** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 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.
Doing business as

D Employer identification number
99-0073494

Number and street (or P.O. box if mail is not delivered to street address) 200 N. VINEYARD
Room/suite 700

E Telephone number 808-536-1951

City or town, state or province, country, and ZIP or foreign postal code HONOLULU, HI 96817-3938

G Gross receipts $ 37,396,369.

F Name and address of principal officer: MICHELLE BARTELL
200 N. VINEYARD BLVD, #700, HON, HI 96817

H(a) Is this a group return for subordinates? Yes [X] No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

I Tax-exempt status: [X] 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527

J Website: WWW.AUW.ORG

H(c) Group exemption number

K Form of organization: [X] Corporation Trust Association Other

L Year of formation: 1938 **M** State of legal domicile: HI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: AUW ADVANCES THE HEALTH, EDUCATION, & FINANCIAL STABILITY OF EVERY PERSON IN OUR COMMUNITY.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	74
6	Total number of volunteers (estimate if necessary)	6	904
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	21,500,915.	17,527,812.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	681,980.	749,084.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,282,232.	2,578,360.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,465,127.	20,855,256.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,296,306.	14,352,285.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,743,881.	4,957,052.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 1,533,387.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,309,049.	2,045,217.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,349,236.	21,354,554.
19	Revenue less expenses. Subtract line 18 from line 12	115,891.	-499,298.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	23,207,018.	23,539,068.
21	Total liabilities (Part X, line 26)	4,866,294.	5,169,821.
22	Net assets or fund balances. Subtract line 21 from line 20	18,340,724.	18,369,247.

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

MICHELLE BARTELL, PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
JOAN FUJITA				P00235894

Firm's name ACCUITY ADVISORS, LLC Firm's EIN 39-3984182

Firm's address 999 BISHOP STREET, SUITE 2300
HONOLULU, HI 96813 Phone no. 808-531-3400

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 ADVANCES THE HEALTH, EDUCATION, AND FINANCIAL STABILITY OF EVERY PERSON IN OUR COMMUNITY BY BRINGING TOGETHER RESOURCES, ORGANIZATIONS, AND PEOPLE.

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

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

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

4a (Code:) (Expenses $ 10,088,388. including grants of $ 9,189,530.) (Revenue $)
COMMUNITY SUPPORT:
WE ADDRESS THE GREATEST NEEDS OF OUR COMMUNITY, OFFER HOPE, AND PROVIDE OPPORTUNITIES TO IMPROVE THE QUALITY OF LIFE FOR FAMILIES IN HAWAII. THROUGH COMMUNITY-WIDE FUNDRAISING, WE HELP AMPLIFY THE POWER OF EACH GIFT TO MAKE A DIFFERENCE. ALOHA UNITED WAY (AUW) HAS LONG SUPPORTED DISASTER, CRISIS, FOOD, SHELTER AND EMERGENCY SUPPORT SERVICES THROUGH THE SAFETY NET FUND, AND ESTABLISHED THE ALICE (ASSET LIMITED INCOME CONSTRAINED EMPLOYED) FUND TO TACKLE THE ISSUES THAT CAUSE FINANCIAL INSTABILITY FOR INDIVIDUALS AND FAMILIES. THE ALICE REPORTS ALSO PROVIDE DATA THAT ARE INCREASINGLY INFORMING GOVERNMENT POLICY AND BUSINESS RESPONSE TO ADDRESS FINANCIAL STABILITY AND HOUSING. THROUGH TRANSFORMATIVE INITIATIVES THAT BRING TOGETHER PEOPLE, RESOURCES AND

4b (Code:) (Expenses $ 5,280,189. including grants of $ 5,162,755.) (Revenue $)
CONTINUUM OF CARE:
ALOHA UNITED WAY IS THE RECIPIENT OF VARIOUS CONTINUUM OF CARE ("COC") GRANTS FUNDED BY THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT ("HUD"). THE COC PROGRAM IS DESIGNED TO ASSIST OUR COMMUNITY'S HOMELESS POPULATION AND TO OPTIMIZE SELF-SUFFICIENCY. ALOHA UNITED WAY HAS BEEN AWARDED FOUR GRANTS UNDER HUD INCLUDING: PERMANENT SUPPORTIVE HOUSING, COC PLANNING ACTIVITIES, HOMELESS MANAGEMENT INFORMATION SYSTEM, AND THE COORDINATED ENTRY SYSTEM.

4c (Code:) (Expenses $ 2,088,355. including grants of $) (Revenue $ 2,071,036.)
211 PROGRAM:
211 IS A FREE, CONFIDENTIAL SERVICE OFFERED STATEWIDE FOR PEOPLE WHO NEED HELP. 211 PROVIDES INFORMATION ON A BROAD RANGE OF HEALTH AND HUMAN SERVICES FOR THE WHOLE COMMUNITY INCLUDING JOB PLACEMENT, CHILD CARE, SUBSTANCE USE DISORDER SUPPORT, AS WELL AS BASIC FOOD, SHELTER, CRISIS AND OTHER NEEDS. AUW 211 IS USED BY NUMEROUS GOVERNMENT AGENCIES TO CONNECT RESIDENTS TO SERVICE INFORMATION FOR CRISIS OR DISASTER RESPONSE. 211 IS ALSO THE NUMBER TO CALL WHEN PEOPLE WANT TO DONATE GOODS OR VOLUNTEER IN THE COMMUNITY. IN 2024, THE 211 PROGRAM RESPONDED TO MORE THAN 47,000 REQUESTS TO ITS STATEWIDE RESOURCE HELPLINE.

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

4e Total program service expenses 17,456,932.

SEE SCHEDULE O FOR CONTINUATION(S)

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b	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? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	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? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

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	1a	29		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 74			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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 X

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	1a	23		
	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.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			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?	10a		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?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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.

X Own website ☐ Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

VICTORIA FISHER - 808-536-1951

200 N. VINEYARD BLVD., STE 700, HONOLULU, HI 96817

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN FINK PRESIDENT/CEO	40.00			X				251,251.	0.	11,949.
(2) EMMALY CALIBRARO VP RESOURCE DEVELOPMENT	40.00				X			159,252.	0.	8,820.
(3) SUZANNE SKJOLD COO	40.00			X				157,977.	0.	5,246.
(4) VICTORIA FISHER VP FINANCE & ACCOUNTING	40.00			X				126,910.	0.	8,560.
(5) BRIAN BOWERS DIRECTOR/CHAIR	1.00	X		X				0.	0.	0.
(6) SU SHIN DIRECTOR/VICE CHAIR	1.00	X		X				0.	0.	0.
(7) GUY CHURCHILL DIRECTOR/TREASURER	1.00	X		X				0.	0.	0.
(8) JIM ALBERTS DIRECTOR/SECRETARY	1.00	X		X				0.	0.	0.
(9) BILL WEESHOFF DIRECTOR	1.00	X						0.	0.	0.
(10) CARRIE ANN TSUTSUI DIRECTOR	1.00	X						0.	0.	0.
(11) COLBERT SETO DIRECTOR	1.00	X						0.	0.	0.
(12) DANE TERUYA DIRECTOR	1.00	X						0.	0.	0.
(13) DANIEL ARITA DIRECTOR	1.00	X						0.	0.	0.
(14) DANIEL CHUN DIRECTOR	1.00	X						0.	0.	0.
(15) DOUG JOHNSTONE DIRECTOR	1.00	X						0.	0.	0.
(16) GLEN KANESHIGE DIRECTOR	1.00	X						0.	0.	0.
(17) GREG CARLSON 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JASON HAGIWARA DIRECTOR	1.00	X						0.	0.	0.
(19) JASON ITO DIRECTOR	1.00	X						0.	0.	0.
(20) JAY ANA DIRECTOR	1.00	X						0.	0.	0.
(21) KISAN JO DIRECTOR	1.00	X						0.	0.	0.
(22) KRISTI O'HERON DIRECTOR	1.00	X						0.	0.	0.
(23) MICHELLE KIRK DIRECTOR	1.00	X						0.	0.	0.
(24) MICHELLLE STOFLE DIRECTOR	1.00	X						0.	0.	0.
(25) PETER HIRANO DIRECTOR	1.00	X						0.	0.	0.
(26) RICK HOPFER DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								695,390.	0.	34,575.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								695,390.	0.	34,575.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HIEMPLOYMENT 745 FORT ST. STE. 124, HONOLULU, HI 96813	TEMP STAFFING SERVICES	105,896.

