Form <b>990</b>
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Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. or tax year beginning and onding



A For the 2021 calendar year, or tax year beginning and ending							
<b>В</b> с а	heck if oplicab	e: C Name of organization	D Employer identification number				
Change THE ALOHA FOUNDATION, INC.							
	Name Chang			**_****			
	Initial		Room/suite	E Telephone number			
	Final	2968 LAKE MOREY ROAD		(802)333-	-3400		
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	14,235,514.		
	Amen return	FAIRLEE, VI 05045		H(a) Is this a group re			
	Applic tion pendi			for subordinates	? Yes X No		
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
		empt status: $X = 501(c)(3) = 501(c) () = (insert no.) = 4947(a)(1) c$	or 527	1 '	list. See instructions		
		te: WWW.ALOHAFOUNDATION.ORG		H(c) Group exemption			
	orm o I <b>rt I</b>	rorganization: X Corporation Trust Association Other ►	<b>L</b> Year	of formation: 1968 N	State of legal domicile: VT		
Fa		Briefly describe the organization's mission or most significant activities: OPERA					
8	1	CAMPS, A SUMMER DAY CAMP & A YEAR-ROUND O		EDUCATION	CENTER		
Governance	2	Check this box F if the organization discontinued its operations or disposed					
Veri	2				23		
ĝ	4	Number of independent voting members of the governing body (Part VI, line 1a)			23		
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			403		
itië	6	Total number of volunteers (estimate if necessary)			0		
Activities &					318,225.		
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		2,393,409.	2,448,506.		
nu	9	Program service revenue (Part VIII, line 2g)		171,413.	6,567,334.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,232,868.	2,585,288.		
ے	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,705.	296,474.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,799,395.	11,897,602.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		35,096.	706,386.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,903,547.	4,293,082.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ğ×		Total fundraising expenses (Part IX, column (D), line 25)					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,167,725.	3,836,781.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,106,368.	8,836,249.		
	19	Revenue less expenses. Subtract line 18 from line 12		-1,306,973.	3,061,353.		
is or				ginning of Current Year	End of Year		
Assets d Balanc		Total assets (Part X, line 16)		49,468,810.	55,861,935.		
Net A:		Total liabilities (Part X, line 26)		2,239,070.	3,462,903.		
		Net assets or fund balances. Subtract line 21 from line 20		47,229,740.	52,399,032.		

Part II Signature Block

Т

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         VANESSA RIEGLER, EXECUTIVE DIRECTOR         Type or print name and title	Date				
	Print/Type preparer's name Preparer's signature Date	Check PTIN				
Paid	JAMES N. GODFREY, CPA JAMES N. GODFREY, CP08/30	/22 self-employed P00913422				
Preparer	Firm's name FYLER, SIMMS & ST. SAUVEUR CPAS, P.C.	Firm's EIN 🕨 **-******				
Use Only	Firm's address 19 MORGAN DRIVE					
	LEBANON, NH 03766 Phone no.603-653-0044					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions					
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)					

	990 (2021) THE ALOHA FOUNDATION, INC.	**_*****	Page <b>2</b>
Par			
1	Check if Schedule O contains a response or note to any line in this Part III		[]
•	THE ALOHA FOUNDATION, INC. IS A NON-PROFIT EDUCATIONAL IN	ISTITUTION	
		ELIANCE,	
	SELF-CONFIDENCE, COOPERATION, AND A SENSE OF COMMUNITY IN	N PEOPLE OF	
	ALL AGES AND BACKGROUNDS.		
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	XNo
	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	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	• •	ad
	revenue, if any, for each program service reported.	s, the total expenses, al	iu
4a	(Code:) (Expenses \$4,864,618including grants of \$633,285) (Revenue	e\$ 6,084,	<b>464</b> .)
	THREE SUMMER RESIDENT CAMPS & ONE SUMMER DAY CAMP.		,
4b	(Code:) (Expenses \$795,620including grants of \$) (Revenue	e\$420,	<b>637.</b> )
	ONE SUMMER RESIDENT CAMP SERVED FAMILIES AND GROUPS.	· ·	/
4c	(Code:) (Expenses \$865,300. including grants of \$73,101. ) (Revenu	e\$ 82,	<b>318.</b> )
	A YEAR-ROUND OUTDOOR EDUCATION CENTER, SERVED SCHOOLS, IN	DIVIDUAL	/
	CHILDREN, FAMILIES, ELDERS & OTHERS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 6,525,538.	,	
		Form 9	<b>90</b> (2021)
132002	12-09-21		,
	3		

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FUIII	990	(2021)	

 Form 990 (2021)
 THE ALOHA FOUNDATION, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
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		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		<u> </u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	<b>v</b>	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
h	Part VI			
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		х
~	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			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
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		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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	05.		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	05h		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		<u></u>
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77	
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х	
rai				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 71		Yes	No
	Enter the number of Forms W-2G included on 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			
C	(gambling) winnings to prize winners?	1c	Х	
132004	12-09-21			(2021)
			1	()

