

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493214002076

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public ► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A Forti	he 2015 d	alendar year, or tax year beginn	ing 01-01-2015 $$, and ending 12-31-2	2015			
B Check if		C Name of organization UNITE HERE LOCAL 5			D Empl	oyer iden	tification number
Address	_				99-0	037985	
Name c	_	Doing business as					
Initial re	eturn	Number and street (or P.O. box if	mail is not delivered to street address) Room,	/suite	E Teleph	one numb	per
Final return/t	erminated	1516 south king street	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(808)	941-2	141
Amende	ed return		untry, and ZIP or foreign postal code				
Applicat	ion pendin	HONOLULU, HI 96826			G Gross	receipts \$	7,429,180
		F Name and address of pr	incipal officer	H(a) Is	this a grou	o return	for
		ERIC W GILL 1516 south king street		SI	ubordinates?	•	┌Yes ┌No
		HONOLULU, HI 96826			re all subord cluded?	ınates	□Yes □No
		<u> </u>				halıst ((see instructions)
Tax-ex	empt statu	s 501(c)(3) 501(c)(5)	(insert no) 4947(a)(1) or 527	H(c) (Group exemp	tion num	nber ►
J Websi	ite:► W	WW UNITEHERE5 ORG					
K Form of	organizatio	on 🔽 Corporation 🗆 Trust 🗀 Associat	on Cther ►	L Year o	of formation 1	938 M 9	State of legal domicile HI
Part 1	Sur	nmary					
vernance	ORGAN: HOURS, AND CO	WORKING CONDITIONS, AND LLECTIVE BARGAINING	AND RESTAURANT INDUSTRIES O OTHER ECONOMIC ADVANTAGES	THORUGH	ORGANIZA	TION, N	EGOTIATIÓNS,
	Check	this box দ if the organization d	iscontinued its operations or disposed	d of more tha	n 25% of its	net ass	ets
×ნ ჟ 3	Numbe	r of voting members of the goveri	ning body (Part VI, line 1a)			з	15
≝ 4	Numbe	r of ındependent votıng members	of the governing body (Part VI, line 1	b)		4	8
Activities &	Totaln	umber of individuals employed in	calendar year 2015 (Part V, line 2a)			5	140
- 6			necessary)			6	0
			Part VIII, column (C), line 12			7a 7b	0
	Wet unite	Tated business taxable income in	om 1 om 1 990-1, me 34		· · Prior Year	1 70 1	Current Year
8	Cont	ributions and grants (Part VIII,	line 1h)			0	0
를 9			line 2g)		7,255	,694	7,395,750
Havenue	Inve	stment income (Part VIII, colum	nn (A), lines 3, 4, and 7d)		15	,927	21,991
_ **), lines 5, 6d, 8c, 9c, 10c, and 11e)		228	,687	11,439
12	Tota 12)	I revenue—add lines 8 through 1	1 (must equal Part VIII, column (A), l	ine	7,500	,308	7,429,180
13	Gran	ts and similar amounts paid (Pai	t IX, column (A), lines 1-3)		12	,650	8,070
14	Bene	fits paid to or for members (Part	IX, column (A), line 4)		126	,468	414,700
ဖွ 15	Sala 5-1		yee benefits (Part IX, column (A), line	s	2,919	,474	3,122,115
∯ ∓ 16		essional fundraising fees (Part I)		0	0		
25 en 363 e		fundraising expenses (Part IX, column (
Ш 17			, lines 11a-11d, 11f-24e)		3,622	,615	3,616,154
18		l expenses Add lines 13-17 (m		6,681	,207	7,161,039	
19	Reve	nue less expenses Subtract line	e 18 from line 12	•	819	,101	268,141
දීල් සූල්				Beginni	ng of Current	Year	End of Year
Not Assets or Fund Balances 50 70 70 70 70 70 70 70 70 70 70 70 70 70	Tota	l assets (Part X, line 16)			9,117	,284	9,359,894
중말 21					589	,469	557,451
			t line 21 from line 20		8,527	,815	8,802,443
my knowl	nalties o ledge and has any ** Sig	d belief, it is true, correct, and co knowledge **** nature of officer IC W GILL FINANCIAL SECRETARY-TREA	kamined this return, including accomp mplete Declaration of preparer (other				
	Tyl	Print/Type preparer's name	Dranarate constura	Date	<u> – </u>	DTIN	
Paid		Print/Type preparer's name Louis Verzella CPA	Preparer's signature Louis Verzella CPA	Date 2016-07-28	Check if self-employed	PTIN P003602	279
Paiu Prepai	rer	Firm's name F NOVAK FRANCELLA L	LC		Firm's EIN 🟲 6	51-143695	6
•		Firm's address - ONE PRESIDENTIAL B	LVD SUITE 330		Phone no (61	0) 668-94	00
Use O					-		

BALA CYNWYD, PA 19004

May the IRS discuss this return with the preparer shown above? (see instructions)