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

Form 990 ALOHA UNITED WAY, INC. 99-0073494

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 (check all that apply)						(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			
(27) ROWENA BUFFET TIMMS	1.00									
DIRECTOR		X						0.	0.	0.
(28) SHEILA-ANNE EBERT	1.00									
DIRECTOR		X						0.	0.	0.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	249,874.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,248,843.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,029,095.				
	g Noncash contributions included in lines 1a-1f	1g	$ 161,346.				
	h **Total.** Add lines 1a-1f			17,527,812.			
Program Service Revenue		**Business Code**					
	2a						
	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)			744,248.			744,248.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a	1,789,836.				
	b Less: rental expenses	6b	1,195,842.				
	c Rental income or (loss)	6c	593,994.				
	d Net rental income or (loss)			593,994.			593,994.
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	15,215,240.				
	b Less: cost or other basis and sales expenses	7b	15,210,404.				
	c Gain or (loss)	7c	4,836.				
	d Net gain or (loss)			4,836.			4,836.
	8a Gross income from fundraising events (not including $ 249,874. of contributions reported on line 1c). See Part IV, line 18	8a	48,197.				
	b Less: direct expenses	8b	134,867.				
	c Net income or (loss) from fundraising events			-86,670.			-86,670.
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a 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		**Business Code**					
	11a PROGRAM CONTRACT SERVICES		561499	2,060,659.	2,060,659.		
	b						
	c						
	d All other revenue		900099	10,377.	10,377.		
	e **Total.** Add lines 11a-11d			2,071,036.			
	12 **Total revenue.** See instructions			20,855,256.	2,071,036.	0.	1256408.

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	14,352,285.	14,352,285.		
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	729,965.	49,087.	563,228.	117,650.
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	3,121,973.	1,650,117.	871,732.	600,124.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	81,405.	47,999.	19,048.	14,358.
9 Other employee benefits	703,108.	327,699.	228,416.	146,993.
10 Payroll taxes	320,601.	143,419.	118,081.	59,101.
11 Fees for services (nonemployees):				
a Management				
b Legal	5,653.		4,966.	687.
c Accounting	83,533.	21,990.	61,543.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	69,408.		69,408.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	826,420.	449,632.	183,605.	193,183.
12 Advertising and promotion	132,605.	34,870.	751.	96,984.
13 Office expenses	264,595.	80,522.	41,799.	142,274.
14 Information technology	166,778.	118,763.	40,779.	7,236.
15 Royalties				
16 Occupancy				
17 Travel	18,339.	10,101.	5,437.	2,801.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	109,498.	42,499.	32,665.	34,334.
20 Interest				
21 Payments to affiliates	171,726.	78,747.	66,061.	26,918.
22 Depreciation, depletion, and amortization	73,678.	25,121.	25,023.	23,534.
23 Insurance	12,366.	7,502.	2,927.	1,937.
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 EQUIPMENT RENTAL, MAINT	27,394.	8,520.	14,459.	4,415.
b SUBSCRIPTIONS AND DUES	10,668.	7,884.	243.	2,541.
c				
d				
e All other expenses	72,556.	175.	14,064.	58,317.
25 **Total functional expenses.** Add lines 1 through 24e	21,354,554.	17,456,932.	2,364,235.	1,533,387.
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		3,279,000.	1	3,643,227.
	2	Savings and temporary cash investments		637,457.	2	301,407.
	3	Pledges and grants receivable, net		2,488,781.	3	2,622,988.
	4	Accounts receivable, net		1,834,167.	4	2,135,389.
	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	56,491.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		126,051.	9	240,755.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,247,795.			
	b	Less: accumulated depreciation	10b 10,491,601.	2,435,863.	10c	2,756,194.
	11	Investments - publicly traded securities		7,023,401.	11	7,197,681.
	12	Investments - other securities. See Part IV, line 11		3,020,300.	12	3,233,968.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,361,998.	15	1,350,968.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		23,207,018.	16	23,539,068.
Liabilities	17	Accounts payable and accrued expenses		1,746,041.	17	1,882,774.
	18	Grants payable		2,798,194.	18	2,932,662.
	19	Deferred revenue		289,203.	19	326,303.
	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		32,856.	25	28,082.
	26	**Total liabilities.** Add lines 17 through 25		4,866,294.	26	5,169,821.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		8,494,267.	27	8,585,212.
	28	Net assets with donor restrictions		9,846,457.	28	9,784,035.
		Organizations that do not follow FASB ASC 958, check here ☐ **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		18,340,724.	32	18,369,247.
	33	Total liabilities and net assets/fund balances		23,207,018.	33	23,539,068.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,855,256.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,354,554.
3	Revenue less expenses. Subtract line 2 from line 1	3	-499,298.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,340,724.
5	Net unrealized gains (losses) on investments	5	-168,876.
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	696,697.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	18,369,247.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	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	3b	X	

** PUBLIC DISCLOSURE COPY **

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
ALOHA UNITED WAY, INC.

Employer identification number
99-0073494

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

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

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

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	41028773.	24138529.	16743620.	21197657.	17527812.	120636391
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	41028773.	24138529.	16743620.	21197657.	17527812.	120636391
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)						5512364.
6 **Public support.** Subtract line 5 from line 4.						115124027

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	41028773.	24138529.	16743620.	21197657.	17527812.	120636391
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2350771.	1887109.	1950217.	2271802.	2534084.	10993983.
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.)	417,458.	1102786.	1452270.	1746707.	2071036.	6790257.
11 **Total support.** Add lines 7 through 10						138420631

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

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 83.17 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 86.04 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

(Complete only if you checked the box on line 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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).*	**1**		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	**3b**		

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 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ 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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 Other distributions (describe in **Part VI**). See instructions.	6	
7 **Total annual distributions.** Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

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

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

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

Name of organization: ALOHA UNITED WAY, INC.

Employer identification number: 99-0073494

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		$ 5,235,515.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 2,567,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 576,392.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 406,639.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: ALOHA UNITED WAY, INC.

Employer identification number: 99-0073494

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

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

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

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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	Employer identification number (EIN)
ALOHA UNITED WAY, INC.	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 EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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)	305.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	1,807.	
c Total lobbying expenditures (add lines 1a and 1b)	2,112.	
d Other exempt purpose expenditures	17,456,932.	
e Total exempt purpose expenditures (add lines 1c and 1d)	17,459,044.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

IF the amount on line 1e, column (a) or (b), is:	THEN 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.