5 2021.04021 THE ALOHA FOUNDATION, INC 717\_\_\_1

<ul> <li>Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return</li> <li>Ja and Statements, field for the calendar year, ending with or within the year covered by this return</li> <li>Ja and Statements, field for the calendar year, data or grant that ASD, you may be required to <i>a</i>-field. See instructions.</li> <li>Ja the organization have unrelated business gross income of \$1,000 or more during the year?</li> <li>Ja A any time during the calendar year, dat the organization have an interset in, or a signature or other authority over, a financial account in a foreign country set.</li> <li>Ja the reganization a party to a prohibited tax sheler transaction at any time during the tax year?</li> <li>Ja Ba and the organization file form 888517?</li> <li>Jo Does the organization have and larger serveights that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as chartable contributions?</li> <li>Ja Yes, 'idd the organization hie form 888517?</li> <li>Jo Does the organization have annual gross receipts may the a prohibited tax sheler transaction?</li> <li>Ja 'Yes, 'idd the organization nick were ysolicitation an express statement that such contributions or gifts are required to file form 88877?</li> <li>Jo Does the organization nick were that were diverse solicitation an express statement that such contributions or gifts</li> <li>If 'Yes, 'idd the organization nick were ysolicitation and express provided 7</li> <li>Ja 'Yes, 'idd the organization nick were solicitation an express statement that such contributions or gifts</li> <li>If 'Yes, 'idd the organization nick were solicintation son were state sta deductible?</li></ul>	orm 9 Part	90 (2021)       THE ALOHA FOUNDATION, INC.         V       Statements Regarding Other IRS Filings and Tax Compliance (continued)	**_***	* * *	Pa	age 5
Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements,         La least one is reported on line 2a, did the organization file all required tedral employment tax returns?         La least one is reported on line 2a, did the organization file all required tedral employment tax returns?         La vary time during the calendary sear ending with may be required to <i>e_Ne</i> . See instructions.         La vary time during the calendary sear, did the organization nave on interest in, or a signature or other submitty over, a         financial account in a foreign country (such as a bark account, securities account, or other financial accounts (FIAAP),         Sea instructions for filing requirements for financial requirements or any time during the tax year)         Sea instructions for filing requirements for financial accounts, or other financial accounts (FIAAP),         Sa         Do set or organization include with every solitation any time during than y times during thax year)         Does the organization that it was or is a party to a prohibited tax shelter transaction?         Sa         Does the organization include with every solitation any enters estatement that such contributions or gifts         were not tax deductible as chartable contributions?         The "sea" of the organization include with every solitation any express statement that such contributions or gifts         were not tax deductible or chibutions under section 170(c).         Di the organization include with every solitation any express statement that such contributions or gifts         were not tax deductible or orbitation as where settle or services provided not be party         To a "To a state and accounts"         To a "To a state and accounts"         To a "To a state and accounts"         To a state and accounts of the state and accounts"         To a state and accounts on the accounts of the accounts accounts of the state account any contribution or gifts         were not tax deductible or con					Yes	No
1 at less one is reported on line 2a, dd the organization file all equired tode <i>nife</i> . See instructions.       26         1 drive sum of lines 1 and 2a is greater than 250, you may be required to <i>e_nife</i> . See instructions.       38       2         10 the organization have unrelated business gross income d's 1,000 or more during the year?       38       2         11 'tes', 'nas it filed a form 900 T for this year?       38       2         12 'tes', 'nas the anne of the foreign country between the near of the foreign bank and Financial Accounts (FBAR).       38         2 Was to organization have unrelater transaction at a gruth cod cing the xay year?       58       58         2 Did an transition party to a prohibited tax sthere transaction at any time during the tax year?       58       58         2 Did an transition party to a prohibited tax sthere transaction?       56       56         2 Did an organization file form 8980-f7?       60       60       60         9 U'tes', 'd the organization file form 8980-f7?       60       60       60         9 Organization secure a payment in excess of \$75 made party as a contributions?       7a       7a       7a         10 'tes', 'd the organization nearby erestimation an express statement that such contributions or grits       60       60       60       60       60       60 <td< td=""><td>2a E</td><td>inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,</td><td></td><td></td><td></td><td></td></td<>	2a E	inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1 and 2a is greater than 250, you may be required to <i>c<sub>x</sub>/ac</i> . See instructions.         3a           0 bit the organization have unrelated business gross income of \$1,000 or more during the year?         3a           1 if Yes, "has it field a form 580.7 for this year? if Yeo' to <i>line 3b</i> , provide an explanation on Schedule 0         3a           1 if Yes, "and it field a form 580.7 for this year? if Yeo' to <i>line 3b</i> , provide an explanation on Schedule 0         4a           1 if Yes, "and it field a form 580.7 for this year? if Yeo' to <i>line 3b</i> , provide an explanation on Schedule 0         4a           1 if Yes, "and it field a form 580.7 for this year? if Yeo' to <i>line 3b</i> , provide an explanation on Schedule 0         4a           1 if Yes, "and the organization that way or is a party to a prohibited tax shelter franscial account?         5a           1 obt any taxable party ontify the cognization that it way or is a party to a prohibited tax shelter transcion?         5b           1 of Yes, "a line for any time and year any time and the organization solit any time advectibite as challable contributions?         6a           1 if Yes, "a dit the organization natit way or is a party to a prohibited tax shelter transcient?         7a           2 if Yes, "indicate the number of forms 8282?         7a           2 if if the ganization natit way the advectibile as challable contributions?         7a           2 if if the ganization natit way or tax and the goods or services provided?         7a           2 if if the	f	led for the calendar year ending with or within the year covered by this return	2a 403			
b) Id He organization have unrelated business gross income of \$1,000 or more during the year?       3a       2         b) If Yes, 'has if like a Ferm 800-T for this year? <i>If 'No'</i> to <i>line 3b, provide an explanation on Schedule O</i> 3b       2         b) 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 b.       4a         b) Id in the name of the foreign country b.       5e       5a         b) See instructions for filing requirements for FinACEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         b) Vias the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid.       5a         b) Did no transchiption have annual gross receipts that are normally greater than \$100,000, and did the organization notide with every solidication an express statement that such contributions or gifts ever not tax deducible?       7a         b) If 'Yes, ' did the organization notide with every solidication an express statement that such contributions or gifts ever not tax deducible?       7a         c) Id the organization notide with every solidication an express statement that such contributions or gifts ever the organization notide with every solidic personal pereft contract?       7a         c) Id the organization notide with every solidication an express statement that such contributions or gifts ever that aver or tax deducible?       7a         c) To 'Yes, 'id dita organization notide edus date of the goods or services provided? </td <td>b l</td> <td>at least one is reported on line 2a, did the organization file all required federal employment tax return</td> <td>ıs?</td> <td>2b</td> <td>Х</td> <td></td>	b l	at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	Х	
1       "Yes," has it field & Form 990-T for this year? # "Wo" to lime 3b, provide an explanation on Schedule D       36         At any time during the calendar year, did the organization have an interest in, or a signature or other stathority over, a       4a         1       "Yes," enter the name of the toreign country leuch as a bank account; executies account; or other financial accounts (FBAR),       4a         1       "Yes," enter the name of the toreign country leuch as a bank account; executies account; or other financial accounts (FBAR),       5a         0       Did any taxabid party notil, the organization that the as or is a party to a prohibited tax shelter transaction?       5b         0       Did any taxabid party notil, the organization file form 888677.       5a         0       Does the organization in that are normally greater than \$100,000, and did the organization solit any taxabid exclusions or gifts       6a         1       "Yes," did the organization include with very solicitation an express statement that such contributions or gifts       6b         0       Did the organization notify the donor of the value of the goods or services provided?       7a         1       "Yes," indicate the number of Forms 8282 filed dumg the year       2d       7a         1       "Yes," indicate the number of Forms 8282 filed dumg the year?       7a       7a         1       "Yes," indicate the number of Forms 8282 filed dumg the year?       7a       7a	١	lote: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	3			
A Ary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a francial account in a foreign country (such as a bank account, securities account, or other financial account);       4a                if "res," enter the name of the torign country "       4a                Wes the organization aperty to a prohibited tax sheller transaction at any time during the tax year?       5a                Did any taxable party notify, the organization for Borm 8886 n7.       5b                Did any taxable party notify the organization for Borm 8886 n7.       5c                Do contributions that were not tax deductible contributions at any time during the tax year?       5a                Did any taxable party notify the organization for Borm 8886 n7.       6c                Organization bat any cockination and party to a prohibited tax sheller transaction?       6a                if "res," diff the organization include with every solicitation and party for goods and services provided?       7a                Did the organization include with every solicitation and party for goods and services provided?       7a                Did the organization include with every solicitation and party for goods and services provided?       7a                Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t                Did the organization, makere affitthating donor advised funds. Did a do	Ba D	bid the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
I "Yes," enter the name of the foreign country ▶       4a         I "Yes," enter the name of the foreign country ▶       5a         Was the organization is of thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         Uota visuable party notify the organization that the was or is a party to a prohibited tax shelter transaction?       5b         Uota visuable party notify the organization that the was or is a party to a prohibited tax shelter transaction?       5c         Does the organization hat and 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         I "Yes," did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?       6b         Organizations that many receive deductible contributions under section 170(c).       10 bit the organization notify the donor of the value of the goods or services provided?       7a         I "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       7a         I "Yes," indicate the number of Forms 8282 filed during the year       2d       2d       1a         I the organization neeve ap partimutes, directly or indirectly, to pay premiums on a personal benefit contract?       7a         I the organization neeve ap any during, directly or indirectly, to pay premiums on a personal benefit contract?       7a	b l	"Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
1 ''se, '' enter the name of the foreign country. ►       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         Vas the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         D Id any taxable party notify the organization for form 8886.77       5c         D organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ween or tax deductible a charable contributions?       6a         0 I' 'Yes, 'i did the organization for form 8886.77       6a       6a         0 I' 'Yes, 'i did the organization include with every solicitation an express statement that such contributions orgits were not tax deductible acharable contributions?       6a         0 I' 'Yes, 'i did the organization neity the door of the value of the goods or services provided?       7a         0 Id the organization neity the door of the value of the goods or services provided?       7a         0 Id the organization neity the door of the value of the goods or services provided?       7a         0 Id the organization neity the door of the value of the goods or services provided?       7a         0 Id the organization neity the door of the value of the goods or services provided?       7a         1 I' 'Yes, 'id that organization maker, achystemiums, directly or indirectly, to pay premiums on a personal benefit contract?       7a         1 If the organization, dreview any pay remiums, directly or indirectl	ŧa ∕	t any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         Did any taxabile party notify the organization that it was or is a party to a prohibited tax shater transaction?       5a         Did any taxabile party notify the organization that it was or is a party to a prohibited tax shater transaction?       5b         If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shater transaction?       5c         Obes 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 contributions?       6a         If "Yes," did the organization notify the donor of the value of the goods or services provided to the payof?       7a         Did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required       7a         Did the organization notify the donor of the value of the goods or services provided?       7b         Did the organization neceive anothabuling on indirectly, to pay premiums on a personal benefit contract?       7c         If "res," indicate the number of Form SB22 filed during the year?       7d         Did the organization neceive anothabuling of our advised fund.       7d       7d         If the organization neceive anothabuling of any time during the year?       7d       7d         Did the portanization secure apareset bisefite sholings at any time during the year? <t< td=""><td>f</td><td>nancial account in a foreign country (such as a bank account, securities account, or other financial a</td><td>ccount)?</td><td>4a</td><td></td><td>X</td></t<>	f	nancial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?         5a           D di any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?         5b           I' res' to line 5a or 5b, did the organization in life Form 8886 Tr.         5c           D cost the organization have annual gress receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles contributions or gifts were not tax deductible contributions under section 170(c).         6a           Organization take may receive deductible contributions under section 170(c).         7a           D if the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible goods or services provided?         7a           D if the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided?         7a           D if the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?         7c           D if the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?         7g           D if the organization make any taxable distributions under section 4966?         9a           Sponsoring organization make any taxable distributions under section 4966?         9a           D id the sponsoring organization make any taxable distributions under section 4966?         9a						
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b         if "Yes" to line 5a or 5b, did the organization tile Form 8868-T7       5c         Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible contributions?       6a         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).       7a         Did the organization notify the donor of the value of the goods or services provided?       7a         Did the organization notify the donor of the value of the goods or services provided?       7a         Did the organization notify the donor of the value of the goods or services provided?       7a         If "Yes," indicate the number of Forms 8282 filed during the year       Zd         If the organization neceive a contribution of qualified indirectul, property, did the organization file a Form 1084.C?       7b         Did the organization neceive an contribution of qualified indirectul, property, did the organization file a Form 1084.C?       7c         The organization neceive an contribution of qualified indirectul property, did the organization file a Form 1084.C?       7b         Sponsoring organization make a airthyticul to a donor advised funds.       9a         Did the			counts (FBAR).			