. ▼Yes 「No

Par	Statem	ent of Program Service A	ccomplishments		
		Schedule O contains a response			٦
1		the organization's mission	,		7
AND NEG	MAINTAINED E	AND RESTAURANT INDUSTRY QUITABLE WAGE SCALES AND D COLLECTIVE BARGAINING, P DYEES	WORKING CONDITIONS, REPR	RESENTED UNION MEMBER	STHROUGH
2	the prior Form 9	tion undertake any significant pro 90 or 990-EZ?		hich were not listed on	「Yes ▼No
		be these new services on Schedu			
3	services?	ition cease conducting, or make s		ucts, any program	⊤Yes ▼No
4	Describe the orgenses Secti	ganization's program service acco on 501(c)(3) and 501(c)(4) orga ses, and revenue, if any, for each p	nizations are required to report th		
4a	SCALES AND WOR) (Expenses \$ L AND RESTAURANT INDUSTRY WORKER KING CONDITIONS, REPRESENTED UNIO ERESTS OF HOTEL AND RESTAURANT EM	N MEMBERS THROUGH NEGOTIATIONS A		
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	-				
4d	Other program (Expenses \$	services (Describe in Schedule Cincluding)) grants of \$) (Revenue \$)
4e	Total program	service expenses 🕨			

Part IV Checklist of Required Schedule
--

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20-		N -
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No_
	Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		Νo
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2015)

	990 (2015)			Page
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 20			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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		No
Ь	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	I	I

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

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

Se	ection A. Governing Body and Management			· •
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
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	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		No
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of			

interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ▶ERIC W GILL 1516 S KING STREET HONOLULU, HI 96826 (808) 941-2141 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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- ◆ List all of the organization's former officers, key employees, or 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	Name and Title A verage hours per week (list any hours					checl c, unle n office rustee	ss er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) HERNANDO R TAN PRESIDENT	40 00			х				60,968	0	17,119
(2) GODFREY T MAESHIRO SENIOR VICE PRESIDENT	1 00			х				2,116	0	416
(3) ERIC W GILL FINANCIAL SECRETARY-TREASUER	40 00			х				82,599	0	19,361
(4) JOYCE A GRIFFIN EXECUTIVE BOARD	3 00			х				20,540	0	9,397
(5) MICHAEL A MCGURN EXECUTIVE BOARD	1 00			х				5,385	0	1,706
(6) JOYCE L TIHADA EXECUTIVE BOARD	1 00			x				554	0	103
(7) ADORACION D UDANI EXECUTIVE BOARD	15 00			х				0	0	0
(8) CAROLYN E WOO EXECUTIVE BOARD	1 00			х				1,347	0	168
(9) RITA S IKEDA EXECUTIVE BOARD	1 00			х				1,346	0	182
(10) MAGGIE T LARSON EXECUTIVE BOARD	1 00			х				2,050	0	325
(11) EVELYN D MARCELINO EXECUTIVE BOARD (P)	1 00			х				0	0	26
(12) ANGELA R PRIGGE EXECUTIVE BOARD	1 00			х				0	0	44
(13) Momi Hai TRUSTEE	4 00			х				1,962	0	1,196
(14) Leslie Kumia	1 00			Х				46,460	0	18,146

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

	(A) Name and Title	(B) A verage hours per week (list any hours	Average Position (do not check more than one box, unless perk (list person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estima amount o compens	ated of other sation the
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organiz and rel organiza	ated
	Lydia S Agustin	1 00			x				9,190	C	,	3,273
	UTIVE BOARD Gemma G Weinstein	1 00										
	UTIVE BOARD				Х				51,970	C)	16,744
						\vdash						
						\vdash						
						\vdash						
						T						
1b	Sub-Total			'	<u>. </u>	<u> </u>			<u> </u>		<u> </u>	
c	Total from continuation sheets to Part	VII, Section A				•						
d	Total (add lines 1b and 1c)	<u> </u>	•			•			286,487	0		88,206
2	Total number of individuals (including b \$100,000 of reportable compensation				ed al	bove	e) who	rec	eived more than			
3	Did the organization list any former offi on line 1a? <i>If "Yes," complete Schedule J</i>			e, ke	y em	nplo _ʻ	yee, o	r hıç	nhest compensate	d employee	Yes	No No
4	For any individual listed on line 1a, is the organization and related organizations of individual									om the		No
5	Did any person listed on line 1a receive services rendered to the organization?									ndividual for 5		No
Se	ection B. Independent Contracto	ors										
1	Complete this table for your five highes compensation from the organization Re										s tax vear	
		(A)		cire		ua	, year	CIIC		(B)	(C)	
	Name and b	usiness address							Description	on of services	Compens	sation

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization \blacktriangleright 0

