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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: Address change; Name change; Initial return; Terminated; Amended return; Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization ALOHA UNITED WAY, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite: P.O. BOX 1096

City or town, state or country, and ZIP + 4: HONOLULU, HI 96808

D Employer identification number: 99-0073494

E Telephone number: ( ) -

G Gross receipts $ 16,856,464.

F Name and address of principal officer

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

H(b) Are all affiliates included? Yes [ ] No [ ]

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.AUW.ORG

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

L Year of formation 1938 M State of legal domicile HI

Part I Summary

1 Briefly describe the organization's mission or most significant activities

ALOHA UNITED WAY'S PURPOSE IS TO IMPROVE LIVES, MOTIVATE PEOPLE TO HELP OTHERS, INCREASE RESOURCES TO MEET NEEDS, AND INSPIRE COLLECTIVE SOLUTIONS TO COMMUNITY PROBLEMS.

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	35
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	35
5	Total number of employees (Part V, line 2a)	5	48
6	Total number of volunteers (estimate if necessary)	6	3,000
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	15,920,668.	15,209,103.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	282,908.	329,649.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	437,089.	498,518.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,640,665.	16,037,270.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,227,388.	13,837,753.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,437,075.	2,457,183.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 1,227,432.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,583,915.	1,289,302.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,248,378.	17,584,238.
19	Revenue less expenses Subtract line 18 from line 12	-2,607,713.	-1,546,968.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	26,329,912.	27,106,665.
21	Total liabilities (Part X, line 26)	5,007,131.	4,946,753.
22	Net assets or fund balances Subtract line 21 from line 20	21,322,781.	22,159,912.

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

✓ Susan Doyle — Signature of officer — Date: ✓ Nov. 11, 2010

✓ SUSAN DOYLE, PRESIDENT & CHIEF PROFESSIONAL OFFICER — Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date NOV 11 2010 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions) P00131363

Firm's name (or yours if self-employed), address, and ZIP + 4: DELOITTE TAX LLP, 1132 BISHOP STREET, SUITE 1200 HONOLULU, HI 96813-2870 — EIN ▶ 86-1065772 — Phone no ▶ 808-543-0700

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. * Form **990** (2009)

JSA
9E1010 3 000

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
ALOHA UNITED WAY'S PURPOSE IS TO IMPROVE LIVES, MOTIVATE PEOPLE TO HELP OTHERS, INCREASE RESOURCES TO MEET NEEDS, AND INSPIRE COLLECTIVE SOLUTIONS TO COMMUNITY PROBLEMS.

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 ☒ 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 ☒ No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 14,892,557 including grants of $ 13,837,753) (Revenue $ 15,209,103)
SEE ATTACHMENT 7

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

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

4e Total program service expenses ▶ 14,892,557.

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?	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? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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 term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• Did the organization report an amount for investments—other-securitiesin 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*			
	• 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*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• 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? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No)	12A		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14 a	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, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	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*	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
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States 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	
24 a	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 question 25*	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		
25 a	**Section 501(c)(3) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable	1a	17		
b	Enter the number of Forms W-2G included in 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		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	48		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in 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 the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			X
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			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	35		
b	Enter the number of voting members that are independent	1b	35		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6		X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9a			X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 ▶ HAWAII

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply

[X] Own website [X] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JOANN LUMSDEN 200 N. VINEYARD HONOLULU, HI 96817
808-543-2218

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(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			
SEE ATTACHMENT 8		X		X				0.	0	0.
SUSAN A. DOYLE PRESIDENT & CPO	40.00			X				156,660.	0	3,322.
JOANN C. LUMSDEN VICE PRESIDENT-FINANCE	40.00			X				90,229.	0	11,931.

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

(A) Name and title	(B) Average hours per week	(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			
1b Total ▶								246,889.	0.	15,253.

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

		Yes	No
3	Did the organization list any **former** officer, director or 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 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.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue 99-0073494

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 22,193				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 15,186,910				
	g Noncash contributions included in lines 1a-1f $ 50,892					
	h Total. Add lines 1a-1f ▶		15,209,103			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		329,965			329,965
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties ▶		0			
		(i) Real / (ii) Personal				
	6a Gross Rents 1,074,437					
	b Less rental expenses 783,109					
	c Rental income or (loss) 291,328					
	d Net rental income or (loss) ▶		291,328.			291,328
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory 21,021.					
	b Less cost or other basis and sales expenses 21,337.					
	c Gain or (loss) -316					
	d Net gain or (loss) ▶		-316			-316
	8a Gross income from fundraising events (not including $ 22,193. of contributions reported on line 1c) See Part IV, line 18 a ATCH 3 17,415					
	b Less direct expenses b 14,748					
	c Net income or (loss) from fundraising events ATCH. 4. ▶		2,667			2,667
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▶		0			
	10a Gross sales of inventory, less returns and allowances a					
	b Less. cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶		0			
	Miscellaneous Revenue	Business Code				
	11a ADMINISTRATIVE REIMBURSEMENTS		169,503	169,503		
	b OTHER INCOME & REIMB OF PROGRAM EXPENSES		35,020	35,020		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d ▶		204,523.			
	12 Total Revenue. See instructions ▶		16,037,270	204,523	0	623,644

Form 990 (2009)