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? ☐ Yes ☐ 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000.	969,619.	1,000,000.	1,000,000.	3,969,619.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,954,429.
c Total lobbying expenditures	6,160.	3,308.	1,096.	2,112.	12,676.
d Grassroots nontaxable amount	250,000.	242,405.	250,000.	250,000.	992,405.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,488,608.
f Grassroots lobbying expenditures	3,650.			305.	3,955.

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization
ALOHA UNITED WAY, INC.

Employer identification number
99-0073494

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		1
2	Aggregate value of contributions to (during year)		108,695.
3	Aggregate value of grants from (during year)		92,500.
4	Aggregate value at end of year		403,931.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☒ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☒ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements 2a	
b	Total acreage restricted by conservation easements 2b	
c	Number of conservation easements on a certified historic structure included on line 2a 2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register 2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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 in Part XIII ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,164,815.	2,054,427.	1,954,427.	1,718,407.	1,718,407.
b Contributions	1,392.	110,388.	100,000.	236,020.	
c Net investment earnings, gains, and losses	54,505.	30,411.	30,403.	30,402.	30,487.
d Grants or scholarships					
e Other expenditures for facilities and programs	54,505.	30,411.	30,403.	30,402.	30,487.
f Administrative expenses					
g End of year balance	2,166,207.	2,164,815.	2,054,427.	1,954,427.	1,718,407.

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

a Board designated or quasi-endowment _____ %
b Permanent endowment 100 %
c Term endowment _____ %

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

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

		Yes	No
(i) Unrelated organizations?	3a(i)	X	
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	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		12,364,150.	9,855,500.	2,508,650.
c Leasehold improvements				
d Equipment		692,645.	636,101.	56,544.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				2,756,194.

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	54,704.	COST
(B) RESTRICTED CERTIFICATE OF		
(C) DEPOSIT	1,000,000.	COST
(D) MUTUAL AND FIXED INCOME		
(E) FUNDS	2,179,264.	COST
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	3,233,968.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUST	1,138,970.
(2) OTHER ASSETS	211,998.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	1,350,968.

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	28,082.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	28,082.

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	17,180,937.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-168,876.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	638,361.		
e	Add lines 2a through 2d			2e	469,485.
3	Subtract line 2e from line 1			3	16,711,452.
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	4,143,804.		
c	Add lines 4a and 4b			4c	4,143,804.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	20,855,256.

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	17,152,414.
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	134,867.		
e	Add lines 2a through 2d			2e	134,867.
3	Subtract line 2e from line 1			3	17,017,547.
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	4,337,007.		
c	Add lines 4a and 4b			4c	4,337,007.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	21,354,554.

Part XIII Supplemental Information

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

PART X, LINE 2:
ALOHA UNITED WAY EVALUATES UNCERTAIN TAX POSITIONS UTILIZING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. AT DECEMBER 31, 2024 AND 2023, MANAGEMENT BELIEVES THERE WERE NO SIGNIFICANT UNCERTAIN TAX POSITIONS AND THERE WERE NO PENDING FEDERAL OR STATE INCOME TAX AUDITS. THE FEDERAL STATUTE OF LIMITATIONS REMAINS OPEN FOR ALOHA UNITED WAY FOR THE YEARS ENDED DECEMBER 31, 2021 THROUGH 2023.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSE	134,867.
BENEFICIAL INTEREST IN TRUST	503,494.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	638,361.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	4,143,804.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSE	134,867.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	4,337,007.

PART I, LINE 1

Part XIII Supplemental Information *(continued)*

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

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ALOHA UNITED WAY, INC.

Employer identification number

99-0073494

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Total						

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

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 WOMEN UNITED C4 (event type)	(b) Event #2 SYL GOLF (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	254,050.	44,021.		298,071.
	2 Less: Contributions	226,924.	22,950.		249,874.
	3 Gross income (line 1 minus line 2)	27,126.	21,071.		48,197.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,541.	10,735.		12,276.
	7 Food and beverages	49,936.	345.		50,281.
	8 Entertainment	800.			800.
	9 Other direct expenses	65,952.	5,558.		71,510.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				134,867.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-86,670.

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	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation $ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

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

Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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? ..... [X] Yes [ ] No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
808 CLEANUPS P.O BOX 240341 HONOLULU, HI 96824	47-3528201	501(C) (3)	13,511.	0.			GENERAL OPERATING GRANT
ACCESSURF HAWAII INC. P.O. BOX 15152 HONOLULU, HI 96830	20-4420646	501(C) (3)	20,045.	0.			GENERAL OPERATING GRANT
ADULT FRIENDS FOR YOUTH 3375 KOAPAKA ST., STE. B290 HONOLULU, HI 96819-1876	99-0254581	501(C) (3)	8,949.	0.			GENERAL OPERATING GRANT
AFTER-SCHOOL ALL-STARS HAWAII 1523 KALAKAUA AVENUE, SUITE 202 HONOLULU, HI 96826	27-4604870	501(C) (3)	14,827.	0.			GENERAL OPERATING GRANT
ALOHA HARVEST 3599 WAIALAE AVE., #23 HONOLULU, HI 96816-2759	99-0344209	501(C) (3)	41,410.	0.			GENERAL OPERATING GRANT
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC. - 677 ALA MOANA BOULEVARD, SUITE 301 - HONOLULU, HI 96813	13-3039601	501(C) (3)	78,137.	0.			GENERAL OPERATING GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 175.

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

Schedule I (Form 990) ALOHA UNITED WAY, INC. 99-0073494

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY, INC. 2370 NUUANU AVENUE HONOLULU, HI 96817	13-1788491	501(C) (3)	31,699.	0.			GENERAL OPERATING GRANT
AMERICAN DIABETES ASSOCIATION INC. PO BOX 7023 MERRIFIELD, VA 22166	13-1623888	501(C) (3)	18,280.	0.			GENERAL OPERATING GRANT
AMERICAN HEART ASSOCIATION INC. 707 RICHARDS ST STE 615 HONOLULU, HI 96813	13-5613797	501(C) (3)	37,534.	0.			GENERAL OPERATING GRANT
AMERICAN LUNG ASSOCIATION 1050 QUEEN ST. STE 100 HONOLULU, HI 96814	13-1632524	501(C) (3)	7,598.	0.			GENERAL OPERATING GRANT
AMERICAN RED CROSS, HAWAII STATE CHAPTER - 4155 DIAMOND HEAD ROAD - HONOLULU, HI 96816	53-0196605	501(C) (3)	124,646.	0.			GENERAL OPERATING GRANT
ASSETS SCHOOL 1 OHANA NUI WAY HONOLULU, HI 96818	99-6001152	501(C) (3)	16,703.	0.			GENERAL OPERATING GRANT
ASSOCIATED BUILDERS AND CONTRACTORS HAWAII CHAPTER - 1375 DILLINGHAM BLVD., SUITE 200 - HONOLULU, HI 96817	99-0272037	501(C) (3)	40,000.	0.			FISCAL-SPONSORED GRANT, WEINBERG
BIG BROTHERS BIG SISTERS HAWAII, INC. - 571 QUINN LANE SUITE 100, UNIT 2 - HONOLULU, HI 96813	99-0109970	501(C) (3)	52,183.	0.			GENERAL OPERATING GRANT
BISHOP MUSEUM 1525 BERNICE STREET HONOLULU, HI 96817	99-0073479	501(C) (3)	9,672.	0.			GENERAL OPERATING GRANT