		Check if Scheal	ule O contains a respo	<u>nse or note to any iin</u>	e in this Part VIII			<u>l .</u>
					(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue
						exempt function	business revenue	excluded from tax under
						revenue	revenue	sections
	4-							512-514
ន្ទ	1a	Federated camp	_					
orants mounts	b	Membership du	es 1b					
Continuations, onts, Grants and Other Similar Amounts	c	Fundraising eve	ents 1c					
<u> </u>	d	Related organiz	rations 1d					
ર∄	e	Government grants	s (contributions) 1e					
contributions, Giffs, and Other Similar A								
	f	similar amounts no	ons, gifts, grants, and 1f ot included above					
8 ₹	g		ons included in lines					
亨	h	1a-1f \$ Total. Add lines	s 1 a - 1 f					
5 E	n	Total. Add filles	5 1 d - 1 1					
<u>e</u>				Business Code				
e l	2a	MEMBERSHIP DUES	S	900099	7,374,936	7,374,936		
<u>é</u>	Ь	INSURANCE PREMI	IUMS RET	524298	20,814	20,814		
မို့ မိ	c							
ž l	d							
<u>۾</u>	e							
Grai	f	All other progra	ım service revenue					
Program Service Revenue		Total Add har-	- 2 - 2 f		7 205 750			
_	g 3		ome (including dividen		7,395,750			
	,		ar amounts)		21,991			21,99
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨				
	5	Royalties	<u> </u>	▶				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental						
	_	expenses Rental income						
	С	or (loss)						
	d	Net rental incor	me or (loss)					
			(ı) Securities	(II) Other				
	_	C						
	7a	Gross amount from sales of						
	7a							
		from sales of assets other than inventory						
	7a b	from sales of assets other than inventory Less cost or other basis and						
	b	from sales of assets other than inventory Less cost or						
	b	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	s)					
נו	b c d	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (los	s)					
9 n n	b c d	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	rom fundraising					
Anina	b c d	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (los Gross income frevents (not inc.)	rom fundraising luding					
anna.	b c d	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (los Gross income frevents (not inc.)	rom fundraising luding 					
	b c d	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (los Gross income fievents (not incl of contributions	rom fundraising luding 					
	b c d 8a	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (los Gross income fi events (not incl \$ of contributions See Part IV, lin Less direct ex	rom fundraising luding s reported on line 1c) le 18 a penses b					
	b c d 8a b	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (los) Gross income fievents (not included) of contributions See Part IV, lin Less direct ex Net income or (rom fundraising luding reported on line 1c) le 18 a penses b (loss) from fundraising					
	b c d 8a b	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income frevents (not included) of contributions See Part IV, lin Less direct ex Net income or (Gross income free	rom fundraising luding reported on line 1c) le 18 a penses b (loss) from fundraising rom gaming activities					
	b c d 8a b	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (los) Gross income fievents (not included) of contributions See Part IV, lin Less direct ex Net income or (rom fundraising luding reported on line 1c) le 18 a penses b (loss) from fundraising rom gaming activities					
	b d 8a b c 9a	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (los Gross income frevents (not included) \$ of contributions See Part IV, lin Less direct ex Net income or (Gross income free Part IV, line)	rom fundraising luding reported on line 1c) te 18 a penses b (loss) from fundraising from gaming activities te 19	events . -				
	b c d 8a b c 9a	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income fievents (not included) of contributions See Part IV, lin Less direct ex Net income or (Gross income field) See Part IV, lin Less direct ex	rom fundraising luding reported on line 1c) le 18 a penses b (loss) from fundraising rom gaming activities le 19 a	events				
	b d 8a b c 9a	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Ret gain or (loss) Gross income fi events (not included) See Part IV, line Less direct ex Net income or (Gross income fi See Part IV, line Less direct ex Net income or (Gross sales of gross sales of gross sales of gross sales of gross income or (Gross sales of gro	rom fundraising luding s reported on line 1c) te 18	events				
	b d 8a b c 9a	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income fievents (not included) of contributions See Part IV, line Less direct ex Net income or (Gross income field) Less direct ex Net income or (rom fundraising luding reported on line 1c) te 18	events				
	b c d 8a b c 9a c 10a	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (los) Gross income frevents (not included) of contributions See Part IV, lin Less direct ex Net income or (Gross income free Part IV, lin Less direct ex Net income or (Gross sales of returns and alloge)	rom fundraising luding reported on line 1c) le 18 a penses b (loss) from fundraising rom gaming activities le 19 a penses b (loss) from gaming activities le 19 a penses b (loss) from gaming activities luventory, less luventory,	events				
	b c d 8a b c 9a c 10a	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Net gain or (loss) Gross income frevents (not included) See Part IV, line Less direct ex Net income or (Gross income free Part IV, line Less direct ex Net income or (Gross sales of returns and alloge) Less cost of go	rom fundraising luding s reported on line 1c) te 18 penses b (loss) from fundraising rom gaming activities te 19 penses b (loss) from gaming activities to the second secon	events				
	b c d 8a b c 9a c 10a	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Net gain or (loss) Gross income frevents (not included) \$	rom fundraising luding reported on line 1c) te 18 a penses b (loss) from fundraising rom gaming activities to 19 a penses b (loss) from gaming activities to 19 a penses b (loss) from gaming activities to 19 a ponds sold . b (loss) from sales of inv	events				
	b c d 8a b c 9a b c 10a	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Net gain or (loss) Gross income fievents (not included) See Part IV, line Less direct ex Net income or (Gross income fied fied fied fied fied fied fied fie	rom fundraising luding s reported on line 1c) te 18 penses b (loss) from fundraising rom gaming activities te 19 penses b (loss) from gaming activities to b (loss) from gaming activities to b (loss) from gaming activities to b (loss) from sales of inventory, less to b (loss) from sales of inventory from sales of inv	events	11 430			11 43
	b c d 8a b c 10a b c	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Net gain or (loss) Gross income frevents (not included) \$	rom fundraising luding s reported on line 1c) te 18 penses b (loss) from fundraising rom gaming activities te 19 penses b (loss) from gaming activities to b (loss) from gaming activities to b (loss) from gaming activities to b (loss) from sales of inventory, less to b (loss) from sales of inventory from sales of inv	events	11,439			11,439
	b c d 8a b c 9a b c 10a b c	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Net gain or (loss) Gross income fievents (not included) See Part IV, line Less direct ex Net income or (Gross income fied fied fied fied fied fied fied fie	rom fundraising luding s reported on line 1c) te 18 penses b (loss) from fundraising rom gaming activities te 19 penses b (loss) from gaming activities to b (loss) from gaming activities to b (loss) from gaming activities to b (loss) from sales of inventory, less to b (loss) from sales of inventory from sales of inv	events	11,439			11,439
	b c d 8a b c 9a b c 10a b c	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Net gain or (loss) Gross income frevents (not included) See Part IV, line Less direct ex Net income or (Gross income free Part IV, line Less direct ex Net income or (Gross sales of returns and allow Less cost of governments or (Miscellaneous OTHER INCOME	rom fundraising luding reported on line 1c) re 18 a penses b floss) from fundraising rom gaming activities at 19 a penses b floss) from gaming activities be 19 a penses b floss) from gaming activities be 19 a penses b floss) from sales of inv s s Revenue	events	11,439			11,439
	b c d 8a b c 9a b c 10a b c 11a b c d	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Net gain or (loss) Gross income fievents (not included) See Part IV, line Less direct ex Net income or (Gross income fied fied fied fied fied fied fied fie	rom fundraising luding reported on line 1c) le 18 a penses b (loss) from fundraising rom gaming activities le 19 a penses b (loss) from gaming activities loss) from gaming activities le 19 a penses b (loss) from sales of inventory, less lowances . a loods sold . b (loss) from sales of inventory less loss) from sales of inventory less loss loss loss loss loss loss loss	events	11,439			11,439
	b c d 8a b c 9a b c 10a b c	from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Net gain or (loss) Gross income frevents (not included) See Part IV, line Less direct ex Net income or (Gross income free Part IV, line Less direct ex Net income or (Gross sales of returns and allow Less cost of governments or (Miscellaneous OTHER INCOME	rom fundraising luding reported on line 1c) le 18 a penses b (loss) from fundraising rom gaming activities le 19 a penses b (loss) from gaming activities loss) from gaming activities le 19 a penses b (loss) from sales of inventory, less lowances . a loods sold . b (loss) from sales of inventory less loss) from sales of inventory less loss loss loss loss loss loss loss	events	11,439			11,439

