA ST. - KANEOHE, HI 96744	99-0173356	501(C) (3)	14,815.	350.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
THE ARC IN HAWAII 3989 DIAMOND HEAD RD. HONOLULU, HI 96816	99-0089327	501(C) (3)	14,940.	0.			GENERAL OPERATING GRANT
THE MEDIATION CENTER OF THE PACIFIC, INC. - 245 N KUKUI ST # 206 - HONOLULU, HI 96817	99-0192700	501(C) (3)	53,052.	0.			GENERAL OPERATING GRANT
THE SALVATION ARMY HAWAIIAN & PACIFIC ISLANDS DIVISION - 2950 MANOA RD. - HONOLULU, HI 96822	94-1156347	501(C) (3)	75,153.	0.			GENERAL OPERATING GRANT
UNITED CEREBRAL PALSY ASSOCIATION OF HAWAII - 414 KUWILI ST., #105 - HONOLULU, HI 96817	99-0092154	501(C) (3)	5,821.	0.			GENERAL OPERATING GRANT
UNITED CHURCH OF CHRIST TRANSITION HOUSE - 2468 BINGHAM ST. - HONOLULU, HI 96826	35-2390776	501(C) (3)	8,884.	0.			GENERAL OPERATING GRANT
UNITED SERVICE ORGANIZATIONS, INC. 4825 BOUGAINVILLE DR., #210 HONOLULU, HI 96819	13-1610451	501(C) (3)	5,884.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES VETERANS INITIATIVE - HAWAII - 800 W. 6TH ST., STE 1505 - LOS ANGELES, CA 90017	95-4382752	501(C) (3)	44,342.	0.			GENERAL OPERATING GRANT
UNIVERSITY OF HAWAII FOUNDATION P.O. BOX 11270 HONOLULU, HI 96828	99-0085260	501(C) (3)	72,982.	0.			GENERAL OPERATING GRANT
VOLUNTEER LEGAL SERVICES HAWAII 545 QUEEN ST., STE 100 HONOLULU, HI 96813	99-0207024	501(C) (3)	6,567.	500.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
WAIANAЕ COMMUNITY RE-DEVELOPMENT CORPORATION - 86-148 PUHAWAI RD. - WAIANAЕ, HI 96792	99-0350803	501(C) (3)	10,000.	0.			GENERAL OPERATING GRANT
WAIANAЕ DISTRICT COMPREHENSIVE HEALTH AND HOSPITAL BOARD, INC - 86-260 FARRINGTON HWY. - WAIANAЕ, HI 96792	99-0148164	501(C) (3)	77,576.	0.			GENERAL OPERATING GRANT
WAIKIKI COMMUNITY CENTER 310 PAOKALANI AVE. HONOLULU, HI 96815	99-0179392	501(C) (3)	103,720.	0.			GENERAL OPERATING GRANT
WAIKIKI HEALTH 277 OHUA AVE. HONOLULU, HI 96815	99-0159253	501(C) (3)	73,947.	0.			GENERAL OPERATING GRANT
WAIMANALO HEALTH CENTER 41-1347 KALANIANAOLE HWY. WAIMANALO, HI 96795	99-0273205	501(C) (3)	25,272.	85.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT
YMCA OF HONOLULU 1441 PALI HWY. HONOLULU, HI 96813	99-0073533	501(C) (3)	111,481.	80.	FMV	VARIOUS SUPPLIES	GENERAL OPERATING GRANT

Schedule I (Form 990)

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

ALOHA UNITED WAY, INC.

Employer identification number

99-0073494

Part I Questions Regarding Compensation

	Yes	No
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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> 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	1b	
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?	2	
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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> 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?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
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?	6a	X
b Any related organization?	6b	X
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	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2019

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 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) CINDY ADAMS PRESIDENT/CEO - PART YEAR	(i)	198,332.	71,280.	0.	0.	17,541.	287,153.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NORMAN BAKER COO	(i)	141,988.	0.	0.	0.	15,803.	157,791.	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)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Multiple horizontal lines provided for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		63,495.	SALE OF COMP PROP
5 Clothing and household goods	X		147,788.	SALE OF COMP PROP
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	13	152,380.	COST OR SALE PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	10	17,590.	SALE OF COMP PROP
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (DONATED MEDIA)	X	1	71,348.	COST OR SALE PRICE
26 Other ▶ (OFFICE SUPPLI)	X	1	18,222.	SALE OF COMP PROP
27 Other ▶ (EVENT TICKETS)	X	2	5,670.	COST OR SALE PRICE
28 Other ▶ ()				

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

	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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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.		