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

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BLOOD BANK OF HAWAII 1907 YOUNG STREET HONOLULU, HI 96826	27-1865289	501(C) (3)	13,273.	0.			GENERAL OPERATING GRANT
BLUE PLANET FOUNDATION 55 MERCHANT ST., SUITE 1700 HONOLULU, HI 96813	20-8247917	501(C) (3)	9,311.	0.			GENERAL OPERATING GRANT
BOY SCOUTS OF AMERICA - ALOHA COUNCIL - 42 PUIWA ROAD - HONOLULU, HI 96817	99-0073482	501(C) (3)	57,541.	0.			GENERAL OPERATING GRANT
BOYS & GIRLS CLUB OF HAWAII 1000 BISHOP STREET, SUITE 505 HONOLULU, HI 96813-4205	99-6005407	501(C) (3)	100,911.	0.			GENERAL OPERATING GRANT
CATHOLIC CHARITIES HAWAI'I 1822 KEEAUMOKU ST. HONOLULU, HI 96822	99-0073547	501(C) (3)	269,738.	0.			GENERAL OPERATING GRANT
CENTER FOR TOMORROW'S LEADERS 874 DILLINGHAM BLVD BLDG 72A, RM. 1 HONOLULU, HI 96817	46-3490591	501(C) (3)	37,860.	0.			GENERAL OPERATING GRANT
CHAMINADE UNIVERSITY OF HONOLULU 3140 WAIALAE AVE. HONOLULU, HI 96816	99-0272261	501(C) (3)	24,804.	0.			GENERAL OPERATING GRANT
CHILD & FAMILY SERVICE 91-1841 FT. WEAVER RD. EWA BEACH, HI 96706	99-0073483	501(C) (3)	17,834.	0.			GENERAL OPERATING GRANT
COMMON GRACE P.O. BOX 31116 HONOLULU, HI 96820	23-7253559	501(C) (3)	12,282.	0.			GENERAL OPERATING GRANT

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

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COMPASSION FOR CANCER CAREGIVERS 1082 OILIPUU PLACE HONOLULU, HI 96825	47-4067239	501(C) (3)	19,773.	0.			GENERAL OPERATING GRANT
COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT - 91-1270 KINOIKI STREET., BLDG 1 - KAPOLEI, HI 96707-4128	91-0313383	501(C) (3)	88,350.	0.			GENERAL OPERATING GRANT
DIAMOND HEAD THEATRE 520 MAKAPUU AVE. HONOLULU, HI 96816-2319	99-0073495	501(C) (3)	27,536.	0.			GENERAL OPERATING GRANT
DOMESTIC VIOLENCE ACTION CENTER P.O. BOX 3198 HONOLULU, HI 96801-3198	99-0290389	501(C) (3)	79,024.	0.			GENERAL OPERATING GRANT
EASTER SEALS HAWAII 710 GREEN ST. HONOLULU, HI 96813-2119	99-0075235	501(C) (3)	16,586.	0.			GENERAL OPERATING GRANT
EWHA EDUCATIONAL FOUNDATION INC. 1200 E. WINDSOR RD. GLENDALE, CA 91205	20-0775240	501(C) (3)	6,500.	0.			GENERAL OPERATING GRANT
FAMILY PROGRAMS HAWAII 801 S KING STREET HONOLULU, HI 96813	99-0280498	501(C) (3)	7,129.	0.			GENERAL OPERATING GRANT
FAMILY PROMISE OF HAWAII 245 N. KUKUI ST., #101 HONOLULU, HI 96817	20-2645489	501(C) (3)	317,432.	0.			CONTINUUM OF CARE GRANT
FEED THE HUNGER FUND 1050 BISHOP STREET, #387 HONOLULU, HI 96813	26-2975093	501(C) (3)	100,955.	0.			GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FINLEY FORT FOUNDATION 600 QUEEN ST. APT 2704 HONOLULU, HI 96813	87-1292886	501(C) (3)	11,875.	0.			GENERAL OPERATING GRANT
FOUNDATION FOR MARYKNOLL SCHOOL 1526 ALEXANDER STREET HONOLULU, HI 96822	99-0110569	501(C) (3)	10,531.	0.			GENERAL OPERATING GRANT
FRIENDLY ISLE UNITED FUND P.O. BOX 2047 KAUNAKAKAI, HI 96748	23-7426312	501(C) (3)	7,439.	0.			GENERAL OPERATING GRANT
FRIENDS OF THE CHILDRENS JUSTICE CENTER OF OAHU - 3019 PALI HWY. - HONOLULU, HI 96817	27-3663109	501(C) (3)	6,550.	0.			GENERAL OPERATING GRANT
FRIENDS OF THE UNIVERSITY OF HAWAII CANCER CENTER - PO BOX 61962 - HONOLULU, HI 96839	99-0207313	501(C) (3)	6,347.	0.			GENERAL OPERATING GRANT
FRIENDS OF WAIPAHU HIGH SCHOOL P.O. BOX 971363 WAIPAHU, HI 96797	82-1691368	501(C) (3)	6,000.	0.			GENERAL OPERATING GRANT
FUR-ANGEL FOUNDATION 590 FARRINGON HWY KAPOLEI, HI 96707	47-4033399	501(C) (3)	7,775.	0.			GENERAL OPERATING GRANT
GIRL SCOUTS OF HAWAI'I 1164 BISHOP ST. STE#200 HONOLULU, HI 96813	99-0073488	501(C) (3)	23,863.	0.			GENERAL OPERATING GRANT
GOODWILL INDUSTRIES OF HAWAII, INC. - 2610 KILIHAU ST. - HONOLULU, HI 96819	99-6001264	501(C) (3)	91,729.	0.			GENERAL OPERATING GRANT

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GREGORY HOUSE PROGRAMS 200 N. VINEYARD BLVD., STE. A310 HONOLULU, HI 96817	99-0265111	501(C) (3)	21,894.	0.			GENERAL OPERATING GRANT
GUIDE DOGS OF HAWAII ADAPTIVE AIDS CANINES & - ADVOCACY FOR THE BLIND - HONOLULU, HI 96813	99-0103779	501(C) (3)	38,435.	0.			GENERAL OPERATING GRANT
HALAU HAKALAU LLC PO BOX 59 KUALAPU'U, HI 96757	85-3566413	501(C) (3)	69,000.	0.			FISCAL SPONSOR GRANT, OTHER
HALE KIPA, INC. 91-2128 OLD FORT WEAVER ROAD EWA BEACH, HI 96706	23-7061499	501(C) (3)	60,412.	0.			GENERAL OPERATING GRANT
HAWAII APPLESEED CENTER FOR LAW AND ECONOMIC JUSTICE - 733 BISHOP STREET, SUITE 1180 - HONOLULU, HI 96813	76-0748976	501(C) (3)	571,531.	0.			FISCAL-SPONSORED GRANT, WEINBERG
HAWAII AUTISM FOUNDATION P.O. BOX 2775 HONOLULU, HI 96803	26-1563850	501(C) (3)	5,892.	0.			GENERAL OPERATING GRANT
HAWAII BAPTIST ACADEMY 1848 NU'UANU AVENUE HONOLULU, HI 96817	99-0301266	501(C) (3)	6,050.	0.			GENERAL OPERATING GRANT
HAWAII BUILDING INDUSTRY FOUNDATION - 94-487 AKOKI STREET, SUITE 213 - WAIPAHU, HI 96797	20-2216525	501(C) (3)	100,000.	0.			FISCAL-SPONSORED GRANT, WEINBERG
HAWAII CHILDREN'S ACTION NETWORK P.O. BOX 23198 HONOLULU, HI 96823	94-3257650	501(C) (3)	82,846.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990) ALOHA UNITED WAY, INC. 99-0073494