1 *****       10       So a r 50, did the organization file Form 8888-T7       5c         10       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         10       ************************************						<u>X</u>
a Deske 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         a If Yes, "Id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a         Organization state may receive deductible contributions and partly for goods and services provided to the payor?       7a         b If the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a         b If the organization neceive any funds, directly or indirectly, to pay premiums on a personal property for which it was required to file form 8282?       7d         b If the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a         b If the organization neceive acontribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8098 are required?       7d         b If the organization make ave excess business holdings at any time during the year?       7a         sponsoring organization have excess business holdings at any time during the year?       7a         b Id the sponsoring organization make any taxable distributions under section 4966?       9a         b Id the sponsoring organization make any taxable distributions under section 4966?       9a         c Gross income from other sources. (Do not net amounts due or padit to other sources against amounts due or						Х
any contributions that were not tax deductible as charitable contributions?       6a         11 "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).       7a         11 "Yes," did the organization notify the donor of the value of the goods or services provided?       7a         11 "Yes," did the organization notify the donor of the value of the goods or services provided?       7a         12 the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t         14 "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         16 the organization cereive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       7t         17 the organization receive any funds, directly or indirectly, on a personal benefit contract?       7t       7t         17 the organization maintaining door advised funds.       Did the organization maintaining door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9b Did the sponsoring organizations. Enter:       10b       9a         10 the sponsoring organizations. Enter:       10b       9a         10 the sponsoring organizations included on Part VIII, line 12, for public use of club facilities       10b				<u>5c</u>		
If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts         6b           Organizations that may receive deductible contributions under section 170(c).         7a           Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goots and services provided to the payor?         7a           Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8282?         7d           Did the organization receive a contribution of qualified the equatization file contract?         7e           Did the organization receive a contribution of qualified theletucal property, did the organization file Form 8282 filed during the year         7d           Did the organization receive a contribution of qars, basts, airplanes, or other vehicles, did the organization file Form 8098 are required?         7f           Did the organization neave excess business holdings at any time during the year?         7g           Sponsoring organization make any tabel distributions under section 4966?         9a           Did the sponsoring organization make any tabel distributions under section 4966?         9a           Did the sponsoring organizations. Enter:         10a           Initiation fees and capital contributions included on Part VIII, line 12         10a           Gross income from methers or shareholders         10a           Gross income from methers or shareholders         10b <td></td> <td></td> <td>e organization solicit</td> <td></td> <td></td> <td></td>			e organization solicit			
were not tax deductible?     6b       Organizations that may receive deductible contributions under section 170(c).     7a       011 the organization receive a payment in excess of \$5 made partly as a contribution and partly for goods and services provided?     7b       101 the organization notify the donor of the value of the goods or services provided?     7c       201 the organization notify the donor of the value of the goods or services provided?     7c       201 the organization notify the donor of the value of the goods or services provided?     7c       201 the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c       201 the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098.C?     7n       201 the organization receive a contribution of cars, boats, ariplanes, or other vehicles, did the organization file a Form 1098.C?     7n       301 the sponsoring organization make any taxable distributions under section 4966?     9a       90 Did the sponsoring organizations. Enter:     10a       101 the sponsoring organizations. Enter:     10a       102 the sponsoring organizations. Enter:     11a       103 the sponsoring organization file trasts. Is the organization file of Form 1041?     12a       104 the sponsoring organization included on Part VIII, line 12.     10a       105 the organization included on Form 990, Part VIII, line 12.     10a       106 the sponsoring organization mark any tras				<u>6a</u>		X
Organizations that may receive deductible contributions under section 170(c).       In the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?         78.       In Yes, "did the organization notify the donor of the value of the goods or services provided?         79.       Did the organization notify the donor of the value of the goods or services provided?         70.       In Yes, "did the organization notify the donor of the value of the goods or services provided?         70.       If Yes, "did the organization notify the donor of the value of the goods or services provided?         71.       If Yes, "did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       71.         72.       If the organization received a contribution of cars, boats, airplanes, or other vahicles, did the organization file a Form 1098-C?       76.         73.       If the organization metae excess buildings at any time during the year?       78.         74.       If the sponsoring organization make any taxable distributions under section 4966?       98.         99.       Did the sponsoring organization make any taxable distributions under section 4966?       98.         99.       Section 501(c)(12) organizations. Enter:       100.       100.         99.       Section 501(c)(12) organization. The advection that any the organization file Grom 199.       118.         90.			ons or gifts			
a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       78         b       TY*es," did the organization notify the donor of the value of the goods or services provided?       70         c       Totalization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?       76         c       Totalization receive any hunds, directly or indirectly, to pay premiums on a personal benefit contract?       76         Did the organization receive any hunds, directly or indirectly, to pay premiums on a personal benefit contract?       76         Did the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file Form 8899 as required?       71         If the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 1098-C?       76         Sponsoring organization make any taxable distributions under section 4966?       98         Did the sponsoring organization make any taxable distributions under section 4966?       98         Did the sponsoring organizations. Enter:       10a         Intrasition feron themembers or shareholders       11a         Gross income from themes or shareholders       11a         Gross income from themembers or shareholders       12a         If the sponsoring organizations. Enter:       11a         If the org				6b		
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       7c         If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e         Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e         If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n         Sponsoring organizations maintaining donor advised funds.       01       02       01       01       01       02       01       01       01       0				_		37
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c         16 If Form 8282?       7c         17 If Yes, "Indicate the number of Forms 8282 filed during the year       7d         10 the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f         17 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7g         17 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n         18 The sponsoring organizations maintaining door advised funds.       8         20 bid the sponsoring organization make any taxable distributions under section 4966?       9a         20 bid the sponsoring organizations. Enter:       10a         10 the sponsoring organizations. Enter:       10a         10 the sponsoring organizations. Enter:       10a         10 the or received from them.       11a         10 the organization for succes. (Do not net amounts due or paid to other sources against       10b         30 the reserves the organization is received or accrued during the year       12b         31 Gross income from them sources the organization in therest received or accrued during the year       12a         32 Gross income from thems or shareholders       11a       12a			vices provided to the payor?			X
to file Form 8282?       7c         1 "Yes," indicate the number of Forms 8282 filed during the year       7d         2 bid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r         3 If the organization receive at a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7r         4 If the organization receive at a contribution of cars, boats, aipplanes, or other vehicles, did the organization file a Form 1098-C?       7r         5 ponsoring organizations maintaining door advised funds.       10 a donor advised fund maintained by the sponsoring organization make a distributions under section 4966?       8         9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9a         9 If the sponsoring organizations. Enter:       10a       10b         1 Initiation fees and capital contributions include on Part VIII, line 12       10a       10b         9 Gross income from members or shareholders       11a       10a       10b         9 Section 501(c/12) organizations. Enter:       11b       10d+       12a         9 If Yes, 'i net rhe amount of tax-exempt interest received or accrued during the year       12b       12b       12a         9 If Yes, 'i net rhe amount of tax-exempt interest received or accrued during the year       12b       12a       12a         9 If Yes, 'i net rhe				7b		
If "Yes," indicate the number of Forms 8282 filed during the year       Id       Td       Td         Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te         Td       Td       Te       Te         If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Tg         If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       Tg         Sponsoring organization have excess business holdings at any time during the year?       8         Did the sponsoring organization make any taxable distributions under section 4966?       9a         Did the sponsoring organization make any taxable distributions under section 4966?       9b         Section 501(c)(7) organizations. Enter:       10a       9b         Initiation fees and capital contributions included on Part VIII, line 12       10a       10a         Gross income from members or shareholders       11a       10a       11a         Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       12b       12a         If "Yes," enter the amount of tax-exempt interact received or accrued during the year       12b       12a         If "Yes," enter the amount of tax-exempt interact received or mature sources against			s required	_		v
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1086.0?       7g         Sponsoring organization maintaining donor advised funds.       Did to a gonganization make any taxable distributions under section 4966?       9a         Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         Did the sponsoring organizations. Enter:       10a       10a         Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         Section 501(c)(12) organizations. Enter:       10a       10b       10b         Gross income from members or shareholders       11a       10b       10b         Section 501(c)(12) organizations. Enter:       11a       11b       12a       12a         If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year       12b       13a </td <td></td> <td></td> <td><b></b></td> <td>/c</td> <td></td> <td>X</td>			<b></b>	/c		X
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n         If the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n         Sponsoring organization maintaining donor advised funds.       8         Did the sponsoring organization make any taxable distributions under section 4966?       9a         Did the sponsoring organizations. Enter:       10a         Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         Section 501(c)(2) organizations. Enter:       11a         Gross income from members or shareholders       11a         Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         If "Yes," enter the amount of reserves the organization is incomed to instrate or scaladition or schedule O.       13a         Note: See the instructions on addition al information the organization must report on Schedule O.       14a         If "Yes," has it filed a Form 720 to report these payment(s) if "No," provide an explanation				_		v
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         7h the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n         Sponsoring organization have excess business holdings at any time during the year?       8         Sponsoring organization make any taxable distributions under section 4966?       9a         D ld the sponsoring organization make any taxable distribution to a donor, donor advised person?       9a         Section 501(c)(7) organizations. Enter:       10a         Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross income from members or shareholders       11a         Gross income from other sources, (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         Section 501(c)(2) qualified nonprofit health insurance issuers.       11a         If "Yes," enter the amount of tax-exempt interest received or accrued during the year?       12a         Section 501(c)(29 qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a         If "Yes," see the instructions of additional information the organization must report on Schedule O       14b         If "Yes," see the instructions of additional information the organi						<u>х</u> х
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       8         Did the sponsoring organization make any taxable distributions under section 4966?       9a         Did the sponsoring organizations maintaining donor advised funds.       9b         Section 501(c)(7) organizations. Enter:       10a         Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         Section 501(c)(12) organizations. Enter:       11a         Gross income from members or shareholders       11a         Gross income from members or shareholders       11a         Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a         13c       13a       13a         I bit eorganization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the       8         sponsoring organization have excess business holdings at any time during the year?       8         Sponsoring organization make any taxable distributions under section 4966?       9a         Did the sponsoring organization make any taxable distributions under section 4966?       9a         Did the sponsoring organization make any taxable distributions under section 4966?       9a         Did the sponsoring organization make any taxable distributions under section 4966?       9a         Gross receipts, included on Form 990, Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         Gross income from members or shareholders       11a         Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a         Id the organization receive any payments for indoor tanning services during the tax year?       14a         If "Yes," set the instructions and file Form 4720, Schedule N.       14b       14b	-					
sponsoring organization have excess business holdings at any time during the year?       8         Sponsoring organizations maintaining donor advised funds.       9a         Did the sponsoring organization make any taxable distributions under section 4966?       9a         Did the sponsoring organization make ad istribution to a donor, donor advisor, or related person?       9a         Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross income from members or shareholders       11a         Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         Section 4947(a)(1) non-exempt charitable trusts. Is the organization must report on Schedule 0.       13a         Note: See the instructions for additional information the organization must report on Schedule 0.       13a         Note: See the instructions for additional information the organization must report on Schedule 0.       14a         1d the organization receive any payments for indoor tanning services during the tax year?       14a         1d the organization subject to these payments? if "No," provide an explanation on Schedule 0				<u>/n</u>		
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Form 990	(2021)
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# THE ALOHA FOUNDATION, INC.