Form !	990 (2015)				Page 10
	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in t	his Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	8,070			
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	414,700			
5	Compensation of current officers, directors, trustees, and key employees	374,693			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,929,362			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	226,717			
9	Other employee benefits	399,526			
10	Payroll taxes	191,817			
11	Fees for services (non-employees)				
а	Management				
b	Legal	120,522			
C	Accounting	48,575			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	129,777			
12	Advertising and promotion				
13	Office expenses	251,344			
14	Information technology				
15	Royalties				
16	Occupancy	348,932			
17	Travel	237,214			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	140,440			
20	Interest				
21	Payments to affiliates	2,238,566			
22	Depreciation, depletion, and amortization	21,666			
23	Insurance	70,103			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Aıkea admınstrative sup	6,487			
b	FLO WERS, MEMBERS SYMPAT	1,593			
c	EDUCATION AND TRAINING	935			
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,161,039			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 180,102 1 1 8.444.837 2 8.376.832 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 636,102 4 4 613.259 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 8 8 25.525 26.989 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 269,994 10a Complete Part VI of Schedule D b 10b 221,853 46.074 10c 48,141 Less accumulated depreciation 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 32.751 15 46.566 16 Total assets. Add lines 1 through 15 (must equal line 34) 9,117,284 16 9,359,894 231,810 176,212 17 **17** Accounts payable and accrued expenses 18 18 13,349 13.085 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 344,310 25 368,154 589.469 26 557,451 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete Balance lines 27 through 29, and lines 33 and 34. 8.527.815 8.802.443 27 27 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 30 Net Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 33 8,527,815 8,802,443 33 Total liabilities and net assets/fund balances 9.117.284 34 9.359.894

	m 330 (2013)				raye 12
Par	Reconcilliation of Net Assets	H. B. LWI			E.
	Check if Schedule O contains a response or note to any line in	this Part XI	· · ·	• •	
1	. Total revenue (must equal Part VIII, column (A), line 12)				
-	Total revenue (must equal rule viii, column (A), mie 12)		1	7 ,	429,180
2	Total expenses (must equal Part IX, column (A), line 25)		2	7	161,039
3	Revenue less expenses Subtract line 2 from line 1	<u> </u>	_	. ,	
		<u> </u>	3		268,141
4	Net assets or fund balances at beginning of year (must equal Part X, I		4	8,	527,815
5	Net unrealized gains (losses) on investments		_		
6	Donated services and use of facilities	<u> </u>	5		
Ü	Donated Services and use of facilities		6		
7	'Investment expenses		7		
8	Prior period adjustments	 '	'		
		 -	8		
9	Other changes in net assets or fund balances (explain in Schedule O)		9		6,487
10	• Net assets or fund balances at end of year Combine lines 3 through 9 column (B))		.0	8,8	 302,443
Par	art XII Financial Statements and Reporting		•		
	Check if Schedule O contains a response or note to any line in	n this Part XII		,	<u>. ァ</u>
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	2a Were the organization's financial statements compiled or reviewed by	an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statement a separate basis, consolidated basis, or both	s for the year were compiled or reviewe	d on		
		Idated and separate basis			
b	b Were the organization's financial statements audited by an independe	nt accountant?	2b	Yes	
_	If 'Yes,' check a box below to indicate whether the financial statement			1 65	
	basis, consolidated basis, or both				
	Separate basis	lidated and separate basis			
c	c If "Yes," to line 2a or 2b, does the organization have a committee tha of the audit, review, or compilation of its financial statements and sele		2c	Yes	
	If the organization changed either its oversight process or selection p Schedule O	process during the tax year, explain in			
3a	3a As a result of a federal award, was the organization required to underg Single Audit Act and OMB Circular A-133?	o an audit or audits as set forth in the	3a		No
b	b If "Yes," did the organization undergo the required audit or audits? If required audit or audits, explain why in Schedule O and describe any s		3Ь		