JSA

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S See Part IV, line 21	13,837,753.	13,837,753.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	246,889.	61,586.	117,773.	67,530.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	1,411,332.	352,056.	673,241.	386,035.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	250,028.	28,930.	141,642.	79,456.
9 Other employee benefits	400,075.	126,644.	149,460.	123,971.
10 Payroll taxes	148,859.	38,214.	68,827.	41,818.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	52,595.		52,595.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	394,587.	147,142.	74,456.	172,989.
12 Advertising and promotion	0.			
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	39,497.	17,252.	16,275.	5,970.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	83,585.	28,266.	13,998.	41,321.
20 Interest	0.			
21 Payments to affiliates	115,161.	33,304.	50,222.	31,635.
22 Depreciation, depletion, and amortization	117,064.	34,292.	46,764.	36,008.
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PRINTING & PUBLICATIONS	215,089.	18,902.	6,536.	189,651.
b DUES TO UNITED WAY STATEWIDE	111,630.	111,630.		
c POSTAGE & SHIPPING	40,996.	1,744.	8,793.	30,459.
d SUPPLIES	32,162.	8,002.	7,542.	16,618.
e DIRECT FUNDRAISING EXPENSES	-14,748.			-14,748.
f All other expenses	101,684.	46,840.	36,125.	18,719.
25 **Total functional expenses** Add lines 1 through 24f	17,584,238.	14,892,557.	1,464,249.	1,227,432.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	10,219,273.	1	11,669,338.
	2	Savings and temporary cash investments	4,470,529.	2	4,393,523.
	3	Pledges and grants receivable, net	5,237,433.	3	4,505,451.
	4	Accounts receivable, net	883,236.	4	944,358.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	60,749.	9	90,837.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D — 10a: 10,212,405.			
	b	Less accumulated depreciation — 10b: 7,548,030.	2,524,563.	10c	2,664,375.
	11	Investments - publicly traded securities	1,797,147.	11	1,805,806.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,136,982.	15	1,032,977.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	26,329,912.	16	27,106,665.
Liabilities	17	Accounts payable and accrued expenses	676,830.	17	372,509.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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. Complete Part X of Schedule D	4,330,301.	25	4,574,244.
	26	**Total liabilities.** Add lines 17 through 25	5,007,131.	26	4,946,753.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	12,164,777.	27	13,766,757.
	28	Temporarily restricted net assets	6,527,311.	28	5,631,525.
	29	Permanently restricted net assets	2,630,693.	29	2,761,630.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	21,322,781.	33	22,159,912.
	34	Total liabilities and net assets/fund balances	26,329,912.	34	27,106,665.

Part XI Financial Statements and Reporting

			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 in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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 in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
ALOHA UNITED WAY, INC.	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 11, 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.)

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 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	19,354,318	17,810,032	17,859,663	15,920,668	15,209,103	86,153,784
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	19,354,318	17,810,032	17,859,663.	15,920,668	15,209,103	86,153,784
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						86,153,784

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	19,354,318	17,810,032	17,859,663	15,920,668	15,209,103	86,153,784
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,060,328	1,339,970	1,510,507	1,340,859	1,404,402	6,656,066
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 IV.) ATCH. 1	197,195	263,039	217,443.	189,946	204,523	1,072,146
11 **Total support.** Add lines 7 through 10						93,881,996
12 Gross receipts from related activities, etc (see instructions)					12	191,950

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	91.77 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	92.39 %

16a **33 1/3 % support test - 2009.** 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 ▶ [X]

b **33 1/3 % support test - 2008.** 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 - 2009.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2008.** 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 IV 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 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19 a **33 1/3 % support tests - 2009.** 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 - 2008.** 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER INCOME	197,195	263,039	217,443.	189,946.	204,523	1,072,146.
TOTALS	197,195	263,039	217,443	189,946	204,523	1,072,146

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

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" to 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 (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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 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 in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	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, and enforcing conservation easements during the year ▶ _____

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

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items:

a Revenues included in 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, acces sion, and other records, check any of the following that are a 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 programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solici t 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custo dian 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 XI V 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? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,713,317	1,713,317			
b Contributions	90				
c Net investment earnings, gains, and losses	56,609	81,645			
d Grants or scholarships					
e Other expenditures for facilities and programs	56,609	81,645			
f Administrative expenses					
g End of year balance	1,713,407	1,713,317			

2 Provide the estimated percentage of the y ear end balance held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ 100.0000 %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the pos session 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" to 3a(ii), are the related organizati ons listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of t he organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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	8,850,890.		6,465,998.	2,384,892.
c Leasehold improvements				
d Equipment	1,170,515.		1,082,032.	88,483.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				2,664,375.

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
DUE TO DESIGNATED AGENCIES	3,182,712.
ANNUITIES PAYABLE	61,748.
PENSION LIABILITY	1,329,784.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	4,574,244.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,037,270.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,584,238.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,546,968.
4	Net unrealized gains (losses) on investments	4	262,566.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	2,121,533.
9	Total adjustments (net) Add lines 4 through 8	9	2,384,099.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	837,131.

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

1	Total revenue, gains, and other support per audited financial statements			1	8,555,875.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	262,566.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	145,595.		
e	Add lines 2a through 2d			2e	408,161.
3	Subtract line 2e from line 1			3	8,147,714.
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 XIV)	4b	7,889,556.		
c	Add lines 4a and 4b			4c	7,889,556.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	16,037,270.

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

1	Total expenses and losses per audited financial statements			1	8,369,956.
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 XIV)	2d	14,748.		
e	Add lines 2a through 2d			2e	14,748.
3	Subtract line 2e from line 1			3	8,355,208.
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 XIV)	4b	9,229,030.		
c	Add lines 4a and 4b			4c	9,229,030.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	17,584,238.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

PART XI, LINE 8

ADJUSTMENT FOR DONOR DESIGNATIONS	$ 1,339,474
CHANGE IN VALUE OF BENIFICIAL INTEREST IN CHARITABLE TRUST	$ 130,847
PENSION ADJUSTMENT	$ 651,212

PART XII, LINES 2D

DIRECT FUNDRAISING EXPENSES	$ 14,748
BENEFICIAL INTEREST IN TRUSTS	$ 130,847

PART XII, LINES 4B

COMBINED FEDERAL CAMPAIGN	$ 5,927,815
DONOR DESIGNATIONS	$ 1,961,741

PART XIII, LINES 2D

DIRECT FUNDRAISING EXPENSES	$ 14,748

PART XIII, LINES 4B

COMBINED FEDERAL CAMPAIGN	$ 5,927,815
DONOR DESIGNATIONS	$ 3,301,215

Part XIV Supplemental Information *(continued)*

PART V, LINE 4

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

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.

OMB No 1545-0047
2009
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" to 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 non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a 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 ten 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 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 funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 SYL MASQUERADE (event type)	(c) Other Events 2 (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1 Gross receipts	37,318.	650.	1,640.	39,608.
	2 Less Charitable contributions	22,193.			22,193.
	3 Gross income (line 1 minus line 2)	15,125.	650.	1,640.	17,415.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	14,268.	406.	74.	14,748.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(14,748.)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				2,667.