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Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" res	ponse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	
	Check if Schedule O contains a response or note to any line in this Part VI	Χ

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2.	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent <b>1b</b> 23	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	x	1
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		† - <b>-</b>	1
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This occubin B requests mornation about policies not required by the memorial nevenue obde.)		Yes	No
Da	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		
а	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
		12.5		
Ŭ	on Schedule O how this was done	12c	х	
}	Did the organization have a written whistleblower policy?	13	X	
Ļ	Did the organization have a written document retention and destruction policy?	14	X	
5	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?			
2	The organization's CEO, Executive Director, or top management official	15a	x	
	Other officers or key employees of the organization	15a		1
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		1
ີລ	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
-4		16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
5	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		
ec	tion C. Disclosure	100	1	1
<u></u> 7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ VT			
В	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s onlv)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			-
	Own website     X     Another's website     X     Upon request     Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finan	cial	
-	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - (802)333-3400			
	2968 LAKE MOREY ROAD, FAIRLEE, VT 05045			
2006	5 12-09-21	Forr	n <b>990</b>	(2021
	7			,
08	30 806768 717 2021.04021 THE ALOHA FOUNDATION,	INC	2 71	.7
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Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	, Highest Compensat	tec
	Employees, and Independe	ent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title         Average hours per vene         Person componition (0 disk or venitor and componition)         (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			l	mzu			iper	out			(F)
Name and the         Average hours per vext, intermets attends the weak backgroup of the organization below line         Construction the sector backgroup of the sector backgroup of the organization (W-2/1096-MISC)         Tep Out able the organization (W-2/1096-MISC)         Tep Out able the organization (W-2/1096-MISC) <thtp able<br="" out="">the organization (W-2/1096-MISC)</thtp>	(A)	(B)	(C) Position		(D)	(E)					
Under and all detectivations (ist any hours for ine)         Officer and all detectivations (ist any provide with the organizations (ist any provide with the organizations         Officer and all detectivations (ist any provide with the organizations         Officer and and related organizations         Officer and and related organizations         Officer and and related organizations           (1) VANESSA RETOLER         40.00         x         x         160,595.         56,354.           (2) JAGON NOWLES         40.00         x         x         106,160.         0.         45,374.           (3) ANDER WITHTON         40.00         x         x         101,406.         0.         44,925.           (4) NOSS TRUMPHY         40.00         x         x         0.         0.         0.           (5) ELABBET GRAVER         1.00         x         x         0.         0.         0.           (6) MATS GLADIGHT	Name and title			(do not check more than one			·				
(i)         (i) <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>· ·</td> <td>·</td> <td></td>									· ·	·	
(1)         VANESSA REJGLER         40.00         X         160,595.         0.         56,354.           DIRECTOR OF OPERATIONS         40.00         X         106,160.         0.         45,374.           (3)         JANDREW HILTON         40.00         X         101,406.         0.         44,925.           DIRECTOR OF OPERATIONS         40.00         X         101,406.         0.         44,925.           (4)         ROSS, TIMOTHY         40.00         X         125,810.         0.         15,805.           (5)         ELIZABETH GRAVER         1.00         X         X         0.         0.         0.           (6)         MATT SLAUGHTER         1.00         X         X         0.         0.         0.           (7)         FARAH COOK         1.00         X         X         0.         0.         0.           (8)         STEVE WYCKOFF         1.00         X         X         0.         0.         0.           RUSTEE         X         X         0.         0.         0.         0.         0.           (10)         CHARP         X         X         0.         0.         0.         0.			or	5							
(1)         VANESSA REJGLER         40.00         X         160,595.         0.         56,354.           DIRECTOR OF OPERATIONS         40.00         X         106,160.         0.         45,374.           (3)         JANDREW HILTON         40.00         X         101,406.         0.         44,925.           DIRECTOR OF OPERATIONS         40.00         X         101,406.         0.         44,925.           (4)         ROSS, TIMOTHY         40.00         X         125,810.         0.         15,805.           (5)         ELIZABETH GRAVER         1.00         X         X         0.         0.         0.           (6)         MATT SLAUGHTER         1.00         X         X         0.         0.         0.           (7)         FARAH COOK         1.00         X         X         0.         0.         0.           (8)         STEVE WYCKOFF         1.00         X         X         0.         0.         0.           RUSTEE         X         X         0.         0.         0.         0.         0.           (10)         CHARP         X         X         0.         0.         0.         0.			direct							J. J	
(1)         VANESSA REJGLER         40.00         X         160,595.         0.         56,354.           DIRECTOR OF OPERATIONS         40.00         X         106,160.         0.         45,374.           (3)         JANDREW HILTON         40.00         X         101,406.         0.         44,925.           DIRECTOR OF OPERATIONS         40.00         X         101,406.         0.         44,925.           (4)         ROSS, TIMOTHY         40.00         X         125,810.         0.         15,805.           (5)         ELIZABETH GRAVER         1.00         X         X         0.         0.         0.           (6)         MATT SLAUGHTER         1.00         X         X         0.         0.         0.           (7)         FARAH COOK         1.00         X         X         0.         0.         0.           (8)         STEVE WYCKOFF         1.00         X         X         0.         0.         0.           RUSTEE         X         X         0.         0.         0.         0.         0.           (10)         CHARP         X         X         0.         0.         0.         0.			e or	stee			Isated		, v	•	
(1)         VANESSA REJGLER         40.00         X         160,595.         0.         56,354.           DIRECTOR OF OPERATIONS         40.00         X         106,160.         0.         45,374.           (3)         JANDEEM HILTON         40.00         X         101,406.         0.         44,925.           DIRECTOR OF OPERATIONS         40.00         X         101,406.         0.         44,925.           (4)         ROSS, TIMOTHY         40.00         X         125,810.         0.         15,805.           (5)         ELIABETH GRAVER         1.00         X         X         0.         0.         0.           (6)         MATT SLAUGHTER         1.00         X         X         0.         0.         0.           (7)         FARAH COOK         1.00         X         X         0.         0.         0.           (8)         SEVEW WICKOFF         1.00         X         X         0.         0.         0.           TRABSURER         X         0.         0.         0.         0.         0.         0.         0.         0.           (10)         CHARP         X         X         0.         0.         0.			ruste	al trus		yee	mper		· · ·	1000 1120)	, e
(1)         VANESSA REJGLER         40.00         X         160,595.         0.         56,354.           DIRECTOR OF OPERATIONS         40.00         X         106,160.         0.         45,374.           (3)         JANDEEM HILTON         40.00         X         101,406.         0.         44,925.           DIRECTOR OF OPERATIONS         40.00         X         101,406.         0.         44,925.           (4)         ROSS, TIMOTHY         40.00         X         125,810.         0.         15,805.           (5)         ELIABETH GRAVER         1.00         X         X         0.         0.         0.           (6)         MATT SLAUGHTER         1.00         X         X         0.         0.         0.           (7)         FARAH COOK         1.00         X         X         0.         0.         0.           (8)         SEVEW WICKOFF         1.00         X         X         0.         0.         0.           TRABSURER         X         0.         0.         0.         0.         0.         0.         0.         0.           (10)         CHARP         X         X         0.         0.         0.			dual t	ltion	_	mplo	st co	2			
(1) VANESGA RELIGER     40.00     x     160,595.     0.56,354.       EXECUTIVE DIRECTOR     40.00     x     106,160.     0.45,374.       (3) ANDREW HILTON     40.00     x     101,406.     0.45,374.       (3) ANDREW HILTON     40.00     x     101,406.     0.45,374.       (3) ANDREW HILTON     40.00     x     101,406.     0.45,374.       (3) ANDREW HILTON     40.00     x     125,810.     0.15,805.       (4) ROSS, TIMOTHY     40.00     x     125,810.     0.15,805.       (5) ELIZABETH GRAYER     1.00     x     0.     0.       (6) MATT SLAUGHTER     1.00     x     0.     0.       (7) FARAH COOK     1.00     x     0.     0.     0.       (8) STEVE WYCKOFF     1.00     x     0.     0.     0.       (9) BOB MANN     1.00     x     0.     0.     0.       (11) DAVID STOLOW     1.00     x     0.     0.     0.       (12) ELYSE LYONS     1.00     x     0.     0.     0.       (13) JANET PRILL     1.00     x     0.     0.     0.       (14) JEN BENDER     1.00     x     0.     0.     0.       (15) JINNIFER MOGCK     1.00     <			Indivi	In stit I	Office	Key el	Highe	Forme			3
(2) JASON KNOWLES         40.00         x         106,160.         0.         45,374.           (3) ANDEM HILTON         40.00         x         101,406.         0.         45,374.           DIRECTOR OF OPERATIONS         x         101,406.         0.         44,925.           (4) ROSE, TIMOTHY         40.00         x         125,810.         0.         15,805.           (5) ELIZABETH GRAYER         1.00         x         x         0.         0.         0.           (6) MATS TALGUPTER         1.00         x         x         0.         0.         0.           (7) FARAH COOK         1.00         x         x         0.         0.         0.           (8) SPEVE WYCROFF         1.00         x         x         0.         0.         0.           (9) BOB MANN         1.00         x         0.         0.         0.         0.           TRUSTEE         x         0.         0.         0.         0.         0.         0.           (11) DAVID STOLOW         1.000         x         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0. <t< td=""><td>(1) VANESSA REIGLER</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td>_</td><td></td><td></td><td></td></t<>	(1) VANESSA REIGLER	40.00						_			
(2) JASON KNOKLES         40.00         x         106,160.         0.         45,374.           DIRECTOR OF OPERATIONS         40.00         x         101,406.         0.         45,374.           (3) ANDREW HILTON         40.00         x         101,406.         0.         44,925.           (4) ROSS, TIMOTHY         40.00         x         125,810.         0.         15,805.           (5) ELIZABETH GRAYER         1.00         x         0.         0.         0.           (6) MATS FALGENER         1.00         x         0.         0.         0.           VICE CHAIR         1.00         x         0.         0.         0.           SECRETARY         X         0.         0.         0.         0.           (9) BOB MANN         1.00         x         0.         0.         0.           RUSTEE         X         0.         0.         0.         0.           (11) DAV	EXECUTIVE DIRECTOR		1		Х				160,595.	0.	56,354.
(3) ANDREW HILTON         40.00         x         101,406.         0.         44,925.           DIRECTOR OF DEVELOPMENT         x         101,406.         0.         44,925.           CHIEF FINANCIAL OFFICER         x         125,810.         0.         15,805.           CHIEF FINANCIAL OFFICER         x         x         0.         0.         0.           CHIEF FINANCIAL OFFICER         1.00         x         x         0.         0.         0.           CHIEF FINANCIAL OFFICER         1.00         x         x         0.         0.         0.           CHAIRPERSON         x         x         0.         0.         0.         0.         0.           (6) MATT SLAUGHTER         1.00         x         x         0.         0.         0.         0.           (7) FARAH COOK         1.00         x         x         0.         0.         0.           (8) STEVE WYCKOFF         1.00         x         x         0.         0.         0.           TRUSTEE         x         0.         0.         0.         0.         0.           (10) CHARLIE FUGH         1.00         x         0.         0.         0.         0.     <	(2) JASON KNOWLES	40.00									
DIRECTOR OF DEVELOPMENT         40.00         X         101,406.         0.         44,925.           (4) ROSS, TIMOTHY         40.00         X         125,810.         0.         15,805.           CHIEF FINANCIAL OFFICER         X         0.         0.         15,805.           (5) ELIZABETH GRAYER         1.00         X         X         0.         0.           (6) MATT SLAUGHTER         1.00         X         X         0.         0.         0.           (7) FARAH COOK         1.00         X         X         0.         0.         0.           (8) STEVE WYCKOFF         1.00         X         X         0.         0.         0.           (9) BOB MANN         1.00         X         X         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.           (10) CHARLIE PUGH         1.000         X         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.	DIRECTOR OF OPERATIONS						Х		106,160.	0.	45,374.
(4)         ROSS, TIMOTHY         40.00         X         125,810.         0.         15,805.           (5)         ELIZABETH GRAYER         1.00         X         X         0.         0.         15,805.           (6)         MATT SLAUGHTER         1.00         X         X         0.         0.         0.           (7)         FARAH COOK         1.00         X         X         0.         0.         0.           (8)         STEVE WYCKOFF         1.00         X         X         0.         0.         0.           (9)         BOB MANN         1.00         X         X         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           (11)         DAVID STOLOW         1.00         X         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.         0.         0.           (13)         JANET FRILL         1.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	(3) ANDREW HILTON	40.00									
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(5)       ELIZABETH GRAYER       1.00       X       X       X       0.       0.       0.         (6)       MATT SLAUGHTER       1.00       X       X       0.       0.       0.         (7)       FARAH COOK       1.00       X       X       0.       0.       0.         (8)       STEVE WYCKOFF       1.00       X       X       0.       0.       0.         (8)       STEVE WYCKOFF       1.00       X       X       0.       0.       0.         (9)       BOB MANN       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (10)       CHAILIE PUGH       1.00       X       0.       <	(4) ROSS, TIMOTHY	40.00									
CHAIRPERSON         X         X         X         0.         0.         0.         0.           (6) MATT SLAUGHTER         1.00         X         X         0.         0.         0.         0.           (7) FARAH COOR         1.00         X         X         0.         0.         0.         0.           (8) STEVE WYCKOFF         1.00         X         X         0.         0.         0.           (9) BOB MANN         1.00         X         X         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.           (13) JANET PRILL         1.00         X         0.         0.         0.	CHIEF FINANCIAL OFFICER				Х				125,810.	0.	15,805.
(6) MATT SLAUGHTER       1.00       X       X       X       0.       0.       0.         VICE CHAIR       X       X       X       0.       0.       0.       0.         (7) FARAH COOK       1.00       X       X       0.       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (8) STEVE WYCKOFF       1.00       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.       0.         (9) BOB MANN       1.00       X       0.       <	(5) ELIZABETH GRAYER	1.00									
VICE CHAIR         X         X         X         Q.         O.         O. <t< td=""><td></td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х		Х				0.	0.	0.
(7) FARAH COOK       1.00       X       X       X       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         (8) STEVE WYCKOFF       1.00       X       X       0.       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (9) BOB MANN       1.00       X       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (10) CHARLIE PUGH       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (11) DAVID STOLOW       1.00       X       0.	(6) MATT SLAUGHTER	1.00									
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(8) STEVE WYCKOFF       1.00       X       X       X       0.       0.       0.         TREASURER       X       X       X       0.       0.       0.       0.         (9) BOB MANN       1.00       X       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (10) CHARLIE PUGH       1.00       X       0.       0.       0.       0.       0.         (11) DAVID STOLOW       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (12) ELYSE LYONS       1.00       X       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0.		1.00									
TREASURER         X         X         X         X         0.			Х		Х				0.	0.	0.
(9)       BOB MANN       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (10)       CHARLIE PUGH       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (11)       DAVID STOLOW       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (12)       ELYSE LYONS       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (13)       JANET PRILL       1.00       X       0.       0.       0.       0.       0.       0.         (14)       JEAN BENDER       1.00       X       0.		1.00									
TRUSTEE       X       I       O.       O.       O.         (10) CHARLIE PUGH       1.00       X       0.       O.       O.         TRUSTEE       X       0.       0.       O.       O.         (11) DAVID STOLOW       1.00       X       0.       O.       O.         TRUSTEE       X       0.       0.       O.       O.         (12) ELYSE LYONS       1.00       X       0.       O.       O.         TRUSTEE       X       0.       0.       O.       O.         (13) JANET PRILL       1.00       X       0.       O.       O.         TRUSTEE       X       0.       0.       O.       O.       O.         (14) JEAN BENDER       1.00       X       0.       O.       O.       O.         TRUSTEE       X       0.       0.       O.       O.       O.       O.       O.         TRUSTEE       X       0.       0.       0.       O.       O.       O.         TRUSTEE       X       0.       0.       0.       O.       O.       O.         TRUSTEE       X       0.       0.       0.			Х		X				0.	0.	0.
(10) CHARLIE PUGH       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (11) DAVID STOLOW       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (12) ELYSE LYONS       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (13) JANET PRILL       1.00       X       0.       0.       0.       0.       0.         (14) JEAN BENDER       1.00       X       0.		1.00									
TRUSTEE       X       0       0.       0.       0.         (11) DAVID STOLOW       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (12) ELYSE LYONS       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (13) JANET PRILL       1.00        0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (14) JEAN BENDER       1.00        0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (15) JENNIFER MOGCK       1.00         0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (16) JOHN BOVA       1.00       X       0.       0.       0.       0.       0.         (17) JOHN KLOPF       1.00       X       0.       0.       0.       0.       0.       0.			Х						0.	0.	0.
(11) DAVID STOLOW       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (12) ELYSE LYONS       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (13) JANET PRILL       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (14) JEAN BENDER       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (15) JENNIFER MOGCK       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (16) JOHN BOVA       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (17) JOHN KLOPF       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X		1.00									
TRUSTEE       X       0.       0.       0.       0.         (12) ELYSE LYONS       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (13) JANET PRILL       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (14) JEAN BENDER       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (15) JENNIFER MOGCK       1.00       X       0.       0.       0.       0.       0.       0.       0.         (16) JOHN BOVA       1.00       X       0.		1 00	Х						0.	0.	0.
(12) ELYSE LYONS       1.00       X       0.       0.       0.         TRUSTEE       1.00       X       0.       0.       0.         (13) JANET PRILL       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (14) JEAN BENDER       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (15) JENNIFER MOGCK       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (16) JOHN BOVA       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (17) JOHN KLOPF       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.		1.00								0	
TRUSTEE       X       0.       0.       0.       0.         (13) JANET PRILL       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (14) JEAN BENDER       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (15) JENNIFER MOGCK       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (16) JOHN BOVA       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.       0.         (17) JOHN KLOPF       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       X       0.       0.       0.       0.       0.       0.		1 00	х			<u> </u>			0.	0.	0.
(13) JANET PRILL       1.00       X       0.       0.       0.         TRUSTEE       1.00       X       0.       0.       0.       0.         (14) JEAN BENDER       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (15) JENNIFER MOGCK       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (16) JOHN BOVA       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.		1.00	v						0	0	
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(14) JEAN BENDER       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (15) JENNIFER MOGCK       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (16) JOHN BOVA       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (17) JOHN KLOPF       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.		1.00	v						0	0	0
TRUSTEE       X       0.       0.       0.         (15) JENNIFER MOGCK       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (16) JOHN BOVA       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (17) JOHN KLOPF       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.		1 00	~						0.	0.	0.
(15) JENNIFER MOGCK       1.00       X       0.       0.       0.       0.         TRUSTEE       X       1.00       0.		1.00	x						0	0	0
TRUSTEE     X     0.     0.     0.       (16) JOHN BOVA     1.00     X     0.     0.       TRUSTEE     X     0.     0.     0.       (17) JOHN KLOPF     1.00     X     0.     0.       TRUSTEE     X     0.     0.     0.		1.00									<u> </u>
(16) JOHN BOVA     1.00     X     0.     0.       TRUSTEE     X     0.     0.     0.       (17) JOHN KLOPF     1.00     X     0.     0.       TRUSTEE     X     0.     0.     0.		100	x						0.	0.	0.
TRUSTEE         X         0. <th< td=""><td></td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>		1.00									
(17) JOHN KLOPF         1.00         X         0.			x						0.	0.	0.
TRUSTEE X 0. 0. 0.	(17) JOHN KLOPF	1.00									
			x						0.	0.	0.
	132007 12-09-21										