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

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HAWAII CHILDREN'S CANCER FOUNDATION - 1814 LILIHA ST. - HONOLULU, HI 96817	99-0299937	501(C) (3)	37,972.	0.			GENERAL OPERATING GRANT
HAWAII COMMUNITY FOUNDATION 827 FORT STREET MALL HONOLULU, HI 96813	99-0261283	501(C) (3)	36,281.	0.			GENERAL OPERATING GRANT
HAWAII DOG FOUNDATION 111 HEKILI STREET, SUITE A606 KAILUA, HI 96734	05-0594693	501(C) (3)	13,407.	0.			GENERAL OPERATING GRANT
HAWAII EMPLOYEES LIFELINE PROGRAM LABOR COMMUNITY SERVICES PROGRAM HONOLULU, HI 96813	45-5355817	501(C) (3)	6,978.	0.			GENERAL OPERATING GRANT
HAWAII FI-DO SERVICE DOG P.O. BOX 757 KAHUKU, HI 96731	99-0353345	501(C) (3)	8,906.	0.			GENERAL OPERATING GRANT
HAWAII FOODBANK, INC. 2611 KILIHAU ST. HONOLULU, HI 96819	99-0220699	501(C) (3)	148,731.	0.			GENERAL OPERATING GRANT
HAWAII HEALTH & HARM REDUCTION CENTER - 677 ALA MOANA BLVD., STE. 226 - HONOLULU, HI 96813-5405	99-0230542	501(C) (3)	6,087.	0.			GENERAL OPERATING GRANT
HAWAII HOMEOWNERSHIP CENTER 1259 AALA ST., #201 HONOLULU, HI 96817-3962	68-0544935	501(C) (3)	74,508.	0.			GENERAL OPERATING GRANT
HAWAII ISLAND HUMANE SOCIETY 78-6767 MAMALAHOA HWY HOLUALOA, HI 96725	99-6009437	501(C) (3)	15,703.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990) ALOHA UNITED WAY, INC. 99-0073494

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HAWAII LITERACY, INC. 245 NORTH KUKUI STREET, SUITE 202 HONOLULU, HI 96817	23-7198698	501(C) (3)	24,421.	0.			GENERAL OPERATING GRANT
HAWAII MEALS ON WHEELS, INC. P.O. BOX 236099 HONOLULU, HI 96823-3520	99-0198132	501(C) (3)	160,393.	0.			GENERAL OPERATING GRANT
HAWAII MOBILE MUSEUM OF TOLERANCE 1000 AUAHI ST. APT. 2100 HONOLULU, HI 96814	93-3541664	501(C) (3)	100,000.	0.			FISCAL-SPONSORED GRANT, WEINBERG
HAWAII NATURE CENTER INC. 2131 MAKIKI HEIGHTS DR. HONOLULU, HI 96822-2520	99-0208246	501(C) (3)	7,079.	0.			GENERAL OPERATING GRANT
HAWAII OPERA THEATRE 848 S. BERETANIA ST., STE. 400 HONOLULU, HI 96813	99-0197758	501(C) (3)	10,673.	0.			GENERAL OPERATING GRANT
HAWAII PACIFIC UNIVERSITY 500 ALA MOANA BLVD, SUITE 6420 HONOLULU, HI 96813	99-0113930	501(C) (3)	9,500.	0.			GENERAL OPERATING GRANT
HAWAII PUBLIC RADIO 738 KAHEKA ST., #101 HONOLULU, HI 96814	51-0191809	501(C) (3)	12,752.	0.			GENERAL OPERATING GRANT
HAWAII PUBLIC TELEVISION FOUNDATION DBA PBS HAWAII - P.O. BOX 29805 - HONOLULU, HI 96820-2006	99-0334518	501(C) (3)	12,247.	0.			GENERAL OPERATING GRANT
HAWAII SYMPHONY ORCHESTRA INC. 3610 WAIALAE AVE HONOLULU, HI 96816	45-2861988	501(C) (3)	53,665.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990) ALOHA UNITED WAY, INC. 99-0073494 Page 1

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

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HAWAII THEATRE CENTER 1130 BETHEL STREET HONOLULU, HI 96813	99-0229658	501(C) (3)	25,214.	0.			GENERAL OPERATING GRANT
HAWAII UNITED OKINAWA ASSOCIATION 94-587 UKEE STREET WAIPAHU, HI 96797	99-0290923	501(C) (3)	6,092.	0.			GENERAL OPERATING GRANT
HAWAII YOUTH SYMPHONY ASSOCIATION 1350 S. KING STREET HONOLULU, HI 96814	99-0119771	501(C) (3)	8,782.	0.			GENERAL OPERATING GRANT
HAWAIIAN COMMUNITY ASSETS INC. 310 PAOAKALANI AVE #204E HONOLULU, HI 96815	99-0348767	501(C) (3)	100,538.	0.			GENERAL OPERATING GRANT
HAWAIIAN HUMANE SOCIETY 2700 WAIALAE AVE. HONOLULU, HI 96826-1899	99-0073490	501(C) (3)	155,868.	0.			GENERAL OPERATING GRANT
HEALTHNETWORK FOUNDATION 3550 LANDER RD. SUITE 225 PEPPER PIKE, OH 44124	04-3804600	501(C) (3)	10,000.	0.			GENERAL OPERATING GRANT
HEALTHY MOTHERS HEALTHY BABIES COALITION OF HAWAII - 245 N. KUKUI STREET SUITE 102A - HONOLULU, HI 96817	99-0299264	501(C) (3)	22,844.	0.			GENERAL OPERATING GRANT
HELPING HANDS HAWAII 2100 N. NIMITZ HWY. HONOLULU, HI 96819-2218	23-7365077	501(C) (3)	39,412.	0.			GENERAL OPERATING GRANT
HISTORIC HAWAII FOUNDATION 680 IWILEI RD., STE. 690 HONOLULU, HI 96817	23-7441972	501(C) (3)	8,801.	0.			GENERAL OPERATING GRANT

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HO'OLA NA PUA P.O. BOX 22551 HONOLULU, HI 96823	46-5139164	501(C) (3)	80,886.	0.			GENERAL OPERATING GRANT
HOLANI HANA, INC. PO BOX 187 HANA, HI 96713	26-4836145	501(C) (3)	25,000.	0.			FISCAL-SPONSORED GRANT, WEINBERG
HONOLULU COMMUNITY ACTION PROGRAM, INC. (HCAP) - 1132 BISHOP STREET, SUITE 100 - HONOLULU, HI 96813	99-0140622	501(C) (3)	41,170.	0.			GENERAL OPERATING GRANT
HONOLULU MUSEUM OF ART 900 S. BERETANIA ST. HONOLULU, HI 96814-1429	99-0079713	501(C) (3)	19,796.	0.			GENERAL OPERATING GRANT
HONOLULU THEATRE FOR YOUTH 1164 BISHOP STREET HONOLULU, HI 96813	99-0107563	501(C) (3)	7,808.	0.			GENERAL OPERATING GRANT
HONOLULU ZOOLOGICAL SOCIETY 151 KAPAHULU AVE. HONOLULU, HI 96815-4011	23-7057714	501(C) (3)	12,222.	0.			GENERAL OPERATING GRANT
HONPA HONGWANJI MISSION OF HAWAII 1728 PALI HWY HONOLULU, HI 96813	99-0073500	501(C) (3)	6,115.	0.			GENERAL OPERATING GRANT
HUA MOMONA FOUNDATION 246 KEOAWA ST LAHAINA, HI 96761	87-1337204	501(C) (3)	20,000.	0.			FISCAL-SPONSORED GRANT, WEINBERG
HUGS (HELP, UNDERSTANDING & GROUP SUPPORT) - 3636 KILAUEA AVE. - HONOLULU, HI 96816-2318	99-0213594	501(C) (3)	45,849.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990) ALOHA UNITED WAY, INC. 99-0073494 Page 1