DLN: 93493214002076

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ►Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
- If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization UNITE HERE LOCAL 5	Employer identification number
	99-0037985
Part I-A Complete if the organization is exempt under section 501(c) or is a	section 527 organization.

complete if the organization is exempt under section serve, or is a section serv	or game a crom
	•

1 2	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
olit	ical expenditures	
۰	•	•
3		\$
√olu	nteer hours	

art	I-B Complete if the organization is exempt under section 501(c)(3).		
L	Enter the amount of any excise tax incurred by the organization under section 4955	\$_	
	▶		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$_	
	▶		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		□Yes □No

3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes

Was a correction made? ┌ Yes ┌ No

b	If "Yes."	describe	ın Part IV

Par	t I-C Complete if the organization is exempt under section 501(c), except section 50)1(c)(3).
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2		

Enter the amount of the filing organization's funds contributed to other organizations for section 527

	per unicular detaylities	
•		
		\$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶	\$
4		

Did the filing organization file Form 1120-POL for this year?

,	res No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing
	organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the
	amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a
	separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
(1) AIKEA UNITE HERE	PO BOX 235635 HONOLULU,HI 96823			6,487
2				
3				
4				
5				
6				

For Paperwork Reduction Act Notice, se	e the instructions for Form 990 or 990-	EZ. Cat	t No 50084S	Schedule C (I	Form 990 or 990-EZ	2015

Schedule C (F	Pag	je ∡
Part II-A	Complete if the organization is exempt under section $501(c)(3)$ and filed Form 5768 (election under section $501(h)$).	ī

A Check ▶ 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures	(a) Filing	(b) Affiliated
(The term "expenditures" means amounts paid or incurred.)	organization's totals	group totals

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

- $oldsymbol{b}$ Total lobbying expenditures to influence a legislative body (direct lobbying)
- Total lobbying expenditures (add lines 1a and 1b)
- $oldsymbol{d}$ O ther exempt purpose expenditures
- Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 i reporting section 4911 tax for this year?

Yes 🗆

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total				
2a	Lobbying nontaxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
С	Total lobbying expenditures									
d	Grassroots nontaxable amount									
e	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

	filed Form 5768 (election under section 501(h)).	(a)	(b)
For each "Yes" r activity.	response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	No	Amount
legislatio	ne year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or referendum, the use of	Yes	
a 'olunteers?			
b Paid stat	for management (include compensation in expenses reported on lines 1c through 1i)?		J
c 1edıa advertıs	ements?		
	<u> </u>		
d 1aılıngs to me	mbers, legislators, or the public?		
1			
e Publicati	ions, or published or broadcast statements?		
f Grants to	o other organizations for lobbying purposes?		
g Direct co	 ontact with legislators, their staffs, government officials, or a legislative body?		
h Rallies, o	demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
i Other activitie	s?		
	- 		
j otal Add line	s 1c through 1:		
	activities in line 1 cause the organization to be not described in section 501(c)(3)?		4
	enter the amount of any tax incurred under section 4912 enter the amount of any tax incurred by organization managers under section 4912		
•	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?		I
Part III-A	Complete if the organization is exempt under section 501(c)(4), section	501(c)(5).	or section
	501(c)(6).		Yes No
1 Were sub	ostantially all (90% or more) dues received nondeductible by members?	[1 Yes
2 Did the o	organization make only in-house lobbying expenditures of \$2,000 or less?		2 No
3 Did the o	organization agree to carry over lobbying and political expenditures from the prior year?		3 No
Part III-B	Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$ and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."		
1 Dues, assessn	nents and similar amounts from members		
1			
	162(e) nondeductible lobbying and political expenditures (do not include amounts of political s for which the section 527(f) tax was paid).		
a Current year			
2a			
b Carryover from	last year		
2b	, (450, 754)		
с			
otal 2c			
3 Aggrega	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
loes the organ	sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess ization agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year?		
4			
5 Taxable	amount of lobbying and political expenditures (see instructions)	5	
Part IV	Supplemental Information		T. A. I.
	escriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groctions), and Part II-B, line 1 Also, complete this part for any additional information	oup list), Part I	1-A, lines 1 and
z (see msera	1		