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	990 (2021) THE ALOH	A FOUNDA	ΔTΙ	ON	ſ,	IN	IC.			**_***	:**	* * *	Pa	ge <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average hours per	box	not c , unle	Pos heck ss per	more rson i	than d is both	an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation		Esti	( <b>F)</b> matec ount o	
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Offlicer	oloyee	Highest compensated	Former (a	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	(	compe fror orgar	m the nizatio relate	on d
(18) TRUS	KATIE DROSSOS TEE	1.00	x						0.	0	).			0.
	LANG WHEELER	1.00	x						0.		).			0.
(20) TRUS	LEWIS GOFF TEE	1.00	x						0.	0	).			0.
(21) TRUS	LIZZY SHELAWALA TEE	1.00	x						0.	0	).			0.
(22) TRUS	MAGGIE MORAN TEE	1.00	x						0.	0	).			0.
(23) TRUS	MOLLY ROSEN TEE	1.00	x						0.	0	).			0.
TRUS		1.00	x						0.	0	).			0.
TRUS		1.00	x						0.	0	).			0.
(26) TRUS	SUSIE CLEARWATER TEE	1.00	x						0.		).	1.00		0.
с	1b       Subtotal         c       Total from continuation sheets to Part VII, Section A         d       Total (add lines 1b and 1c)						493,971. 0. 493,971.	0	).).).	162 162	-	0.		
	Total number of individuals (including but r compensation from the organization							o re	eceived more than \$100,	000 of reportable				4
3	Did the organization list any former officer				•			Ŭ	• • •	•	ſ	Y		No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	um of reportabl	le co	mpe	ensa	ition	and	oth	ner compensation from t	ne organization	ŀ	3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes." con	accrue comper	nsati	on fr	rom	any	unre	elate	ed organization or individ	lual for services	•	4 5	x	x
	tion B. Independent Contractors										<u> </u>			
1	the organization. Report compensation for	•	•						the organization's tax y	· ·	<u> </u>		•	
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	Co	(C) ompens	ation	
2	Total number of independent contractors (i	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi SEE PART VII, SECTION		'IN	UA	TI		) [ <b>S</b> :	HE	ETS			-orm <b>9</b> 9	<b>90</b> (20	021)

132008 12-09-21

Form 990	THE ALOHA	A FOUNDA	ΔI	.ON	ſ,	IN	C.			**_***	* * * *
Part VII	Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, a	nd H	ligh	est (	Compensated Employ	ees (continued)	
	(A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average				ition			Reportable	Reportable	Estimated
		hours	(c	heck	neck all that ap			ly)	compensation	compensation	amount of
		per							from	from related	other
		week	5				lo yee		the	organizations	compensation
		(list any hours for	lirecto				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		related	e or c	stee			sated		(00-2/1099-10130)		and related
		organizations	truste	al trus		yee	m per				organizations
		below	Individual trustee or director	Institutional trustee	er	Key employee	Highest com pensated em ployee	ler			5
		line)	Indiv	Insti	Officer	Key	High	Former			
(27) VER	NA CLEVELAND	1.00									
TRUSTEE			х						0.	0.	0.
			1								
			1								
			1								
			<u> </u>								
								<u> </u>			
Total to Pa	art VII, Section A, line 1c										

132201 04-01-21

		Check if Schedule O			(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclu from tax un sections 512
Ś	1 a	Federated campaigns	1a					
and Other Similar Amounts	b	Membership dues	1b					
Ĕ	с	Fundraising events	1c					
ar /	d	Related organizations	1d					
E	е	Government grants (contr	ibutions) <b>1e</b>		4			
ž	f	All other contributions, gifts,						
the second		similar amounts not included		2,448,506	<u>-</u>			
pc	g	Noncash contributions included in		168,937				
a	h	Total. Add lines 1a-1f		1	2,448,506.			
		MIITMTON		Business Code		E 001 014		
		TUITION	<b>DDD</b> O					
ne	b	REGISTRATION		<u>611710</u> 611710	685,200.			
/en	с	OTHER PROGRAM		_	1,120.	1,120.		
Ke	d			_				
Revenue	e f	All other preares convict	rovopuo					
		All other program service <b>Total.</b> Add lines 2a-2f			6,567,334.			
	<u> </u>	Investment income (includ			0,007,001			
	U	other similar amounts)	-		905,634.			905,63
	4	Income from investment of						
	5	Royalties						
	-	···· <b>·</b> ·······························	(i) Real	(ii) Personal				
	6 a	Gross rents	6a 77,115	5.				
	b	Less: rental expenses	6b118,951					
	с	Rental income or (loss)	6c-41,836					
	d	Net rental income or (loss	)		-41,836.			-41,83
	7 a	Gross amount from sales of	(i) Securitie	es (ii) Other				
		assets other than inventory	7a 3866176	5.				
	b	Less: cost or other basis						
		and sales expenses	7ь2186522		_			
	С	Gain or (loss)	7c1679654					
	d	Net gain or (loss)	r	·····	1,679,654.			16796
	8 a	Gross income from fundraisi	о (					
5			of					
		contributions reported on		-				
		Part IV, line 18		8a	-			
		Less: direct expenses		8b				
		Net income or (loss) from		<u>s</u>				
	э а	Gross income from gamin		00				
	<b>۲</b>	Part IV, line 19		9a 9b				
		Net income or (loss) from	-	<u></u>				
		Gross sales of inventory, I	r					
	a	and allowances		10a 29,382	•			
	b	Less: cost of goods sold		10b 32,439				
		Net income or (loss) from			-3,057.	-3,057.		
1			calco of involtory	Business Code				
	11 a	FACILITY RENT	'AL	532000	341,367.	23,142.	318,225.	
Revenue	b			_	,	,		
eve	c							
Ж		All other revenue						
		Total. Add lines 11a-11d			341,367.			
-						6,587,419.	210 205	254345

THE ALOHA FOUNDATION, INC.