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HUI MALAMA I KE ALA ULILI PO BOX 6 PA'AULIO, HI 96776	37-1799081	501(C) (3)	500,300.	0.			FISCAL-SPONSORED GRANT, WEINBERG
IHS, THE INSTITUTE FOR HUMAN SERVICES, INC. - 546 KA'AAHI ST. - HONOLULU, HI 96817	99-0199107	501(C) (3)	1,763,000.	0.			CONTINUUM OF CARE GRANT
INSTITUTE FOR NATIVE PACIFIC EDUCATION AND CULTURE - 91-1010 SHANGRILA ST. - KAPOLEI, HI 96707	99-0315193	501(C) (3)	102,198.	0.			GENERAL OPERATING GRANT
IOLANI SCHOOL 563 KAMOKU STREET HONOLULU, HI 96826	99-0073502	501(C) (3)	68,623.	0.			GENERAL OPERATING GRANT
JUNIOR ACHIEVEMENT OF HAWAII, INC. 1888 KALAKAUA AVE., SUITE C312 HONOLULU, HI 96815	99-0088861	501(C) (3)	5,852.	0.			GENERAL OPERATING GRANT
KALIHI PALAMA HEALTH CENTER P.O. BOX 17460 HONOLULU, HI 96817	99-0161221	501(C) (3)	1,858,647.	0.			CONTINUUM OF CARE GRANT
KAPIOLANI HEALTH FOUNDATION 55 MERCHANT STREET HONOLULU, HI 96813	99-0246364	501(C) (3)	29,142.	0.			GENERAL OPERATING GRANT
KAUAI UNITED WAY 4374 KUKUI GROVE STREET, STE #201 LIHUE, HI 96766-2007	99-0146288	501(C) (3)	7,856.	0.			GENERAL OPERATING GRANT
KAULUAKALANA P.O. BOX 833 KAILUA, HI 96734	83-3612121	501(C) (3)	100,000.	0.			FISCAL-SPONSORED GRANT, WEINBERG

Schedule I (Form 990) ALOHA UNITED WAY, INC. 99-0073494

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KCAA PRESCHOOLS OF HAWAI'I 2707 S. KING ST. HONOLULU, HI 96826-3325	99-0075242	501(C) (3)	8,486.	0.			GENERAL OPERATING GRANT
KIDS HURT TOO HAWAII 245 N. KUKUI ST., STE. 203 HONOLULU, HI 96817	99-0353665	501(C) (3)	10,811.	0.			GENERAL OPERATING GRANT
KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES - 2239 N. SCHOOL ST. - HONOLULU, HI 96819	99-0149797	501(C) (3)	140,051.	0.			GENERAL OPERATING GRANT
KUAKINI FOUNDATION 347 N. KUAKINI ST. HONOLULU, HI 96817-2336	99-0225067	501(C) (3)	6,830.	0.			GENERAL OPERATING GRANT
LAHAINA COMMUNITY LAND TRUST PO BOX 12580 LAHAINA, HI 96761	93-4230569	501(C) (3)	100,000.	0.			FISCAL-SPONSORED GRANT, WEINBERG
LANAKILA PACIFIC 1809 BACHELOT ST. HONOLULU, HI 96817	99-0103922	501(C) (3)	16,283.	0.			GENERAL OPERATING GRANT
LE JARDIN ACADEMY 917 KALANIANAOLE HWY KAILUA, HI 96734	99-0146978	501(C) (3)	16,757.	0.			GENERAL OPERATING GRANT
LEGACY OF LIFE HAWAII 405 N. KUAKINI ST., STE. 810 HONOLULU, HI 96817	99-0257883	501(C) (3)	8,270.	0.			GENERAL OPERATING GRANT
LEGAL AID SOCIETY OF HAWAI'I 924 BETHEL ST. HONOLULU, HI 96813	99-0076020	501(C) (3)	140,712.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990) ALOHA UNITED WAY, INC. 99-0073494

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

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MAKAHA CULTURAL LEARNING CENTER PO BOX 992 WAIANAE, HI 96792	27-2877447	501(C) (3)	40,000.	0.			FISCAL-SPONSORED GRANT, WEINBERG
MAKE A WISH HAWAII INC. 900 FORT STREET MALL, SUITE 1200 HONOLULU, HI 96813	99-0220777	501(C) (3)	41,098.	0.			GENERAL OPERATING GRANT
MANOA VALLEY THEATRE FDBA HAWAII PERFORMING ARTS CO. LTD HONOLULU, HI 96822	99-0148833	501(C) (3)	10,398.	0.			GENERAL OPERATING GRANT
MARIMED FOUNDATION 45-025 LIKEKE PLACE KANEOHE, HI 96744	99-0235066	501(C) (3)	60,000.	0.			FISCAL-SPONSORED GRANT, WEINBERG
MAUI ADULT DAY CARE CENTERS 11 MAHAOLU STREET STE B KAHULUI, HI 96732	99-0216307	501(C) (3)	6,771.	0.			GENERAL OPERATING GRANT
MAUI FOOD BANK 760 KOLU STREET WAILUKU, HI 96793	99-0315110	501(C) (3)	16,938.	0.			GENERAL OPERATING GRANT
MAUI HUMANE SOCIETY P. O. BOX 1047 PUUNENE, HI 96784	99-6000953	501(C) (3)	18,032.	0.			GENERAL OPERATING GRANT
MAUI UNITED WAY PO BOX 275 KAHULUI, HI 96733	99-0086524	501(C) (3)	282,166.	0.			GENERAL OPERATING GRANT
MAUNALUA FISHPOND HERITAGE CENTER 5975 KALANIANAOLE HWY HONOLULU, HI 96821	26-1349087	501(C) (3)	9,133.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990) ALOHA UNITED WAY, INC. 99-0073494 Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH KOKUA 1221 KAPIOLANI BLVD., STE. 345 HONOLULU, HI 96814	99-0154505	501(C) (3)	25,482.	0.			GENERAL OPERATING GRANT
MID-PACIFIC INSTITUTE 2445 KAALA ST. HONOLULU, HI 96822-2299	99-0073514	501(C) (3)	138,869.	0.			GENERAL OPERATING GRANT
MOILIILI COMMUNITY CENTER 2535 S. KING ST. HONOLULU, HI 96826	99-0073515	501(C) (3)	6,331.	0.			GENERAL OPERATING GRANT
MOUNTAIN VALLEY TREATMENT CENTER 703 RIVER ROAD PAINFIELD, NH 03781	45-1619072	501(C) (3)	10,000.	0.			GENERAL OPERATING GRANT
NATIONAL KIDNEY FOUNDATION OF HAWAII - 1314 S. KING ST., STE. 1555 - HONOLULU, HI 96814	99-0266733	501(C) (3)	11,017.	0.			GENERAL OPERATING GRANT
NAVIAN HAWAII 860 IWILEI RD. HONOLULU, HI 96817	99-0203930	501(C) (3)	41,192.	0.			GENERAL OPERATING GRANT
NEW HOPE INTERNATIONAL MINISTRIES DBA NEW HOPE O'AHU - 290 SAND ISLAND ACCESS RD - HONOLULU, HI 96819	99-0348925	501(C) (3)	50,000.	0.			GENERAL OPERATING GRANT
OAHU SPCA SOCIETY FOR PREVENTION OF CRUELTY T WAHIAWA, HI 96786	61-1569948	501(C) (3)	35,791.	0.			GENERAL OPERATING GRANT
PACIFIC BUDDHIST ACADEMY 1754 LUSITANA STREET HONOLULU, HI 96813	04-3660909	501(C) (3)	6,025.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990) ALOHA UNITED WAY, INC. 99-0073494