Part III **Gaming.** Complete if the organization answered "Yes" to 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 Combine line 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain			
10 a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

				Yes	No
13	Indicate the percentage of gaming activity operated 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 ▶				
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			
b	If "Yes," enter the amount of gaming revenue received by the organization ▶$ _____ and the amount of gaming revenue retained by the third party ▶$ _____.				
c	If "Yes," enter name and address of the third party				
	Name ▶				
	Address ▶				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ▶$ _____				
	Description of services provided ▶				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			
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 ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No 1545-0047

2009

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHMENT 6		501(C)(3)	13,837,753	0	N/A	N/A	GENERAL OPER GRANT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 674

3 Enter total number of other organizations . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

PART I, LINE 2

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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶**See separate instructions.**

OMB No 1545-0047

2009

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 in 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 (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☒ 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 in 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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in 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" to line 5a or 5b, describe in Part III.			
6	For persons listed in 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" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to 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 Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)	156,660.	0.	0.	313.	3,009.	159,982.	170,455.
SUSAN A. DOYLE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. 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, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		17,738.	FMV
6	Cars and other vehicles	X	14	4,365.	FMV
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded	X	3	21,337.	FMV
10	Securities-Closely held stock				
11	Securities-Partnership, LLC, or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation contribution-Historic structures				
14	Qualified conservation contribution-Other				
15	Real estate-Residential				
16	Real estate-Commercial				
17	Real estate-Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(COMPUTERS)	X	2	7,182.	FMV
26	Other ▶( )				
27	Other ▶( )				
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 IV, Donee Acknowledgement	29			
30 a	During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard contributions?	31		X	
32 a	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 did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

ALOHA UNITED WAY, INC.

Employer identification number

99-0073494

ATTACHMENT 2

FORM 990, PART VI, LINE 15B

COMPENSATION FOR THE CHIEF PROFESSIONAL OFFICER (PRESIDENT) IS DETERMINED BY AN EXECUTIVE COMPENSATION COMMITTEE APPOINTED AND HEADED BY THE CHAIRMAN OF THE BOARD. WORK PERFORMANCE IS EVALUATED BASED ON A WORK PLAN WITH GOALS. SALARY IS RECOMMENDED BY THIS COMMITTEE AND MUST BE APPROVED BY THE BOARD/EXECUTIVE COMMITTEE. THE AMOUNT OF COMPENSATION IS INFLUENCED BY INFORMATION GATHERED OF STUDIES OF LIKE SALARIES OF OTHER NON-PROFITS AND SIMILAR-SIZED UNITED WAYS, AS WELL THE AMOUNT OF FUNDS AVAILABLE IN THE BUDGET. COMPENSATION OF THE CFO IS INFLUENCED BY WORK PERFORMANCE (BASED ON A WORK PLAN AND GOALS), A SALARY STRUCTURE DETERMINED BY THE VOLUNTEER STAFF DEVELOPMENT COMMITTEE, AND THE AMOUNT OF FUNDS AVAILABLE IN THE BUDGET.

FORM 990, PART VI, LINE 19

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, LINE 11

THE ORGANIZATION HAS ESTABLISHED THE FOLLOWING PROCEDURES FOR THE REVIEW OF THE FORM 990: MANAGEMENT WILL REVIEW AND DISCUSS THE FORM 990 WITH THE FINANCE COMMITTEE, WHO THEN APPROVES THE RETURN ON BEHALF OF THE BOARD. THE FORM 990 IS THEN POSTED TO THE ORGANIZATION'S WEBSITE.

Name of the organization: ALOHA UNITED WAY, INC.

Employer identification number: 99-0073494

ATTACHMENT 3

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
LABOR GOLF TOURNAMANT	22,193.
TOTAL	22,193.

ATTACHMENT 4

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
LABOR GOLF TOURNAMANT	14,625.	14,246.	379.
SYL MASQUERADE	650.	406.	244.
CHEVRON COOKBOOK SALE	2,110.	95.	2,015.
LABOR GARAGE SALE	30.	1.	29.
TOTALS	17,415.	14,748.	2,667.

ALOHA UNITED WAY, INC.
Schedule D Detail of Long-term Capital Gains and Losses

99-0073494
ATTACHMENT 5

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
PUBLICLY TRADED SECURITIES	VARIOUS	VARIOUS	21,021.	21,337.	-316.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			21,021.	21,337.	-316.
Totals			21,021.	21,337.	-316.