# 14520830 806768 717

Form 990 (2021)

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\*\*\_\*\*\* Page 9

THE ALOHA FOUNDATION, INC. Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	706,386.	706,386.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	358,564.		293,480.	65,084.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)	2 105 204	0 070 400	0.00 0.00	05 000
7	Other salaries and wages	3,125,294.	2,070,403.	968,968.	85,923.
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	539,072.	279,352.	236,896.	22 824
9	Other employee benefits	270,152.	152,492.	107,451.	<u>22,824.</u> 10,209.
10 11	Payroll taxes	270,152.	152,492.	107,431.	10,209.
11	Fees for services (nonemployees): Management				
	Legal	47,663.		47,663.	
	Accounting	46,861.		46,861.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	37,211.		37,211.	
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	8,332.	7,686.	646.	
13	Office expenses	342,257.	291,438.	38,589.	12,230.
14	Information technology				
15	Royalties	<u> </u>		- 010	4 - 4
16	Occupancy	626,805.	620,839.	5,812.	154.
17	Travel	55,553.	50,669.	4,811.	73.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 00	Conferences, conventions, and meetings				
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization	595,872.	566,078.	27,630.	2,164.
22	Insurance	279,176.	265,217.	12,860.	1,099.
24	Other expenses. Itemize expenses not covered	,			_,
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OUTSIDE CONTRACTORS	550,710.	373,230.	164,687.	12,793.
b	FOOD EXPENSE	512,317.	512,220.	97.	
с	FURNITURE AND EQUIPMENT	147,875.	138,678.	9,093.	104.
d		118,153.	98,900.	19,253.	
е	All other expenses	467,996.	391,950.	68,152.	7,894.
25	Total functional expenses. Add lines 1 through 24e	8,836,249.	6,525,538.	2,090,160.	220,551.
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 X if following SOP 98-2 (ASC 958-720)				<b>- 000</b> (2024)

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Form 990 (2021)

					Beginning of your		End of your
	1	Cash - non-interest-bearing			364,995.	1	249,206.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			11,110.	3	95,158.
	4				99,082.	4	2,631.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif		l l		- V	
		under section 4958(f)(1)), and persons described				6	
	7					7	
ets	7	Notes and loans receivable, net			1,287.	8	10,505.
Assets	8	Inventories for sale or use			111,120.	。 9	120,717.
	9				111,120.	9	120,717.
	10a	Land, buildings, and equipment: cost or other		10 226 002			
		basis. Complete Part VI of Schedule D		<u>19,226,892</u> . 11,216,679.	8,450,304.	40	0 010 212
		Less: accumulated depreciation			39,519,439.		8,010,213. 46,399,276.
	11	Investments - publicly traded securities			59,519,459.	11	40,399,270.
	12	Investments - other securities. See Part IV, line 1		F		12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		011 472	14	074 000	
	15	Other assets. See Part IV, line 11	911,473.	15	974,229.		
	16	Total assets. Add lines 1 through 15 (must equa	49,468,810.	16	55,861,935.		
	17	Accounts payable and accrued expenses	289,519.	17	402,950.		
	18	Grants payable			004 251	18	1 040 050
	19	Deferred revenue			984,351.	19	1,242,853.
	20					20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
iab.		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrela		ſ	0.00	23	
	24	Unsecured notes and loans payable to unrelated		ſ	965,200.	24	1,817,100.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			0 000 070	25	2 4 6 2 . 0 2 2
	26	Total liabilities. Add lines 17 through 25			2,239,070.	26	3,462,903.
s		Organizations that follow FASB ASC 958, che	ck here				
seou		and complete lines 27, 28, 32, and 33.			12 011 EAC		15 222 260
alar	27	Net assets without donor restrictions			13,911,546.	27	15,332,260.
β	28				33,318,194.	28	37,066,772.
nn		Organizations that do not follow FASB ASC 9	58, chec	k here ▶ 🛄			
ΥĽ		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds			29		
sse	30	Paid-in or capital surplus, or land, building, or eq		ſ		30	
Net Assets or Fund Balanc	31	Retained earnings, endowment, accumulated inc	r		31		
Ne	32	Total net assets or fund balances			47,229,740.	32	52,399,032.
	33	Total liabilities and net assets/fund balances			49,468,810.	33	55,861,935. Form <b>990</b> (2021)
							Form 🔊 🔊 U (2021)

**(B)** End of year

**(A)** Beginning of year

Form **990** (2021)

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THE ALOHA FOUNDATION, INC. Part X Balance Sheet

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

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI         1       Total expenses (must equal Part VIII, column (A), line 25)         2       Total expenses (must equal Part X, column (A), line 25)         3       3, 0, 0, 1, 25, 3.         4       H2, 22, 7, 40.         5       2, 107, 939.         6       6         7       5         8       6         7       6         8       6         7       7         8       9         9       0.         9       0.         10       Net assets or fund balances (explain on Schedule O)         9       0.         10       Net assets or fund balances (explain on Schedule O)         9       0.         10       Net assets or fund balances (explain on Schedule O)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other	Form	1990 (2021) THE ALOHA FOUNDATION, INC.	**-	_ * * * * * * *	Pa	<sub>ge</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       11,897,602.         2       Total expenses (must equal Part IX, column (A), line 25)       2       8,836,249.         3       Revenue less expenses. Subtract line 2 from line 1       3       3,061,353.         4       Vet assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       47,229,740.         5       2,107,939.       6       6       6         7       7       7       7         8       9       0.       6         7       7       7       7         8       9       0.       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Schedule O contains a response or note to any line in this Part XII	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       8, 836, 249.         3       Revenue less expenses. Subtract line 2 from line 1       3       3, 061, 353.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       47, 229, 740.         5       Deturnealized gains (losses) on investments       6       7         6       Donated services and use of facilities       7         7       Investment expenses       6         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       52, 399, 032.          10       Statements and Reporting       10       52, 399, 032.          Check if Schedule 0 contains a response or note to any line in this Part XII       10       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis.       Both consolidated and separate basis.       2b<		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part IX, column (A), line 25)       2       8, 836, 249.         3       Revenue less expenses. Subtract line 2 from line 1       3       3, 061, 353.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       47, 229, 740.         5       Deturnealized gains (losses) on investments       6       7         6       Donated services and use of facilities       7         7       Investment expenses       6         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       52, 399, 032.          10       Statements and Reporting       10       52, 399, 032.          Check if Schedule 0 contains a response or note to any line in this Part XII       10       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis.       Both consolidated and separate basis.       2b<						
3       Revenue less expenses. Subtract line 2 from line 1       3       3,061,353.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       47,229,740.         5       Net unrealized gains (losses) on investments       5       2,107,939.         6       6       7         7       8       7         8       9       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       52,399,032.         Part XIII Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII         7       10       52,399,032.         Yes No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       Yes No       1       2a       X         1f "Yes," check ab box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         1f "Yes," check ab xb below to indicate whether the financial sta	1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,89	7,6	02.
3       Revenue less expenses. Subtract line 2 from line 1       3       3,061,353.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       47,229,740.         5       Net unrealized gains (losses) on investments       5       2,107,939.         6       6       7         7       8       6         7       8       9         9       0.       9       0.         10       52,399,032.       10       52,399,032.         Part XII Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII         7       10       52,399,032.         Part XII Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII         Yes No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes No         1       Accounting method used to prepare the wether of any line in this Part XII       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Consolidated basis       Both consolidated and separate basis. </th <th>2</th> <td>Total expenses (must equal Part IX, column (A), line 25)</td> <td>2</td> <td>8,83</td> <td>6,2</td> <td>49.</td>	2	Total expenses (must equal Part IX, column (A), line 25)	2	8,83	6,2	49.
5 Net unrealized gains (losses) on investments   6   7   1   Accounting method used to prepare the Form 990:   1   2a   2a    2a    X   If "tes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis   b   b   consolidated basis, or both:   Separate basis   Check if Sendule data   Check if Sendule data   1    Accounting method used to prepare the Form 990:   1   Check if Schedule O contains a response or note to any line in this Part XII <b>Yes No Yes Yes Yes Yes Yes Yes Yes Yes Yes</b> <	3	Revenue less expenses. Subtract line 2 from line 1	3	3,06	1,3	53.
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       9       0.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       52, 399, 032.         Part XII       Financial Statements and Reporting       10       52, 399, 032.         Check if Schedule O contains a response or note to any line in this Part XII       10       52, 399, 032.         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       2a       X         1       Accounting financial statements compiled or reviewed by an independent accountant?       2a       X       2a       X         1       Mere the organization's financial statements audited basis       Both consolidated and separate basis       2b       X         1       Mere the organization's financial statements and selection process during the axyear, explain on Schedule O.       2a       X         1       Mere the organization is financial statements and selection	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 10   Part XII Financial Statements and Reporting 10   Check if Schedule O contains a response or note to any line in this Part XII 10   1 Accounting method used to prepare the Form 990: Cash   1 Accounting method used to prepare the Form 990: Cash   2a X   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation o	5	Net unrealized gains (losses) on investments	5	2,10	7,9	39.
7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 10   Part XII Financial Statements and Reporting 10   Check if Schedule O contains a response or note to any line in this Part XII 10   1 Accounting method used to prepare the Form 990: Cash   1 Accounting method used to prepare the Form 990: Cash   2a X   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation o	6	Donated services and use of facilities	6			
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       52,399,032.         Part XII       Financial Statements and Reporting       10       52,399,032.         Check if Schedule O contains a response or note to any line in this Part XII       10       52,399,032.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       2b       X         If "Yes," the che abox below to indicate whether the financial statements for the year were audited on a separate basis, con	7		7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       52,399,032.         Part XII       Financial Statements and Reporting	8		8			
column (B)       10       52,399,032.         Part XII       Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Dotto consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         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 or oan independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a As a result of a federal award, was the organization req	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Check if Schedule O contains a response or note to any line in this Part XII       Yes         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       3a       X		column (B))	10	52,39	9,0	32.
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare the form 990:       Cash       X       Accrual       Other       Image: Construct to the prepare to the prep		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X <tr< th=""><th></th><th></th><th></th><th></th><th>Yes</th><th>No</th></tr<>					Yes	No
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       3a       X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
separate basis, consolidated basis, or both:   Separate basis   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis, consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   consolidated basis, or both:   X   Separate basis   Consolidated basis   Both consolidated and separate basis   If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   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?   b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>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?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
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If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Image:		Separate basis Consolidated basis Both consolidated and separate basis				
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X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Consolidated basis       Image: Consolidate		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b						
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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       3a       X         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 on Schedule O and describe any steps taken to undergo such audits       3b		review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
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b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit		
or audits, explain why on Schedule O and describe any steps taken to undergo such audits					L	<u> </u>
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	lit		
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Total