DLN: 93493214002076

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service

Name of the organization **Employer identification number** UNITE HERE LOCAL 5 99-0037985 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education)
Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🛌 Number of states where property subject to conservation easement is located -__ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part		Organizations Maintaining (continued)	Collections of A	rt, His	stori	cal	Treas	sures,	or O	ther Si	imilar A	ssets	
3		the organization's acquisition, acce tion items (check all that apply)	ssion, and other rec	ords, cl	heck a						nıfıcant us	e of its	
а	┌ P	ublic exhibition		d	Γ	Loa	in or ex	change	progr	ams			
b	┌ s	cholarly research		е	Γ	Oth	ner						
С	ГР	reservation for future generations											
4	Provid Part X	de a description of the organization's (III	collections and exp	olaın ho	w they	/ furt	her the	organız	atıon	's exemp	ot purpose	ın	
5		g the year, did the organization solic									_	_	
		s to be sold to raise funds rather tha		as part	of the	orga	nızatıc	n's colle	ction	?	☐ Yes	_	•
Par	t IV	Escrow and Custodial Arrac Complete if the organization a Part X, line 21.		Form	990,	Part	t IV, lı	ne 9, o	r rep	orted a	ın amour	it on Fo	rm 990,
1a		organization an agent, trustee, cus ed on Form 990, Part X?	todian or other interi	mediary	/ for c	ontrı	butions	orothe	rass	ets not	┌ Yes	┌ No	•
b	If"	Yes," explain the arrangement in Pa	rt XIII and complete	e the fo	llowin	g tab	ole				Am	ount	
c	Beg	jinning balance							1c				
d	A do	ditions during the year							1d				
e	Dıs	tributions during the year							1e				
f	End	ling balance							1f				
2a	Did th	e organization include an amount or	n Form 990, Part X, I	ıne 21,	fores	crov	vorcus	todial a	ccour	nt liabilit	y? ┌ Yes	┌ No	•
ь		s," explain the arrangement in Part											Γ
Pai	rt V	Endowment Funds. Complet							<u>_</u>		•		
1-	Pogin	ning of year balance	(a)Current year	(b)Pi	nor yea	ar	b (c)	wo years i	раск	(a) I nree	years back	(e)Four	years back
1a b	_	ning of year balance							-+				
U	• .												
c	Net ır losse	nvestment earnings, gains, and s											
d	Grant	s or scholarships											
e		r expenditures for facilities rograms											
f	A dmii	nistrative expenses											
g		fyear balance											
2	Provid	ı le the estımated percentage of the c	current vear end bala	ınce (lır	ne 1a.	colu	ımn (a)) held as					
а		designated or quasi-endowment 🕨	•	•			, ,	•					
ь		anent endowment ►											
c		orarily restricted endowment 🕨											
•		ercentages on lines 2a, 2b, and 2c s	should equal 100%										
За	Are th	nere endowment funds not in the pos ization by		ızatıon	that a	re he	eld and	admınıs	tered	for the		Yes	s No
	(i) uni	related organizations						•				(i)	
		lated organizations									-	(ii)	<u> </u>
ь 4		s" on 3a(II), are the related organization on a state of the set o					R? .				[3	Bb	
	t VI	Land, Buildings, and Equip		ETTGOVVIT	Terre re	11103							
		Complete if the organization a		orm 9	90, F	art	IV, lın	e 11a.S	See F	orm 99	0, Part X	(, line 1	0.
		Description of property		c	Cost or	(a) other stmer		(b Cost or otl (oth	her ba		Accumulated depreciation		Book value
1a	Land												
b	Buildin	gs		· <u>L</u>									
C	Leaseh	old improvements		· <u> </u>									
		nent		· _									
								`	269,99		221,8	353	48,141
ıota	ı. A dd l	ines 1a through 1e (Column (d) mus	t equal Form 990, Part	x, colu	mn (B), lin	e 10(c)	./ • •	•		<u>. ►</u>		48,141 990) 2015

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.							
(a) Description of security or category (including name of security)		(b) Book value	(c)Method of valuation Cost or end-of-year market value				
(1)Financial derivatives (2)Closely-held equity interests							
(3)Other							
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	•						
Complete if the organization answered	'Yes' on Form 990,						
(a) Description of investment		(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. Complete if the organization	n answered 'Ves' on Fo	rm 990 Part IV line	11d See Form 990 Part V June 15				
(a) Descr		990,1 are 10,1111e	(b) Book value				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the organization							
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book value						
Federal income taxes	140.20						
ACCRUED COMPENSATED ABSENCES	149,29						
DUES REFUNDS PAYABLE	29,99						
PER CAPITA TAXES PAYABLE	188,83	0					
SETTLEMENT PAYABLE	3	1					
		-					
		_					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	368,15	4	la Conservation de la Conservati				