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Aloha United Way, Inc

EIN # 99-0073494

Grants Other Assistance to Organizations, Governments, Individuals in the U S

Year Ended December 31, 2009

Name of Organization or Government	Address	EIN	IRC Section If Applicable	Amount of Cash Grant	Amount of Non-Cash Grant	Method of Valuation (Book, FMV, Appraisal, Other)	Description of Noncash assistance	Purpose of Grant or Assistance
Academy of the Pacific	913 Alewa Dr Hon HI 96817	99-0107223	501(C) (3)	1603	0	N/A	N/A	General Operating Grant
Adult Friends for Youth	3375 Koapaka St Hon HI 96819	99-0254581	501(C) (3)	4,460	0	N/A	N/A	General Operating Grant
Affordable Housing & Homeless Alliance	810 N Vineyard Blvd Rm 8 Hon HI 96817	99-0269311	501(C) (3)	9,312	0	N/A	N/A	General Operating Grant
Alliance for Drama Education	2165-H 10th Ave Hon HI 96816	99-0208609	501(C) (3)	6,269	0	N/A	N/A	General Operating Grant
Boy Scouts of America, Aloha Council	42 Puiwa Rd Hon HI 96817	99-0073482	501(C) (3)	164,084	0	N/A	N/A	General Operating Grant
Aloha Harvest	3599 Waialae Ave Hon HI 96816	99-0344209	501(C) (3)	3,731	0	N/A	N/A	General Operating Grant
Aloha Special Technology Access Center ("STAC")	710 Green St Hon HI 96813	99-0341948	501(C) (3)	1,741	0	N/A	N/A	General Operating Grant
Alzheimer's Association	1050 Ala Moana Blvd Suite 2610 Hon HI 96814	99-0212360	501(C) (3)	54,100	0	N/A	N/A	General Operating Grant
American Cancer Society, Hawaii Pacific Division	250 Williams St NW Atlanta GA	23-7040934	501(C) (3)	452 858	0	N/A	N/A	General Operating Grant
American Civil Liberties Union of Hawaii Foundation ("ACLU")	PO Box 3410 Hon HI 96801	99-0192064	501(C) (3)	1,479	0	N/A	N/A	General Operating Grant
American Diabetes Association – Hawaii	1500 Beretania St Hon HI 96826	13-1623888	501(C) (3)	15 720	0	N/A	N/A	General Operating Grant
American Friends Service Committee	1501 Cherry St Philadelphia PA 19102	23-1352010	501(C) (3)	2,095	0	N/A	N/A	General Operating Grant
American Heart Association	7272 Greenville Ave Dallas, TX 75231	13-5613797	501(C) (3)	230,515	0	N/A	N/A	General Operating Grant
American Liver Foundation Hawaii Chapter	1425 Pompton Ave Cedar Grove NJ 07009	36-2883000	501(C) (3)	1 205	0	N/A	N/A	General Operating Grant
American Lung Association of Hawaii	680 Iwilei Rd #575 Hon HI 96817	99-0080379	501(C) (3)	4,216	0	N/A	N/A	General Operating Grant
American Red Cross	4155 Diamond Hd Rd Hon HI 96816	99-0073477	501(C) (3)	373 685	0	N/A	N/A	General Operating Grant
Association for Retarded Citizens of Hawaii	3989 Diamond Head Rd Hon HI 96816	99-0089327	501(C) (3)	61,764	0	N/A	N/A	General Operating Grant
ASSETS School	1 Ohana Nui Way Hon HI 96818	99-6001152	501(C) (3)	86,611	0	N/A	N/A	General Operating Grant
Big Brothers/Big Sisters of Honolulu	418 Kuwili St Hon HI 96817	99-0109970	501(C) (3)	122,690	0	N/A	N/A	General Operating Grant
Blueprint for Change	1500 S Beretania St Hon HI 96826	31-1692841	501(C) (3)	242	0	N/A	N/A	General Operating Grant
Bobby Benson Center	56-660 Kamehameha Hwy Kahuku HI 96731	99-0327049	501(C) (3)	3,577	0	N/A	N/A	General Operating Grant
Boys' & Girls' Club – Kauai Branch	1523 Kalakaua Ave #202 Hon HI 96826	99-6005407	501(C) (3)	3 390	0	N/A	N/A	General Operating Grant
Boys' & Girls' Clubs of Honolulu	1523 Kalakaua Ave Hon HI 96826	99-6005407	501(C) (3)	147,274	0	N/A	N/A	General Operating Grant
Castle Medical Center	640 Ulukahiki St Kailua HI 96734	99-0107330	501(C) (3)	1,072	0	N/A	N/A	General Operating Grant
Catholic Charities	250 So Vineyard St Hon HI 96813	99-0073547	501(C) (3)	313,252	0	N/A	N/A	General Operating Grant
Child and Family Service	91-1841 Fort Weaver Rd Ewa Beach HI 96706	99-0073483	501(C) (3)	544,914	0	N/A	N/A	General Operating Grant
Children's Alliance of Hawaii	1100 Alakea St #400 Hon HI 96813	99-0257743	501(C) (3)	9,604	0	N/A	N/A	General Operating Grant
Coalition for a Tobacco Free Hawaii	1500 S Beretania St Suite 309 Hon HI 96826	68-0637054	501(C) (3)	1,771	0	N/A	N/A	General Operating Grant
Coalition for a Drug-Free Hawaii	1130 N Nimitz Hwy Hon HI 96817	99-0255126	501(C) (3)	19,061	0	N/A	N/A	General Operating Grant
College Connections Hawaii	200 N Vineyard Blvd Hon HI 96817	99-0073057	501(C) (3)	27,341	0	N/A	N/A	General Operating Grant
Community Assistance Center	200 N Vineyard Blvd Suite 330 Hon HI 96817	99-0093057	501(C) (3)	63 634	0	N/A	N/A	General Operating Grant
Community Clinic of Maui	48 Lono Ave Kahului HI 96732	99-0303304	501(C) (3)	1 250	0	N/A	N/A	General Operating Grant