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	organization
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Part III       Support Schedule for Organizations Described in Sections 170(b)(1)(A)(v) and 170(b)(1)(A)(v)         Complete only if you checked the box on line 5, rox 60 fart or if the reganization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization failed to qualify under Part III.         Section A. Public support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         1       Gifts, grant, contributions, and membership fees received. (Do not include any 'unusual grants.")       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         2       Tax revenues levid for the organization shifts furnished by a governmental unit to the organization without charge in the second contributions by each present (other than a governmental unit to publicly supported organization) included on line 11 that exceeds 2% of the amount shown on line 11, column (f).       (d) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         6       Public support. Screen time 5 them line 3.       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7       Amounts from line 4.       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         8       Gos income from interest, dividents, payments received on securities losss, rents, ryatiles, and how the reaninturbe interest, di
Tails to qualify under the tests listed below, please complete Part III.)         Section A. Public Support         Calendary ser (or fiscal year beginning in) ►         1       Gifts, grants, contributions, and membership frees received. (Do not include any "unusual grants.")       2       ax revenues levied for the organization's there paid to a cepended on its behalf       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         3       The value of services or facilities furnished by a governmental unit to the organization without charge       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         5       The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 296 of the amount shown on line 11, column (f)       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         Calendary set (rise) year beginning in) ►       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         Calendary set (rise) year beginning in) ►       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         A total Add (inse 7 through 10)       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 202
Section A. Public Support         Calendar year (or fiseal year beginning in) >       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         1 Gitts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         2 Tax revenues levied for the organization without charge.       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         3 The value of services or facilities furnished by a governmental unit to publicly supported don't barber       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11, column (f)       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         6 Public support. Solvent line 3 torm line 4       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total
Calendar year (or fiscal year beginning in)       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         1       Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         2       Tax revenues levied for the organization without charge turnished by a government unit to the organization without charge turnished by a government unit to the organization without charge turnished by a government unit to the organization without charge turnished by a government unit to tubicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         3       The value of support supports thes too the 4.       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         5       The portion of total contributions by each geven mental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7       Amounts form line 4       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         8       Gross income from interest, dividents, whether or not the b
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')       2         2 Tax revenues levied for the organization of the organization is benefit an either paid to or expended on its behalf
membership fees received. (Do not include any "unusual grants.")       Image: Second Se
a Tax revenues levid for the organization's benefit and ether paid to or expended on its behalf       a         3 The value of services or facilities furnished by a governmental unit to the organization without charge furnished by a governmental unit or publicly supports of total contributions by each person (other than a governmental unit or publicly supports of organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       a         6 Public support. Subtract time 5 from time 4       a       a         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       a       a       a       a       a       a       a         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       a       a       a       a       a       a       a         8 Gross income from interest, dividends, payments received on securities loans, ernets, royalties, and income from minilar sources as attivities, whether or not the business as sets (Explain in Part VI).       a
2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf       Image: constraint of the organization without charge         3 The value of services or facilities furnished by a governmental unit to the organization without charge       Image: constraint or constraint or publicly supported that a constraint or publicly governmental unit or publicly support dorganization (included on on line 1 that exceeds 2% of the amount shown on line 11, column (f)         6 Public support. Subtract the 5 from the 4         Section B. Total Support         Calendar year (or fiscal year beginning in )          7 Amounts from line 4         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources , and income from mineted business activities, whether or not the business is regularly carried on interest, dividends, payments received on assets (Explain in Part VL)         10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VL)       Image: cols and cols and stop here         Section C. Computation of Public Support Percentage         Section C. Computation of Public Support Percentage         1         A first system of the sale of capital assets (Explain in Part VL)         12         Total support. Addines of the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here         Secti
ization's benefit and either paid to or expended on its behalt  3 The value of services or califities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  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 1, column (f)  6 Public support Cotal Support  Calendar year (or fiscal year beginning in) ▶  (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royatlies, and income from interest, dividends, payments received on securities loans, rents, royatlies, and income from interest, dividends, payments received on securities loans, rents, royatlies, and income from interest, dividends, payments received on securities loans, rents, royatlies, and income from interest, dividends, payments received on securities loans, rents, royatlies, and income from interest, dividends, payments received on securities loans, rents, royatlies, and income from interest, dividends, payments received on securities loans, rents, royatlies, and income from interest, dividends, payments received on securities loans, rents, royatlies, and income from interest, dividends, payments received on securities loans, rents, royatlies, and income from interest, dividends, payments received on securities loans, rents, royatlies, and income from interest, dividends, payments received on securities loans, rents, royatlies, and income from interest, dividends, payments received on securities loans, rents, royatlies, assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross neceipts from related activities, etc. (see instructons) 12 5 First Syees. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax years as a section 501(c)(3) organization, check this box and stop
or expended on its behalf
3 The value of services or facilities furnished by a governmental unit to the organization without charge
furnished by a governmental unit to the organization without charge       Image: Construction 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)       Image: Construction 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)       Image: Construction of total contributions by each person (other than a governmental unit or public)         6 Public support. Subtract line 5 from line 4.       Image: Construction of total contributions by each person (other than a governments received on securities loans, rents, royatties, and income from similar sources 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 alle of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 I Trist Support. Add lines 7 through 10 13 First Support. Add lines 7 through 10 14 Public support percentage from 2020 Schedule A, Part II, line 114 15 Public support percentage from 2020 Schedule A, Part II, line 114
the organization without charge   4 Total. Add lines 1 through 3   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. Subract line 5 from line 4.   Section B. Total Support   Section B. Total Support   (a) 2017   (b) 2018   (c) 2019   (d) 2020   (e) 2021   (f) Total   7 Amounts from line 4   8 Gross income from interest,   dividends, payments received on   securities loans, rents, royalties,   and income from similar sources   9 Net income from on the date dusiness   activities, whether or not the   business is regularly carried on   10 Other income. Do not include gain   or loss from the sale of capital   assets (Explain in Part VI.)   11 Total support. Add lines 7 through 10   12 Gross receipts from related activities, etc. (see instructions)   12   3 First S 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 from 2020 Schedule A, Part II, line 14
4       Total. Add lines 1 through 3
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)       Image: the state of the state o
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. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources
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supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)       Image: column (c)         6 Public support. Subtract line 5 from line 4.       Image: column (c)         Section B. Total Support         Calendar year (or fiscal year beginning in) ►         (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       Image: colspan="2">Image: colspan="2" Colspa=""2" Colspan="2" Colspan="
on line 1 that exceeds 2% of the amount shown on line 11, column (f)       Image: column (f)       Image: column (f)         6       Public support. Subtract line 5 from line 4.       Image: column (f)       Image: column (f)         7       Amounts from line 4       Image: column (f)       Image: column (f)       Image: column (f)         7       Amounts from line 4       Image: column (f)       Image: column (f)       Image: column (f)       Image: column (f)         8       Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from unrelated business activities, whether or not the business is regularly carried on       Image: column (f)       Image: column (f)         9       Net income foon unrelated business assets (Explain in Part VI.)       Image: column (f)       Image: column (f)       Image: column (f)         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       Image: column (f)       Image: column (f)       Image: column (f)         12       Gross receipts from related activities, etc. (see instructions)       Image: column (f)       Image: column (f)       Image: column (f)         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       Image: column (f)
amount shown on line 11, column (f)       image: shown ine 4.         6 Public support. Subtract line 5 from line 4.       image: shown ine 4.         Section B. Total Support         Calendar year (or fiscal year beginning in) ►         7 Amounts from line 4       image: shown ine 4.         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       image: shown ine 4.         9 Net income from unrelated business activities, whether or not the business is regularly carried on       image: shown in a shown i
column (f)       6       Public support. Subtract line 5 from line 4.         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7       Amounts from line 4               8       Gross income from interest, dividends, payments received on securities loans, rents, royalites, and income from similar sources  <
6       Public support. Subtract line 5 from line 4.         Section B. Total Support         Calendar year (or fiscal year beginning in)          7       Amounts from line 4         8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       9         9       Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.)       10         11       Total support. Add lines 7 through 10       12         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       12         Section C. Computation of Public Support Percentage         14       9         15       Public support percentage from 2020 Schedule A, Part II, line 14
Section B. Total Support         Calendar year (or fiscal year beginning in) ▶       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4
Calendar year (or fiscal year beginning in)       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         7 Amounts from line 4       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         9 Net income from similar sources       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         10 Other income from unrelated business activities, whether or not include gain or loss from the sale of capital assets (Explain in Part VI.)       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         11 Total support. Add lines 7 through 10       (c) 2018       (c) 2019       (c) 2020       (c) 2020       (c) 2020       (c) 2021       (f) 2020         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       (c) 2020       (c) 2020       (c) 2021       (f) 2020         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       (c) 2020       (c) 2020       (c) 2020       (c) 2020       (c) 2020       (c
7 Amounts from line 4
8       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       Image: Comparison of the sources and the sources are sources are sources and the sources are source
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and income from similar sources   9   Net income from unrelated business activities, whether or not the business is regularly carried on   business is regularly carried on   10   Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   11   11   12   Gross receipts from related activities, etc. (see instructions)   12   13   First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)   organization, check this box and stop here   Section C. Computation of Public Support Percentage   14   15
<ul> <li>9 Net income from unrelated business activities, whether or not the business is regularly carried on</li> <li>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li></ul>
activities, whether or not the   business is regularly carried on   10   Other income. Do not include gain   or loss from the sale of capital   assets (Explain in Part VI.)   11   Total support. Add lines 7 through 10   12   Gross receipts from related activities, etc. (see instructions)   13   First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)   organization, check this box and stop here   Section C. Computation of Public Support Percentage   14   Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))   14   94   15
business is regularly carried on       Image: carried on       Image: carried on         10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       Image: carried on       Image: carried on         11       Total support. Add lines 7 through 10       Image: carried on       Image: carried on       Image: carried on         12       Gross receipts from related activities, etc. (see instructions)       Image: carried on       Image: carried on       Image: carried on         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       Image: carried on       Image: carried on         organization, check this box and stop here       Image: carried on       Image: carried on       Image: carried on       Image: carried on         Section C. Computation of Public Support Percentage       Image: carried on       Image: carried on       Image: carried on       Image: carried on         14       Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))       Image: carried on       Image: ca
10       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       Image: Comparison of Part VI.)         11       Total support. Add lines 7 through 10       Image: Comparison of Part VI.)         12       Gross receipts from related activities, etc. (see instructions)       Image: Comparison of Part VI.)         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here       Image: Comparison of Part VI.)         14       %         15       %
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assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))  14  96  96  96  96  96  96  96  96  96  9
11 Total support. Add lines 7 through 10       12         12 Gross receipts from related activities, etc. (see instructions)       12         13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)       12         organization, check this box and stop here       12         Section C. Computation of Public Support Percentage         14       %         15       %
12       Gross receipts from related activities, etc. (see instructions)       12         13       First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here       Image: Computation of Public Support Percentage         14       %         15       %
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)         organization, check this box and stop here         Section C. Computation of Public Support Percentage         14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))         15 Public support percentage from 2020 Schedule A, Part II, line 14
organization, check this box and stop here       Image: Computation of Public Support Percentage         Section C. Computation of Public Support Percentage       Image: Computation of Public Support Percentage         14       96         15       96
Section C. Computation of Public Support Percentage         14       94         15       Public support percentage from 2020 Schedule A, Part II, line 14       15
14       Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))       14       %         15       Public support percentage from 2020 Schedule A, Part II, line 14       15       %
15 Public support percentage from 2020 Schedule A, Part II, line 14 15
102 33 1/3% SUDDOFFICEST - ZUZ I. IF THE OFGADIZATION OF TOT CHECK THE DOX OF THE 15, AND THE 14 IS 55 1/5% OF THORE, CHECK THIS DOX AND
stop here. The organization qualifies as a publicly supported organization
<b>b 33 1/3% support test - 2020.</b> 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
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,
-
and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization
-