Par		Revenue per Audited Financial Statements With Revenue inization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	•	er support per audited financial statements	1	
2	Amounts included on line 1 b	ut not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses	on investments 2a		
b	Donated services and use of	facilities		
c	Recoveries of prior year gran	ts 2c		
d	Other (Describe in Part XIII)		
e	Add lines $2a$ through $2d$.		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 9	90, Part VIII, line 12, but not on line 1		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, line 12)	5	
Part		Expenses per Audited Financial Statements With Expense inization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses p	er audited financial statements	1	
2	Amounts included on line 1 b	ut not on Form 990, Part IX, line 25		
а	Donated services and use of	facilities		
b	Prior year adjustments .			
c	Otherlosses	2c		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d .	 	2e	
3	Subtract line ${f 2e}$ from line ${f 1}$		3	
4	Amounts included on Form 9	90, Part IX, line 25, but not on line 1:		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3	and 4c. (This must equal Form 990, Part I, line 18)	5	
Par	Supplemental In	formation		
Part	vide the descriptions required fo V, line 4, Part X, line 2, Part X, mation	r Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 I, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part t	b, o provi	de any additional
	Return Reference	Explanation		
Part >	(, Line 2	Accounting principles generally accepted in the United States of Americ evaluate tax positions taken by the Local and recognize a tax liability if uncertain position, that more likely than not, would not be sustained upo	the Loc on exam	cal has taken an

Part X, Line 2	Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Local and recognize a tax liability if the Local has taken an uncertain position, that more likely than not, would not be sustained upon examination by the U S Federal, state, or local taxing authorities. The Local is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress. Typically, tax years will remain open for three years, however, this may differ depending upon the circumstances of the Local.
	Schedule D (Form 990) 2015

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

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

OMB No 1545-0047

DLN: 93493214002076

Open to Public Inspection

Department of the Treasury

(Form 990)

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization						Employer	·identification number
UNITE HERE LOCAL 5						99-0037	7985
Part I General Inform	ation on Grants	and Assistance					
 Does the organization main the selection criteria used Describe in Part IV the org 	to award the grants	orassistance?				ssistance, and	∀ Yes
			omestic Governments. dditional space is need		ızatıon answered "Yes" (on Form 990, Part	t IV, line 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Descripti non-cash assis	
(1) Faith Action for Community Equity 1352 LILIHA Street Honolulu, HI 96817	99-0335935	501 (C)(3)	6,000				Financial support
2 Enter total number of section		_					
3 Enter total number of other For Paperwork Reduction Act Notice				Cat No 500551			Schedule I (Form 990) 2015

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed								
(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistan			
	1		İ					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						addıtıonal ınformatıon.	
Return Reference Explana		Explanati	ion				
Schedule I (Form 990) 201							

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493214002076

OMB No 1545-0047

2015

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
UNITE HERE LOCAL 5

Employer identification number
99-0037985

Return Reference	Explanation			
Form 990, Part VI, Section A, line 6	PER ARTICLE II OF UNITE HERE LOCAL 5'S BY-LAWS Section 1 Membership of this organization shall consist of an unlimited number of workers primarily in the hotel and restaurant industries who agree to abide by the Bylaws of this Local, the ritual and Constitution of the UNITE HERE International Union, as now in effect or as they may thereafter be amended. Section 2 Acquiring Membership A person eligible for membership and working within the jurisdiction of this Local Union, making application for membership, shall become a member of this Local and the International Union upon receipt of the membership application and the dues and fees which may be required. Section 3 Whenever a member of this Local becomes a manager not working in the craft of this Local Union, an owner or proprietor or a working member of another international union, and not employed under the jurisdiction of this International Union, he may be accepted for or hold membership in this Local Union only as a passive member, provided such person maintains no affiliation with a proprietors organization hostile to this International Union. (a) Passive members shall not be entitled to voice or vote or to attend meetings of this Local Union. They shall be ineligible for election to any office in this Union or any position as a delegate representing this Union. (b) Passive membership is hereby declared a privilege, revocable at will by the Executive Board of the Local Union. (c) Any member desiring to change his membership status from passive to active or active to passive must appear before the Executive Board and such change of status can only be granted upon the approval of the Executive Board. At any time the Executive Board of this Local determines that an active member's status from active to passive and shall so notify the member of his status change. Section 4 Recall to Active Military Service. In the event a member of this Local Union is recalled to active military service due to a prior military commitment, that member shall be reinstated to wi			

Return	Explanation
Reference Form 990, Part VI, Section A, line 7a	PER ARTICLEV OF UNITE HERE LOCAL 5'S BY-LAWS. Section 1 (a) Bection of officers shall be held every three (3) years. To be eligible, normated and hold office, a member must 1. Have been an active member in continuous good standing with this Local Union, and 2. Have his/her dues fully paid for a period of twenty-four (24) consecutive cellendar months preceding the month that normations are held. An active member in continuous good standing shall mean that a member and use of the month that normations are held. No member who has authorized his employer to withhold dues from his compensation shall be declared ineligible to vide or be a candidate for office by reason of the employer's delay or defaut in payment or deduction of dues. (b) in order for any member to be eligible to be normated for any office in the Local, helshe must 1. Be present at the normation greating, or 2, Must have subtinted a written statement to the Financial Secretary-Tressurer prior to the opening of normations, incidating his/her willingness to accept the normation if his/her names is proposed. A normal can office control (a) and (b), in order to be eligible to be a candidate for Executive Board member for the Hotel Division. Hospital Division, Food and Beverage Division and the Neighbor Island County/Skand, a member must be working in the Division in the Neighbor Island County/Skand, a member must be working in the Division of the college Board members and the member of mormations are certificated in Article IV. Section 1 herein for a period of three (3) months immediately preceding the member may be elected to the postion of Executive Board never hadron to the properties of the college Board nevery three (3) years along the section of the college Board never hadron and the section of the college Board never that any eligible member may be elected to the postion of Executive Board never that any eligible member may be elected to the postion of Executive Board never that any eligible member may be elected to the postion of Executive Board