Compassionate Friends, The	707 Richards St Hon HI 96813	99-0207320	501(C) (3)	2,563	0	N/A	N/A	General Operating Grant
Consumer Credit Counseling Service of Hawaii	1164 Bishop St Suite 1614 Hon HI 96813	99-0141636	501(C) (3)	11,547	0	N/A	N/A	General Operating Grant
Counseling & Spiritual Care Center	1020 S Beretania St Hon HI 96814	99-0250073	501(C) (3)	1,791	0	N/A	N/A	General Operating Grant
Council for Native Hawaiian Advancement	1050 Queen St Suite 200 Hon HI 96814	91-0313383	501(C) (3)	1,566	0	N/A	N/A	General Operating Grant
Counseling & Spiritual Care Center	1020 S Beretania St Hon HI 96814	99-0250073	501(C) (3)	3,224	0	N/A	N/A	General Operating Grant
Central Oahu Youth Services Association	66-528 Haleiwa Rd Haleiwa HI 96712	99-0198948	501(C) (3)	14,224	0	N/A	N/A	General Operating Grant
CSI, Inc	1164 Bishop St Suite 1505 Hon HI 96813	99-0262794	501(C) (3)	1,295	0	N/A	N/A	General Operating Grant
Domestic Violence Action Center	PO Box 3198 Hon HI 96801	99-0290389	501(C) (3)	29,278	0	N/A	N/A	General Operating Grant
Easter Seals Society of Hawaii	710 Green St Hon HI 96813	99-0075235	501(C) (3)	15,231	0	N/A	N/A	General Operating Grant
Epilepsy Foundation of Hawaii	501 Sumner St Hon HI 96817	23-7216782	501(C) (3)	14,548	0	N/A	N/A	General Operating Grant
Executive Women International Assistance Program	515 South 700 East 2A Salt Lake City, UT 84012	87-0570469	501(C) (3)	2,004	0	N/A	N/A	General Operating Grant
Eye of the Pacific Guide Dogs and Mobility Services	747 Amana St Hon HI 96814	99-0103779	501(C) (3)	36,624	0	N/A	N/A	General Operating Grant
Family Programs Hawaii	69 North Kainalu Dr Kailua HI 96734	20-2645489	501(C) (3)	68,470	0	N/A	N/A	General Operating Grant
Family Promise of Hawaii	69 North Kainalu Dr Kailua HI 96734	20-2645489	501(C) (3)	42,178	0	N/A	N/A	General Operating Grant
Friendly Isle United Way	P O Box 1046 Kaunakakai HI 96748	23-7426312	501(C) (3)	10,844	0	N/A	N/A	General Operating Grant
Friends of Cancer Research Center of Hawaii	1236 Lauhala St Hon HI 96813	99-0207313	501(C) (3)	1,608	0	N/A	N/A	General Operating Grant
Girl Scout Council of the Pacific	420 Wylie St Hon HI 96817	99-0073488	501(C) (3)	92,459	0	N/A	N/A	General Operating Grant
Goodwill Industries of Honolulu	2610 Kilihau St Hon HI 96819	99-6001264	501(C) (3)	78 517	0	N/A	N/A	General Operating Grant
Gregory House Programs	200 N Vineyard Blvd Suite A310 Hon HI 96817	99-0265111	501(C) (3)	15,941	0	N/A	N/A	General Operating Grant
H U G S	3636 Kilauea Ave Hon HI 96816	99-0213594	501(C) (3)	45,803	0	N/A	N/A	General Operating Grant
Habilitat, Inc.	PO Box 801 Kaneohe HI 96744	99-0146306	501(C) (3)	1,172	0	N/A	N/A	General Operating Grant
Hale Kipa Emergency Youth Shelters	615 Puiki St Hon HI 96814	23-7061499	501(C) (3)	257,082	0	N/A	N/A	General Operating Grant
Hawaii Alliance for Nonprofit Organizations	13 South King St #501 Hon HI 96813	99-0073497	501(C) (3)	106,166	0	N/A	N/A	General Operating Grant
Hawaii 4-H Foundation	P O Box 878 Pearl City HI 96782	23-7043787	501(C) (3)	6,800	0	N/A	N/A	General Operating Grant
Hawaii Family Forum	6301 Pali Hwy Kaneohe HI 96744	94-3271901	501(C) (3)	13,366	0	N/A	N/A	General Operating Grant
Hawaii Fido	P O Box 757 Kahuku HI 96731	99-0353345	501(C) (3)	3,697	0	N/A	N/A	General Operating Grant
Hawaii Foodbank	2611-A Kilihau St Hon HI 96819	99-0220699	501(C) (3)	290,822	0	N/A	N/A	General Operating Grant
Hawaii International Child	1168 Waimanu St Hon HI 96814	99-0164045	501(C) (3)	5,810	0	N/A	N/A	General Operating Grant
Hawaii Island United Way	P O Box 745 Hilo HI 96721	99-6012257	501(C) (3)	20,191	0	N/A	N/A	General Operating Grant
Hawaii Kids At Work	1041-E Nuuanu Ave Hon HI 96817	99-0286255	501(C) (3)	13 126	0	N/A	N/A	General Operating Grant
Hawaii Literacy	200N Vineyard Blvd Hon HI 96817	23-7198698	501(C) (3)	24 659	0	N/A	N/A	General Operating Grant
Hawaii Lupus Foundation (Lupus Foundation of America)	700 Bishop St Honolulu HI 96813	99-0199198	501(C) (3)	5,091	0	N/A	N/A	General Operating Grant
Hawaii Meals on Wheels	P O Box 61194 Hon HI 96839	99-0198132	501(C) (3)	16,382	0	N/A	N/A	General Operating Grant
Hawaii Mother's Milk	1319 Punahou St Bingham Wing Hon HI 96826	99-0161419	501(C) (3)	22 020	0	N/A	N/A	General Operating Grant
Hawaii Nature Center	2131 Makiki Heights Dr Hon HI 96822	99-0208246	501(C) (3)	6,299	0	N/A	N/A	General Operating Grant
Hawaii Special Olympics	P O Box 3295 Honolulu HI 96801	23-7173957	501(C) (3)	15,186	0	N/A	N/A	General Operating Grant
Hawaii Women's Legal Foundation	P O Box 2576 Hon HI 96803	99-0217537	501(C) (3)	2,523	0	N/A	N/A	General Operating Grant