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

Schedule M (Form 990) 2019

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION UTILIZES THE SERVICES OF ITS INVESTMENT ADVISOR TO
PROCESS AND SELL PUBLICALLY TRADED STOCK DONATIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

ALOHA UNITED WAY, INC.

Employer identification number

99-0073494

FORM 990, PART I, LINE 1

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

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

AGENCIES, SUPPORTING HEALTH AND HUMAN SERVICE SERVICES ACROSS THE
STATE.

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

MISCELLANEOUS OTHER PROGRAMS:

EXPENSES \$ 472,336. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

1. C. SCOTT WO IS ON THE BOARD OF DIRECTORS OF FIRST HAWAIIAN BANK WHERE
CHRISTOPHER DODS IS EVP, CONSUMER BANKING & MARKETING GROUP.

2. RANDY PERREIRA IS ON THE BOARD OF DIRECTORS OF HMSA WHERE MICHAEL
STOLLAR IS PRESIDENT & COO.

3. ALICIA MOY IS ON THE BOARD OF DIRECTORS OF BANK OF HAWAII WHERE KEVIN
SAKAMOTO IS THE SENIOR EXECUTIVE VICE PRESIDENT, ENTERPRISE OPERATIONS

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

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

Name of the organization

ALOHA UNITED WAY, INC.

Employer identification number

99-0073494

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

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

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

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

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

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

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

CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUST	284,517.
ADJUSTMENT FOR DONOR DESIGNATIONS	1,382,019.
FUNDRAISING REVENUE IN EXCESS OF BOOK	-73,978.
TOTAL TO FORM 990, PART XI, LINE 9	1,592,558.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
2	BLDG & IMPROVEMENT	VARIOUS	SL	39.00		MM16	8,815,508.				8,815,508.	8,444,305.		226,039.	8,670,344.
	* 990 PAGE 10 TOTAL BUILDINGS						8,815,508.				8,815,508.	8,444,305.		226,039.	8,670,344.
	MACHINERY & EQUIPMENT														
3	FURNITURE & EQUIP	VARIOUS	SL	7.00		16	464,400.				464,400.	464,400.		0.	464,400.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						464,400.				464,400.	464,400.		0.	464,400.
	LAND														
1	LAND	VARIOUS	L				191,000.				191,000.			0.	
	* 990 PAGE 10 TOTAL LAND						191,000.				191,000.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						9,470,908.				9,470,908.	8,908,705.		226,039.	9,134,744.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T PUBLIC DISCLOSURE COPY

FOR THE YEAR ENDING

December 31, 2019

Prepared For:

ALOHA UNITED WAY, INC.
200 N. VINEYARD
HONOLULU, HI 96817-3938

Prepared By:

Accuity LLP
999 Bishop Street, Ste. 1900
Honolulu, HI 96813

Amount Due or Refund:

No amount is due.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

The signed return should be made available for public inspection for three years beginning on the extended due date of the return (i.e., three years). Copies should be provided without charge (other than a reasonable fee for reproduction and postage costs) to any individual who makes a request for such copy in person or in writing.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Part I: Name of organization (ALOHA UNITED WAY, INC.), Employer identification number (99-0073494), Address (200 N. VINEYARD, NO. 700, HONOLULU, HI 96817-3938)

Part II: Book value of all assets at end of year (20,247,220), Group exemption number, Check organization type (501(c) corporation)

Part III: Enter the number of the organization's unrelated trades or businesses (1), Describe the only (or first) unrelated trade or business here (NONE)

Part IV: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No)

Part V: The books are in care of (EARL FUSATO), Telephone number (808-543-2239)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc. Total income is 0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc. Total deductions are 0.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	400.
b	2019 estimated tax payments	51b	6,000.
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	6,400.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	6,400.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	6,400.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	PRESIDENT & CEO	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	MANOJ SAMARANAYAKE	11/12/2020		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	Firm's name	999 BISHOP STREET, STE. 1900		PTIN P01450116
	Firm's address	HONOLULU, HI 96813		Firm's EIN 20-5325889
				Phone no. 808-531-3400

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 26. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.