Return Reference	Explanation
Form 990, Part VI, Section A, Iine 7b	per article xiv of UNITE HERE LOCAL 5'S BY-LAWS Section 1. All proposed amendments to these bylaws must be in writing and recommended by the Executive Board or signed by 300 members in good standing with the Local Union and read at and voted upon at a special meeting or at a Local Convention. A two-thirds majority vote of members present shall be required to adopt an amendment. No amendment shall become effective until approved by the International Presidents. The membership shall be notified after an amendment has been approved by the International Presidents. Section 2. The procedure outlined above in Section 1 shall be fully applicable to amendments providing for an increase in dues, initiation fees or a special or general assessment, except it shall require a majority vote by secret ballot after reasonable written notice of intent to vote on the increase or assessment is given to the membership. The amendment as set forth in the notice is not subject to change after the notice is sent. Section 3. Rules of Order of Business may be amended by two-thirds vote of the membership at a Special Membership Meeting or at a Local Convention.

Return Reference	Explanation
Form 990, Part VI, Section A, line 8b	Subcommittees report to the Executive Board therefore their actions are documented in the executive board minutes

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	THE FORM 990 IS REVIEWED BY THE COMPTROLLER PRIOR TO ITS FILING

Return Reference	Explanation
•	OFFICERS, DIRECTORS OR TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUAL INTEREST THAT COULD GIVE RISE TO CONFLICTS

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	THE ORGANIZATION DOES NOT GENERALLY MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

	Return Reference	Explanation
Ī	Form 990, Part XI, line 9	UNITE HERE LOCAL 5 PAC Fund AIKEA UNITE HERE 6,487

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	UNITE HERE LOCAL 5'S GOVERNING BODY IS RESPONSIBLE FOR OVERSEEING THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE INDEPENDENT ACCOUNTANT THAT PERFORMS THE AUDIT

DLN: 93493214002076

OMB No 1545-0047

2015

Employer identification number

(Form 990) Department of the Treasury

Name of the organization

Internal Revenue Service

SCHEDULE R

Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	1		.		99-00379	85			
Part I Identification of Disregarded Entities C				rt IV		1			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	End-o	(e) ıf-year assets	Di	(f) rrect controlling entity		
Part II Identification of Related Tax-Exempt Or or more related tax-exempt organizations du		e organization ans	wered "Yes" o	n Fo	rm 990, Pa	rt IV, lı	ne 34 because ıt l	nad on	е
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	ction	(e) Public charity (if section 501		(f) Direct controlling entity	Section (13) co	
(1)UNITE HERE LOCAL 5 PAC FUND	POLITICAL ACTION	HI	SECTION 527					Yes	No No
L516 S KING STREET HONOLULU, HI 96826	COMMITTEE		32311311 327						
26-0305193 (2)LOCAL 5 HOLDINGS INC 1516 S KING STREET	REAL ESTATE HOLDING FOR LOCAL 5 BUILDING	HI	501(C)(2)	501(C)(2)					No
HONOLULU, HI 96826 32-0289602									
(3)AIKEA UNITE HERE PO BOX 235635	POLITICAL ORGANIZATION	HI	SECTION 527						No
HONOLULU, HI 96823 45-5540312									<u> </u>
									$oxed{oxed}$

Schedule R (Form 990) 2015												Page 2
Part III Identification of Related Organizations Taxable a because it had one or more related organizations treate					ation answ	ered "Yes	s" on l	Form	990, Part I'	V, lın	ie 34	ŀ
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	unrelated, excluded from tax under sections 512-	(f) Share of total income		(h) Disproprtionater allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentag ownership
				514)			Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
									<u> </u>

Part V Transactions With Related Organizations Complete if the organization answer	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.								
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No					
1 During the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations lis	sted in Parts II-IV?									
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity											
b Gift, grant, or capital contribution to related organization(s)											
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		No					
d Loans or loan guarantees to or for related organization(s)				1d		No					
e Loans or loan guarantees by related organization(s)				1e		No					
f Dividends from related organization(s)				1f		No					
g Sale of assets to related organization(s)				1g		No					
h Purchase of assets from related organization(s)				1h		No					
i Exchange of assets with related organization(s)											
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No					
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes						
l Performance of services or membership or fundraising solicitations for related organization(s)											
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
o Sharing of paid employees with related organization(s)				10		No					
p Reimbursement paid to related organization(s) for expenses				1р		No					
q Reimbursement paid by related organization(s) for expenses				1q	Yes						
r Other transfer of cash or property to related organization(s)				1r	Yes						
s Other transfer of cash or property from related organization(s)				1s		No					
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships	and transaction thresholds								
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ir	nvolved						
(1)LOCAL 5 HOLDINGS INC	К	329,330	FMV								
(2)AIKEA UNITE HERE	R	6,487	cash								
(3)Unite Here International Union	Q	155,646	cash								

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
											1	1	İ
			<u> </u>	_			1	I	_	<u> </u>			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015