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Hawaii Youth Opera Chorus	P O Box 22304 Hon HI 96823	99-0142646	501(C) (3)	20 221	0	N/A	N/A	General Operating Grant
Hawaiian Humane Society	2700 Waialae Ave Hon HI 96826	99-0073490	501(C) (3)	24,703	0	N/A	N/A	General Operating Grant
Hawaii Centers for Independent Living	414 Kuwili Hon HI 96817	99-0209054	501(C) (3)	11,816	0	N/A	N/A	General Operating Grant
Helping Hands Hawaii	2100 N Nimitz Hwy Hon HI 96819	23-7365077	501(C) (3)	71 972	0	N/A	N/A	General Operating Grant
Hemophilia Foundation of Hawaii	PMB 223, 1164 Bishop St Hon HI 96813	99-0155336	501(C) (3)	9,180	0	N/A	N/A	General Operating Grant
Hina Mauka	45-845 Po'okela St Kaneohe HI 96744	99-0173356	501(C) (3)	33,872	0	N/A	N/A	General Operating Grant
Hoa Aina O Makaha	84-766 Lahaina St Waianae, HI 96792	99-0292820	501(C) (3)	1,088	0	N/A	N/A	General Operating Grant
Armed Services YMCA	1057 North Road Hon HI 96818	99-0075037	501(C) (3)	73,224	0	N/A	N/A	General Operating Grant
Honolulu Community Action Program	33 S King St Suite 300 Hon HI 96813	99-0140622	501(C) (3)	8,724	0	N/A	N/A	General Operating Grant
Honolulu Habitat for Humanity	1136 Union Mall Suite 510 Hon HI 96813	99-0261871	501(C) (3)	14 123	0	N/A	N/A	General Operating Grant
Honolulu Police Community Foundation	1537 Young St 2nd Flr Hon HI 96826	94-3274384	501(C) (3)	13,332	0	N/A	N/A	General Operating Grant
Hospice Hawaii	860 Iwilei Rd Honolulu HI 96817	99-0203930	501(C) (3)	142,143	0	N/A	N/A	General Operating Grant
Hospice of Hilo	1011 Waianuenue Ave Hilo HI 96720	99-0218512	501(C) (3)	2 490	0	N/A	N/A	General Operating Grant
INPEACE	1001n Kamokila Blvd #226 Kapolei HI 96707	99-0315193	501(C) (3)	1 584	0	N/A	N/A	General Operating Grant
Institute for Human Services, Inc	546 Kaaahi St Hon HI 96817	99-0199107	501(C) (3)	54 898	0	N/A	N/A	General Operating Grant
Jewish Community Services	2550 Pali Hwy Hon HI 96817	99-0334439	501(C) (3)	3 123	0	N/A	N/A	General Operating Grant
Juvenile Diabetes Research Foundation International	120 Wall St 19th Flr New York, NY 10005	23-1907729	501(C) (3)	2 844	0	N/A	N/A	General Operating Grant
Kama'aina Care, Inc	156 C Hamakua Dr Kailua HI 96734	99-0261935	501(C) (3)	9,598	0	N/A	N/A	General Operating Grant
Kapi olani Health Foundation	55 Merchant St 24th Flr, Hon HI 96813	99-0246364	501(C) (3)	15,806	0	N/A	N/A	General Operating Grant
Kapi'olani Medical Center	55 Merchant St Honlulu HI 96813	99-0177350	501(C) (3)	1 958	0	N/A	N/A	General Operating Grant
Kauai Hospice	4457 Pahee St Lihue HI 96766	99-0221830	501(C) (3)	1,253	0	N/A	N/A	General Operating Grant
Kauai United Way	P O Box Lihue HI 96766	99-0146288	501(C) (3)	6 491	0	N/A	N/A	General Operating Grant
Kindergarten and Children's Aid Association	2707 South King St Hon HI 96826	99-0075242	501(C) (3)	72,881	0	N/A	N/A	General Operating Grant
Key Project	47-200 Waihee Rd Kaneohe HI 96744	99-0118209	501(C) (3)	78,844	0	N/A	N/A	General Operating Grant
Kalihi-Palama Health Clinic	915 North King St Hon HI 96817	99-0161221	501(C) (3)	47 274	0	N/A	N/A	General Operating Grant
Ku Aloha Ola Mau	1130 N Nimitz Hwy No C302 Hon HI 96817	99-0165675	501(C) (3)	1,621	0	N/A	N/A	General Operating Grant
Kuakini Foundation	347 N Kuakini St Hon HI 96817	99-0225067	501(C) (3)	3 729	0	N/A	N/A	General Operating Grant
Lanakila Rehabilitation Center	1809 Bachelot St Hon HI 96817	99-0103922	501(C) (3)	76,601	0	N/A	N/A	General Operating Grant
Learning Disabilities Association of Hawaii	200 N Vineyard Blvd Hon HI 96817	99-0119223	501(C) (3)	521,448	0	N/A	N/A	General Operating Grant
Leahi-Maluhia Foundation	1027 Hala Dr Hon HI 96817	44-0933985	501(C) (3)	5,073	0	N/A	N/A	General Operating Grant
Legal Aid Society of Hawaii	924 Bethel St Hon HI 96813	99-0076020	501(C) (3)	126,779	0	N/A	N/A	General Operating Grant
Life Foundation dba AIDS Foundation of Hawaii	677 Ala Moana Blvd Hon HI 96813	99-0230542	501(C) (3)	37 581	0	N/A	N/A	General Operating Grant
Make a Wish Foundation	P O Box 1877 Hon HI 96805	99-0220777	501(C) (3)	6,930	0	N/A	N/A	General Operating Grant
March of Dimes	1451 South King Hon HI 96814	13-1846366	501(C) (3)	3 118	0	N/A	N/A	General Operating Grant
Maui United Way	270 Hookahi St 301 Wailuku HI 96793	99-0086524	501(C) (3)	12 215	0	N/A	N/A	General Operating Grant
Meditation Center of the Pacific	680 Iwilei Rd #530 Hon HI 96817	99-0192700	501(C) (3)	18,319	0	N/A	N/A	General Operating Grant
Mental Health Association of Hawaii	1124 Fort Street Mall Hon HI 96813	99-0076458	501(C) (3)	47 513	0	N/A	N/A	General Operating Grant
Mental Help Kokua	1221 Kapiolani Blvd Hon HI 96814	99-0154505	501(C) (3)	40,710	0	N/A	N/A	General Operating Grant
Moiliili Community Center	2535 South King St Hon HI 96826	99-0073515	501(C) (3)	27,691	0	N/A	N/A	General Operating Grant
Montesson Community School	1239 Nehoa St Hon HI 96822	99-0150503	501(C) (3)	1,571	0	N/A	N/A	General Operating Grant
Mothers Against Drunk Driving	511 E John Carpenter Frwy #700 Irving TX 75062	94-2707273	501(C) (3)	9,839	0	N/A	N/A	General Operating Grant
Multiple Sclerosis Society (National Multiple Sclerosis)	700 Broadway Denver, CO 80203	01-0735156	501(C) (3)	1,941	0	N/A	N/A	General Operating Grant
Na Lolo	810 Vineyard Blvd Hon HI 96817	99-0224796	501(C) (3)	2,162	0	N/A	N/A	General Operating Grant
NAMI Oahu	770 Kapiolani Blvd #613 Hon HI 96813	99-0219419	501(C) (3)	11,471	0	N/A	N/A	General Operating Grant
National Kidney Foundation of Hawaii	1314 South King St #305 Hon HI 96814	99-0266733	501(C) (3)	11,275	0	N/A	N/A	General Operating Grant
Native Hawaiian Legal Corporation	1164 Bishop St Hon HI 96813	99-0161861	501(C) (3)	2,513	0	N/A	N/A	General Operating Grant
Organ Donor Center of Hawaii	1149 Bethel St Suite 801 Hon HI 96813	99-0257883	501(C) (3)	6,066	0	N/A	N/A	General Operating Grant
Pacific Gateway Center	720 North King St Hon HI 96817	99-0236204	501(C) (3)	58,158	0	N/A	N/A	General Operating Grant
Pacific Health Ministry	1245 Young St Hon HI 96814	99-0281185	501(C) (3)	2 722	0	N/A	N/A	General Operating Grant
Pacific Renal Care Foundation	2226 Liliha St Suite 226 Hon HI 96817	20-4243308	501(C) (3)	2,388	0	N/A	N/A	General Operating Grant
Palama Settlement	810 N Vineyard Blvd Hon HI 96817	99-0074140	501(C) (3)	272 067	0	N/A	N/A	General Operating Grant
Palolo Chinese Home	2459 10th Ave Hon HI 96816	99-0073521	501(C) (3)	52 573	0	N/A	N/A	General Operating Grant
Parents & Children Together	1485 Linapuni St #105 Hon HI 96819	99-0119678	501(C) (3)	109,493	0	N/A	N/A	General Operating Grant
P.A.R.E.N.T.S	45-955 Kamehameha Hwy #403 Kaneohe HI 96744	99-0167293	501(C) (3)	8,872	0	N/A	N/A	General Operating Grant
People Attentive to Children ("PATCH")	650Iwilei Rd Box 205 Hon HI 96817	99-0167464	501(C) (3)	32,535	0	N/A	N/A	General Operating Grant
Planned Parenthood of Hawaii	1350 So King St Honolulu Hon HI 96814	99-6012377	501(C) (3)	62,658	0	N/A	N/A	General Operating Grant
Po'Ailani	553 Kawainui St Kailua HI 96734	99-0185750	501(C) (3)	5 508	0	N/A	N/A	General Operating Grant
Prevent Child Abuse Hawaii	1575 South Beretania St #206 Hon HI 96826	99-0223044	501(C) (3)	20,465	0	N/A	N/A	General Operating Grant
PRIDE Productions – PCC Youth PRIDE Productions	1310 Waimano Home Rd Pearl City HI 96782	99-0331107	501(C) (3)	1 074	0	N/A	N/A	General Operating Grant
Read Aloud America	1314 South King St Suite G4 Hon HI 96814	99-0323798	501(C) (3)	681	0	N/A	N/A	General Operating Grant
Read to Me International	1833 Kalakaua Ave Suite 301 Hon HI 96815	99-0327529	501(C) (3)	25 238	0	N/A	N/A	General Operating Grant
Rehabilitation Hospital of the Pacific	226 No Kuakini St Hon HI 96817	51-0160156	501(C) (3)	11,517	0	N/A	N/A	General Operating Grant
River of Life Mission	P O Box 37939 Hon HI 96837	99-0253651	501(C) (3)	4 791	0	N/A	N/A	General Operating Grant
Salvation Army	P O Box 620 Hon HI 96809	99-0073540	501(C) (3)	307,458	0	N/A	N/A	General Operating Grant
Scottish Rite Foundation of Hawaii	PO Box 131 Hon HI 96810	99-0268160	501(C) (3)	1 000	0	N/A	N/A	General Operating Grant
Seagull Schools Inc.	1300 Kailua Rd Kailua HI 96734	99-0155163	501(C) (3)	6,158	0	N/A	N/A	General Operating Grant
Special Education Center of Oahu	708 Palekaua St Hon HI 96816	99-0141008	501(C) (3)	28 449	0	N/A	N/A	General Operating Grant
St Francis Hospice Maunce J Sullivan Family Hospice Center	PO Box 29700 Hon HI 96820	99-0325194	501(C) (3)	8,802	0	N/A	N/A	General Operating Grant
St Francis Hospice The Sister Maureen Keleher Center	PO Box 29700 Hon HI 96820	99-0325194	501(C) (3)	9 200	0	N/A	N/A	General Operating Grant
Straub Clinic & Hospital	55 Merchant St Flr 27 Honolulu HI 96813	91-2151670	501(C) (3)	1,778	0	N/A	N/A	General Operating Grant
Straub Foundation	55 Merchant St 24th Flr, Hon HI 96813	99-0109350	501(C) (3)	5,676	0	N/A	N/A	General Operating Grant
Susannah Wesley Community Center	1117 Kaili St Hon HI 96819	99-0073528	501(C) (3)	59,235	0	N/A	N/A	General Operating Grant