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALAMA SETTLEMENT 810 N. VINEYARD BLVD. HONOLULU, HI 96817	99-0074140	501(C) (3)	35,496.	0.			GENERAL OPERATING GRANT
PALI MOMI FOUNDATION 55 MERCHANT ST., STE. 2600 HONOLULU, HI 96813	38-3840327	501(C) (3)	9,174.	0.			GENERAL OPERATING GRANT
PALOLO CHINESE HOME 2459 10TH AVE. HONOLULU, HI 96816	99-0073521	501(C) (3)	14,887.	0.			GENERAL OPERATING GRANT
PARENTS AND CHILDREN TOGETHER (PACT) - 1300 HALONA STREET - HONOLULU, HI 96817	99-0119678	501(C) (3)	197,196.	0.			GENERAL OPERATING GRANT
PARTNERS IN CARE 200 N. VINEYARD BLVD. HONOLULU, HI 96817	84-1705573	501(C) (3)	150,953.	0.			FISCAL-SPONSORED GRANT, WEINBERG
PARTNERS IN DEVELOPMENT FOUNDATION 2040 BACHELOT ST. HONOLULU, HI 96817-2433	94-3271325	501(C) (3)	90,493.	0.			GENERAL OPERATING GRANT
PLANNED PARENTHOOD OF THE GREAT NORTHWEST - HAWAII, ALASKA, INDIANA, KENTUCKY - HONOLULU, HI 96814	91-0686012	501(C) (3)	18,464.	0.			GENERAL OPERATING GRANT
PROJECT DANA MOILIILI HONGWANJI MISSION HONOLULU, HI 96826	99-0143990	501(C) (3)	49,414.	0.			GENERAL OPERATING GRANT
PROJECT HAWAII, INC. P.O. BOX 1844 KEAAU, HI 96749	32-0308897	501(C) (3)	15,015.	0.			GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUNAHOU SCHOOL 1601 PUNAHOU ST. HONOLULU, HI 96822	99-0073523	501(C) (3)	28,665.	0.			GENERAL OPERATING GRANT
READ TO ME INTERNATIONAL FOUNDATION - 677 ALA MOANA BLVD, STE. 302 - HONOLULU, HI 96813-4415	99-0327529	501(C) (3)	10,739.	0.			GENERAL OPERATING GRANT
REHABILITATION HOSPITAL OF THE PACIFIC FOUNDATION - 226 N. KUAKINI ST. - HONOLULU, HI 96817-2488	99-0241634	501(C) (3)	41,197.	0.			GENERAL OPERATING GRANT
RESIDENTIAL YOUTH SERVICES AND EMPOWERMENT DBA RYSE - P.O. BOX 11662 - HONOLULU, HI 96828	81-2102826	501(C) (3)	94,885.	0.			GENERAL OPERATING GRANT
RIVER OF LIFE MISSION P.O. BOX 37939 HONOLULU, HI 96837	99-0253651	501(C) (3)	17,299.	0.			GENERAL OPERATING GRANT
RONALD MCDONALD HOUSE CHARITIES OF HAWAII INC. - P.O. BOX 61777 - HONOLULU, HI 96822	99-0222124	501(C) (3)	19,772.	0.			GENERAL OPERATING GRANT
SAINT LOUIS SCHOOL 3142 WAIALAE AVE. HONOLULU, HI 96816	99-0272260	501(C) (3)	56,945.	0.			GENERAL OPERATING GRANT
SEARIDER PRODUCTIONS FOUNDATION 84-370 MAKAHA VALLEY RD. WAIANAE, HI 96792	46-2594819	501(C) (3)	286,000.	0.			FISCAL-SPONSORED GRANT, WEINBERG
SHRINER'S HOSPITALS FOR CHILDREN - HONOLULU - 1310 PUNAHOU STREET - HONOLULU, HI 96826	36-2193608	501(C) (3)	12,165.	0.			GENERAL OPERATING GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS HAWAII 91-610 MAUNAKAPU ST EWA BEACH, HI 96706	23-7173957	501(C) (3)	54,124.	0.			GENERAL OPERATING GRANT
ST. ANDREW'S SCHOOL 224 QUEEN EMMA SQ. HONOLULU, HI 96813	99-0073525	501(C) (3)	12,200.	0.			GENERAL OPERATING GRANT
ST. FRANCIS COMMUNITY HEALTH SERVICES - P.O. BOX 29700 - HONOLULU, HI 96820	99-0325194	501(C) (3)	9,325.	0.			GENERAL OPERATING GRANT
ST. FRANCIS HEALTHCARE FOUNDATION OF HAWAII - PO BOX 29700 - HONOLULU, HI 96820	99-0240060	501(C) (3)	33,582.	0.			GENERAL OPERATING GRANT
STEADFAST HOUSING DEVELOPMENT CORPORATION - 888 IWILEI ROAD, SUITE 250 - HONOLULU, HI 96817	99-0272190	501(C) (3)	1,532,201.	0.			CONTINUUM OF CARE GRANT
STRAUB FOUNDATION 55 MERCHANT ST., HONOLULU, HI 96813	99-0109350	501(C) (3)	13,062.	0.			GENERAL OPERATING GRANT
SUSAN G. KOMEN BREAST CANCER FOUNDATION - 13770 NOEL RD - DALLAS, TX 75380	75-2844638	501(C) (3)	14,939.	0.			GENERAL OPERATING GRANT
SUSANNAH WESLEY COMMUNITY CENTER 1117 KAILI ST. HONOLULU, HI 96819	99-0073528	501(C) (3)	45,195.	0.			GENERAL OPERATING GRANT
TEACH FOR AMERICA, INC. 500 ALA MOANA BLVD. HONOLULU, HI 96813	13-3541913	501(C) (3)	59,431.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990) ALOHA UNITED WAY, INC. 99-0073494

