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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 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

2016Open to Public
Inspection**A** For the 2016 calendar year, or tax year beginning and ending**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**THE ALOHA FOUNDATION, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

2968 LAKE MOREY ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

FAIRLEE, VT 05045**F** Name and address of principal officer: **CHRISTOPHER OVERTREE****SAME AS C ABOVE****D** Employer identification number**03-6016791****E** Telephone number**(802) 333-3400****G** Gross receipts \$**36,874,202.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.ALOHAFOUNDATION.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1968** **M** State of legal domicile: **VT****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OPERATION OF 4 SUMMER RESIDENT CAMPS, A SUMMER DAY CAMP & A YEAR-ROUND OUTDOOR EDUCATION CENTER.		
	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)	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	18
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	483
	6	Total number of volunteers (estimate if necessary)	32
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	486,062.
7b	Net unrelated business taxable income from Form 990-T, line 34	-93,560.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,458,180.
	9	Program service revenue (Part VIII, line 2g)	6,784,957.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	849,106.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	484,953.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,577,196.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	710,175.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,306,663.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	247,917.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,513,835.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,530,673.
	19	Revenue less expenses. Subtract line 18 from line 12	3,046,523.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)
21		Total liabilities (Part X, line 26)	5,282,351.
22		Net assets or fund balances. Subtract line 21 from line 20	32,503,380.
			34,725,616.

Part II Signature Block

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

Sign Here Signature of officer **CHRISTOPHER OVERTREE, EXECUTIVE DIRECTOR** Date **7/27/17**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name **JAMES N. GODFREY, CPA** Preparer's signature **JAMES N. GODFREY, CPA** Date **05/10/17** Check if self-employed ☐ PTIN **P00913422**

Firm's name **TYLER SIMMS & ST SAUVEUR CPA PC** Firm's EIN **02-0476956**

Firm's address **19 MORGAN DRIVE** Phone no. **603-653-0044**

LEBANON, NH 03766

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

☒ Yes ☐ No