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Teach for Amenca, Inc.	315 West 36th St New York, NY 10018	13-3541913	501(C) (3)	45,493	0	N/A	N/A	General Operating Grant
The Children's Center	2651 Pali Hwy Hon HI 96817	51-0140982	501(C) (3)	3,808	0	N/A	N/A	General Operating Grant
The Early School	2567 Bingham St Honolulu HI 96826	99-0155064	501(C) (3)	6,297	0	N/A	N/A	General Operating Grant
The Ronald McDonald House	P O Box 61777 Hon HI 96839	99-0222124	501(C) (3)	8,377	0	N/A	N/A	General Operating Grant
United States Veterans Initiative – Hawaii	733 South Hindry Ave Inglewook CA 90301	95-4382752	501(C) (3)	1,182	0	N/A	N/A	General Operating Grant
UH Foundation – Cancer Research Center of Hawaii	2444 Dole St Bachman Hall, Hon HI 96822	99-0085260	501(C) (3)	2,234	0	N/A	N/A	General Operating Grant
United Cerebral Palsy Association of Hawaii	414 Kuwili St Hon HI 96817	99-0092154	501(C) (3)	40,556	0	N/A	N/A	General Operating Grant
United Service Organization ("USO") of Hawaii	2111 Wilson Blvd Arlington, VA 22201	13-1610451	501(C) (3)	22,654	0	N/A	N/A	General Operating Grant
Vanety School	710 Palekaua St Hon HI 96816	99-0105604	501(C) (3)	12,313	0	N/A	N/A	General Operating Grant
Visitor Aloha Society of Hawaii	2250 Kalakaua Ave Suite 403-3 Hon HI 96815	99-0332535	501(C) (3)	5,568	0	N/A	N/A	General Operating Grant
Volunteer Legal Services Hawaii	545 Queen St Suite Hon HI 96813	99-0207024	501(C) (3)	1,434	0	N/A	N/A	General Operating Grant
Wahiawa General Hospital	128 Lehua St Wahiawa HI 96766	99-0269825	501(C) (3)	1,864	0	N/A	N/A	General Operating Grant
Waianae Coast Comprehensive Health Center	86-260 Farrington Hwy Waianae HI 96792	99-0148164	501(C) (3)	91,088	0	N/A	N/A	General Operating Grant
Waikiki Community Center	310 Paoakalani Ave Hon HI 96815	99-0179392	501(C) (3)	47,739	0	N/A	N/A	General Operating Grant
Waikiki Health Center	277 Ohua Ave Hon HI 96815	99-0159253	501(C) (3)	51,668	0	N/A	N/A	General Operating Grant
Waimanalo Health Center	41-1347 Kalanianaole Hwy Waimanalo HI 96795	99-0273205	501(C) (3)	76 256	0	N/A	N/A	General Operating Grant
Waimanalo Teen Project	PMB 182 111 Hekili St Kailua HI 96734	99-0147113	501(C) (3)	29,157	0	N/A	N/A	General Operating Grant
Wilcox Health Foundation	55 Merchant St 24th Flr, Hon HI 96813	99-0204242	501(C) (3)	1 785	0	N/A	N/A	General Operating Grant
Winners Camp Foundation	PO Box 241018 Hon HI 96824	99-0255174	501(C) (3)	1 554	0	N/A	N/A	General Operating Grant
Young Men's Christian Association of Honolulu	1441 Pali Hwy Hon HI 96813	99-0073533	501(C) (3)	200,907	0	N/A	N/A	General Operating Grant
Young Buddhist Association of Honolulu	1708 Nuuanu Ave Hon HI 96817	99-0073532	501(C) (3)	8,661	0	N/A	N/A	General Operating Grant
Youth for Christ Hawaii	2639 S King St Suite D207 Hon HI 96826	99-6001292	501(C) (3)	4,352	0	N/A	N/A	General Operating Grant
Young Women's Christian Association of Oahu	1040 Richards St Hon HI 96813	99-0073534	501(C) (3)	196,122	0	N/A	N/A	General Operating Grant
Other			501(C) (3)	37,304	0	N/A	N/A	General Operating Grant
Subtotal				7,731 104				
United Way Statewide Association of Hawaii	200 North Vineyard Blvd , Suite 700, Honolulu, HI 96817	99-0286056	501(C) (3)	175,000				
Other Allocations				3 834				
Combined Federal Campaign				5,927 815				
				13,837,753				