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FOOD BASKET INC. HAWAII ISLAND'S FOOD BANK - 40 HOLOMUA STREET - HILO, HI 96720	26-0349475	501(C) (3)	17,222.	0.			FISCAL-SPONSORED GRANT, WEINBERG
THE GIFT FOUNDATION OF HAWAII PO BOX 26297 HONOLULU, HI 96825	30-0266316	501(C) (3)	6,000.	0.			GENERAL OPERATING GRANT
THE MEDIATION CENTER OF THE PACIFIC, INC. - 1301 YOUNG STREET - HONOLULU, HI 96814	99-0192700	501(C) (3)	27,183.	0.			GENERAL OPERATING GRANT
THE NATURE CONSERVANCY 923 NUUANU AVE. HONOLULU, HI 96817	53-0242652	501(C) (3)	16,673.	0.			GENERAL OPERATING GRANT
THE PANTRY BY FEEDING HAWAII TOGETHER - 2522 ROSE STREET - HONOLULU, HI 96819	47-0901806	501(C) (3)	55,203.	0.			GENERAL OPERATING GRANT
THE SALVATION ARMY- GUAM CORPS 155003 CORSAIR AVENUE BARRIGADA, GU 96913	94-1156347	501(C) (3)	13,409.	0.			GENERAL OPERATING GRANT
THE SALVATION ARMY HAWAIIAN & PACIFIC ISLANDS - DIVISION (OAHU) - HONOLULU, HI 96822	94-1156347	501(C) (3)	52,123.	0.			GENERAL OPERATING GRANT
TOUCH A HEART INC. 98-820 MOANUALUA RD AIEA, HI 96701	20-8310130	501(C) (3)	24,589.	0.			GENERAL OPERATING GRANT
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET SUITE 305 - PHILADELPHIA, PA 19104	23-1352685	501(C) (3)	12,500.	0.			GENERAL OPERATING GRANT

Schedule I (Form 990) ALOHA UNITED WAY, INC. 99-0073494 Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES VETERANS INITIATIVE - HAWAII - 85-638 FARRINGTION HWY - WAIANAE, HI 96792	95-4382752	501(C) (3)	43,909.	0.			GENERAL OPERATING GRANT
UNIVERSITY OF HAWAII FOUNDATION 1810 UNIVERSITY AVENUE, SUITE 300 HONOLULU, HI 96822	99-0085260	501(C) (3)	64,284.	0.			GENERAL OPERATING GRANT
US JAPAN COUNCIL 1819 L STREET NW, SUITE 200 WASHINGTON, DC 20036	90-0447211	501(C) (3)	10,265.	0.			GENERAL OPERATING GRANT
VIBRANT HAWAII 230 KEKUANAOA STREET HILO, HI 96720	85-3693179	501(C) (3)	203,100.	0.			FISCAL-SPONSORED GRANT, WEINBERG
WAIANAE COAST COMPREHENSIVE HEALTH CENTER - 86-260 FARRINGTON HWY. - WAIANAE, HI 96792	99-0148164	501(C) (3)	51,133.	0.			GENERAL OPERATING GRANT
WAIKIKI COMMUNITY CENTER 310 PAOAKALANI AVE. HONOLULU, HI 96815	99-0179392	501(C) (3)	164,286.	0.			GENERAL OPERATING GRANT
WAIKIKI HEALTH 277 OHUA AVE. HONOLULU, HI 96815	99-0159253	501(C) (3)	24,651.	0.			GENERAL OPERATING GRANT
WAIMANALO HEALTH CENTER 41-1347A KALANIANAOLE HWY. WAIMANALO, HI 96795	99-0273205	501(C) (3)	74,317.	0.			GENERAL OPERATING GRANT
WE ARE OCEANIA 720 NORTH KING STREET HONOLULU, HI 96817	85-0514098	501(C) (3)	100,000.	0.			FISCAL-SPONSORED GRANT, WEINBERG

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN IN NEED WIN P.O. BOX 414 WAIMANALO, HI 96795	94-3266305	501(C) (3)	36,133.	0.			GENERAL OPERATING GRANT
WOMEN SPEAKING OUT P.O. BOX 11540 HONOLULU, HI 96828	26-2389151	501(C) (3)	6,000.	0.			GENERAL OPERATING GRANT
WORKNET INC. 1130 N. NIMITZ HWY. #B-224 HONOLULU, HI 96817	52-2267430	501(C) (3)	22,500.	0.			GENERAL OPERATING GRANT
WOUNDED WARRIOR OHANA 393 OPIHIKAO PL. HONOLULU, HI 96825	81-2106180	501(C) (3)	6,130.	0.			GENERAL OPERATING GRANT
YMCA OF HONOLULU 1441 PALI HWY. HONOLULU, HI 96813	99-0073533	501(C) (3)	81,126.	0.			GENERAL OPERATING GRANT
YOUTH FOR CHRIST USA INC. P.O. BOX 11145 HONOLULU, HI 96828	99-6001292	501(C) (3)	5,984.	0.			GENERAL OPERATING GRANT
YWCA OF O'AHU 1040 RICHARDS ST. HONOLULU, HI 96813	99-0073534	501(C) (3)	24,392.	0.			GENERAL OPERATING GRANT

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

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

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

PART I, LINE 2
IN GENERAL, AUW'S GRANT FUNDS ARE UNRESTRICTED. AGENCIES MUST PREQUALIFY TO BE CONSIDERED FOR ALLOCATIONS. ONE OF THE PREREQUISITES IS REPORTING ON PROGRAM RESULTS. AGENCIES MUST PROVIDE THOSE REPORTS OR THEY MAY BE EXCLUDED FROM FUTURE ALLOCATIONS.

SCHEDULE J (Form 990)

(Rev. December 2024)

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

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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☒ 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		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) JOHN FINK	(i)	206,251.	45,000.	0.	8,392.	3,557.	263,200.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) EMMALY CALIBRARO	(i)	148,942.	10,310.	0.	6,068.	2,752.	168,072.	0.
VP RESOURCE DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUZANNE SKJOLD	(i)	157,977.	0.	0.	5,246.	0.	163,223.	0.
COO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(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.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
ALOHA UNITED WAY, INC.

Employer identification number
99-0073494

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		36,172.	DONOR COST AND FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	7	163,430.	SALES PRICE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X		556.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (AFFINITY GROUP)	X	0	97,949.	DONOR COST
26	Other (DONATED MEDIA)	X	0	19,920.	COST
27	Other (OFFICE FURNITUR)	X	0	6,749.	COST
28	Other ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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, PART I, LINE 32B:
THE ORGANIZATION UTILIZES THE SERVICES OF ITS INVESTMENT ADVISOR TO PROCESS AND SELL PUBLICLY TRADED STOCK DONATIONS.

SCHEDULE O (Form 990)
(Rev. December 2024)
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 Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SUSTAINABLE SOLUTIONS, THE ALICE INITIATIVE STRIVES TO ENHANCE FINANCIAL STABILITY TO MAKE OUR COMMUNITY STRONGER AND MORE RESILIENT. AUW SUPPORTED OVER 500 INDEPENDENT NONPROFIT AGENCIES, SUPPORTING HEALTH AND HUMAN SERVICE SERVICES ACROSS THE STATE.

FORM 990, PART VI, SECTION B, LINE 11B:
BEFORE FILING, A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR ITS REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST FORMS ARE COMPLETED AND COLLECTED FROM EACH BOARD MEMBER. ON AN ONGOING BASIS, 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 15A:
COMPENSATION FOR THE PRESIDENT & CEO IS DETERMINED BY THE EXECUTIVE COMMITTEE. ANNUAL CHANGES TO COMPENSATION ARE BASED ON COLA AND AN EVALUATION OF PERFORMANCE AGAINST ESTABLISHED GOALS. COMPENSATION CHANGES FOR 2024 WERE EVALUATED AND RECOMMENDED BY THE BOARD CHAIR AND APPROVED BY THE EXECUTIVE COMMITTEE.

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	503,494.
ADJUSTMENT FOR DONOR DESIGNATIONS	193,203.
TOTAL TO FORM 990, PART XI, LINE 9	696,697.

FORM 990, PART XII, LINE 2C:
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.