ATTACHMENT 6

ALOHA UNITED WAY, INC.

FORM 990, PART III – STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION OF PROGRAM	GRANTS & ALOCATIONS	PROGRAM SERVICE EXPENSES
a. ALOHA UNITED WAY – GENERAL		
USING ITS EXPERIENCE IN BUILDING RELATIONSHIPS TO MEET NEEDS, AUW WORKS WITH ITS PARTNER AGENCIES AND OTHER ORGANIZATIONS TO CREATE A COLLECTIVE SOLUTION ON A SCALE THAT CAN'T BE ACHIEVED BY A SINGLE INDIVIDUAL OR ORGANIZATION THIS IS ACCOMPLISHED THROUGH A COMMUNITY-WIDE FUNDRAISING CAMPAIGN AND AN INVESTMENT PROCESS THAT FOCUSES THE FUNDS RAISED ON OUR COMMUNITY'S MOST SERIOUS PROBLEMS FUNDS RAISED GO TOWARD TWO KEY PURPOSES FIRST, AUW'S VOLUNTEER-LED IMPACT COUNCILS REVIEW AND FUND COMMUNITY BASED PROGRAMS THAT TOGETHER ADDRESS THE BASIC NEEDS OF OUR RESIDENTS AND EFFORTS TO IMPROVE THE QUALITY OF LIFE ON OAHU BY SOLVING SOME OF OUR MOST PERSISTANT PROBLEMS EACH YEAR, MORE THAN 500,000 PEOPLE BENEFIT FROM THESE SERVICES SECOND, AUW MOBILIZES INDIVIDUALS AND ORGANIZATIONS IN OUR COMMUNITY TO CREATE POSITIVE CHANGE IN 2005, AUW LAUNCHED FIVE COMMUNITY IMPACT INITIATIVES FOR CREATING LONG-TERM IMPROVEMENTS IN COMMUNITY CONDITIONS HELPING CHILDREN BE READY TO LEARN WHEN THEY ENTER SCHOOL, REDUCING HOMELESSNESS, INCREASING THE SELF-SUFFICIENCY OF FAMILIES, FIGHTING CRIME AND DRUG USE, AND PROVIDING EMERGENCY AND CRISIS SERVICES TO THOSE MOST IN NEED IN OUR COMMUNITY	7,909,938	8,384,997
b. COMBINED FEDERAL CAMPAIGN		
AUW, AS THE PRINCIPAL COMBINED FUND ORGANIZATION FOR THE HAWAII PACIFIC COMBINED FEDERAL CAMPAIGN, ORGANIZES THE CAMPAIGN AND DISBURSES FUNDS TO AGENCIES THAT QUALIFY UNDER FEDERAL REGULATIONS	5,927,815	5,927,815
c. 211 PROGRAM		
211 IS A PUBLIC SERVICE OF ALOHA UNITED WAY 211 IS A FREE INFORMATION AND REFERRAL SERVICE THAT LINKS PEOPLE ON ALL ISLANDS WITH ACCESS TO OVER 4,000 COMMUNITY RESOURCES IT PROVIDES INFORMATION ON A BROAD RANGE OF HEALTH AND HUMAN SERVICES FOR THE WHOLE COMMUNITY INCLUDING JOB PLACEMENT, CHILD CARE, AND SUMMER CAMP INFORMATION, AS WELL AS BASIC FOOD, SHELTER, CRISIS AND OTHER NEEDS 211 IS ALSO THE NUMBER TO CALL WHEN PEOPLE WANT TO DONATE GOODS OR VOLUNTEER IN THE COMMUNITY	0	286,277
d. OTHER PROGRAMS		
(1) THE NONPROFIT MANAGEMENT CERTIFICATE PROGRAM – A PROGRAM AIMED AT HELPING TO PREPARE INDIVIDUALS TO MANAGE NOT FOR PROFIT ORGANIZATIONS THE EFFORT FOR WHICH ALOHA UNITED WAY SERVED AS FISCAL AGENT DOCUMENTED THE PROGRAM SO THAT IT COULD BE REPLICATED AT COMMUNITY COLLEGES STATEWIDE (2) THE WEINBERG FELLOWS PROGRAM - A LEADERSHIP DEVELOPMENT PROGRAM FOR NOT FOR PROFIT EXECUTIVE DIRECTORS WHOSE AGENCIES SERVE THE DISADVANTAGED (3) THE EARNED INCOME TAX CREDIT PROGRAM - THIS PROGRAM COORDINATES THE EFFORTS OF OVER 150 COMMUNITY VOLUNTEERS THAT PROVIDE FREE TAX PREPARATION SERVICES THROUGHOUT THE STATE THESE FREE TAX CLINICS HELP LOW INCOME COMMUNITY MEMBERS AVOID TAX PREPARATION FEES AND EXPENSIVE REFUND ANTICIPATION LOANS THEY ALSO HELP THEM CLAIM SPECIAL CREDITS LIKE EARNED INCOME TAX AND CHILD TAX CREDITS IN ADDITION TO THEIR REGULAR TAX REFUNDS IN 2008, THESE SERVICES RESULTED IN TOTAL REFUNDS OF ALMOST $3,000,000 INCLUDING OVER $1,100,000 IN EARNED INCOME CREDITS AND $520,000 IN CHILD CREDITS	0	293,468
	13,837,753	14,892,557

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EXCEPT AS NOTED ON FORM 990, PART VII, SECTION A, LINE 1a, ALL OFFICERS ARE PART-TIME VOLUNTEERS. AS SUCH, THEY DO NOT RECEIVE ANY COMPENSATION, CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS, OR EXPENSE ACCOUNT ALLOWANCES.

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
LAND	VARIOUS	191,000	100 000												
BLDG & IMPROVEMENT	VARIOUS	8,850,890	100.000			8,850,890.	6,168,183	6,465,998	SL						297,815
FURNITURE & EQUIP	VARIOUS	1,170,515.	100 000			1,170,515	1,054,956	1,082,032	SL						27,076
Less Retired Assets															
Subtotals		10212405				10021405	7,223,139.	7,548,030							324,891
Listed Property					LESS: RENTAL DEPRECIATIONREPORTED ON PART VIII, LINE 6b										<207,827>
Less Retired Assets															
Subtotals															
TOTALS		10212405				10021405	7,223,139	7,548,030							117,064

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-yea amortization
TOTALS							

*Assets Retired