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

Schedule A (Form 990) 2021

132022 01-04-22

### THE ALOHA FOUNDATION, INC.

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

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

### Section A. Public Support (b) 2018 (c) 2019 (d) 2020 Calendar year (or fiscal year beginning in) (a) 2017 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2448506.10994667. 1853342 2036793. 2262617. 2393409. 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 8016646. 8120325. 171,413. 6564277.30254705. 7382044. 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 9235386.10053439.10382942. 9012783.41249372. 2564822. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 1326137. 197,064. 222,696. 421,722. 1357065. 3524684. 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 985,878. 985,878. 1357065. c Add lines 7a and 7b 1326137. 1182942. 222,696. 421,722. 4510562. 36738810. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2019 (a) 2017 (b) 2018 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 9235386.10053439.10382942. 9012783.41249372. 2564822 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 681,199. 903,632. 1029280. 857,036. 982,749. 4453896. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 681,199. 903,632. 1029280. 857,036. 982,749. 4453896. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 9916585.10957071.11412222. 3421858. 9995532.45703268. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 80.39 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 78.59 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 9.75 17 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) % 8.98 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. 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 ► X 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 - 2020. 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 Schedule A (Form 990) 2021 132023 01-04-22 17

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# THE ALOHA FOUNDATION, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

132024 01-04-21

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 ILE ALORA FOUNDATION, II	Schedule A (Form 990) 2021	$\mathbf{THE}$	ALOHA	FOUNDATION,	INC
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1

2

1

Yes No

Yes No

Pa	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		

	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.

supervised or controlled the supporting organization

Section C. Type II Supporting Organizations
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Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

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

### Section E. Type III Functionally Integrated Supporting Organizations

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

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

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1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	<b>.</b>
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

 Schedule A (Form 990) 2021
 THE ALOHA FOUNDATION, INC.

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

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

\*\*\_\*\*\*\* Page 6

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c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

# THE ALOHA FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

	•••••••••••••••••••••••••••••••••••••••	(a)(a) a a p p a		ueu)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	•		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
~	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				

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Schedule A (Form 990) 2021

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Schedule A	(Form 990) 2021	THE	ALOHA	FOUNDATION	I, INC.	**-***** F	Page 8
Part VI	Supplemental I Part IV, Section A, I line 1; Part IV, Secti	Information. ines 1, 2, 3b, 3c on D, lines 2 an	Provide th , 4b, 4c, 5a d 3; Part IV	e explanations requ , 6, 9a, 9b, 9c, 11a, , Section E, lines 1c,	red by Part II, lir 11b, and 11c; P 2a, 2b, 3a, and	ne 10; Part II, line 17a or 17b; Part III, line 12; 'art IV, Section B, lines 1 and 2; Part IV, Section C, 3b; Part V, line 1; Part V, Section B, line 1e; Part V this part for any additional information.	
132028 01-04-2	2			22		Schedule A (Form 990	<b>)) 202</b> 1

SCHEDULE D	)
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(Form 9	990)
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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.



Department of the Treasury Internal Revenue Service

Name of the organization

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

THE ALOHA FOUNDATION, INC.

Employer identification number \*\*\_\*\*\*\*\*

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Funds or Ac	counts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in do	nor advised fund	ds
	are the organization's property, subject to the organization's e	xclusive legal control?		Yes 📃 No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant fund	ls can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other	purpose conferr	ing
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Fo	orm 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	on or education) 🛛 🗌 Prese	rvation of a histo	prically important land area
	Protection of natural habitat	Prese	rvation of a cert	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in	the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
	<u> </u>			2b
с	Number of conservation easements on a certified historic strue			2c
	Number of conservation easements included in (c) acquired af			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			zation during the tax
	year ►		, 0	Ũ
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		ndling of	
	violations, and enforcement of the conservation easements it l		e	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	►	<b>0</b>	0	<b>U</b>
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing	conservation ea	sements during the year
	► \$	5 , 5		5 ,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of sec	tion 170(h)(4)(B)	(i)
-	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
•	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.			
Par		Art, Historical Treasure	s, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958		atement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for publ	· •		
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			a sheet works of
D.	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	exhibition, education, or research		
				*
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>			► \$
2		sures or other similar assets fo		
2	If the organization received or held works of art, historical treat the following amounts required to be reported under EASE AS		i illianciai galfi,	
-	the following amounts required to be reported under FASB AS	-		•
a ⊾	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X		<u></u>	
	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.		Schedule D (Form 990) 2021
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2021.04021 THE ALOHA FOUNDATION, INC 717\_\_\_\_1

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Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or (	Other S	imilar Ass	ets <sub>(contin</sub>	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that m	nake signi <sup>.</sup>	ficant use of i	ts	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program	ı			
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization'	s exempt	purpose in Pa	art XIII.	
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma						Yes	No No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Ye	es" on Fo	rm 990, Part I	V, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other asset	ts not incl	uded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					
							Amount	
с	Beginning balance					1c		
d	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	ustodial accoun	t liability?		Yes	No No
b	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete i			orm 990, Part IV				
		(a) Current year	(b) Prior year	(c) Two years		Three years ba		years back
1a	Beginning of year balance	35,887,300.	31,135,197.			27,346,10		498,020.
b	Contributions	1,241,993.	1,261,819.	· · ·		1,482,99		669,518.
С	Net investment earnings, gains, and losses	3,773,232.	3,844,439.	4,980,	581.	-1,352,10	7. 3,	353,591.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	1,426,603.	354,155.	1,468,	678.	1,161,24	5. 1,	175,023.
f	Administrative expenses							
g	End of year balance	39,475,922.	35,887,300.	31,135,	197.	26,315,75	3. 27,	346,106.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	)) held as:				
а	Board designated or quasi-endowment	15.1980	_%					
b	Permanent endowment ► <u>56.2698</u>	%						
с	Term endowment  28.5322	%						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered	for the o	rganization	-	
	by:							Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Par	<b>t VI</b> Land, Buildings, and Equipm		Devisition of the C			10		
	Complete if the organization answere						<u> </u>	
	Description of property	(a) Cost or of		t or other	• •	imulated	<b>(d)</b> Bool	k value
	Level	basis (investm	Dasis	(other)	uepre	ciation		
	Land		10 04	7 571	6 0 0	0 1//	3 050	2 107
	Buildings			7,571.		$\frac{9,144}{6}$		3,427.
	Leasehold improvements			8,754.		6,898.		L,856.
	Equipment			7,987.		3,413.		<u>1,574.</u>
	Other			2,580.	38	7,224.		5,356.
Tota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part )</u>	K <u>, column (B), line 1</u>	0c.)			-	),213.
						Sched	ule D (Form	990) 2021

(a) Description of security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	1-of-vear market value
(4) Eta estado de trata est			
(2) Closely held equity interests			
(3) Other			
(A)			
<u>(B)</u>			
<u>(C)</u>			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.	5 000 D 1 1 1 / 1		
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		
Part X Other Liabilities.			•
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			
(8)			
(8) (9) Total. <u>(Column (b) must equal Form 990, Part X, col. (B) line</u>	25.)		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

THE ALOHA FOUNDATION, INC. Schedule D (Form 990) 2021 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.

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	edule D (Form 990) 2021 THE ALOHA FOUNDATION, INC.				******	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	13,380	<u>,895.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	2,107,939.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	-706,386.			
е	Add lines 2a through 2d			2e	1,401	<u>,553.</u>
3	Subtract line <b>2e</b> from line <b>1</b>			3	11,979	<u>,342.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	37,211.			
b	Other (Describe in Part XIII.)	4b	-118,951.			
с	Add lines <b>4a</b> and <b>4b</b>			4c		<u>,740.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten			5	11,897	<u>,602.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit	th Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total expenses and losses per audited financial statements			1	8,211	<u>,603.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses					
d	Other (Describe in Part XIII.)		118,951.			
е	Add lines 2a through 2d			2e		<u>,951.</u>
3	Subtract line 2e from line 1			3	8,092	<u>,652.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	37,211.			
b	Other (Describe in Part XIII.)	4b	706,386.			
с	Add lines <b>4a</b> and <b>4b</b>			4c		,597.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	8,836	,249.
Pa	rt XIII Supplemental Information.					

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

### PART V, LINE 4:

THE ENDOWMENT FUNDS ARE USED FOR SCHOLARSHIPS, FOR THE UPKEEP OF THE

PROPERTY, AND FOR THE FUNDING OF STAFF LEADERSHIP SALARIES.

PART X, LINE 2:

THE FOUNDATION ADOPTED THE ACCOUNTING METHODS UNDER FASB ASC SECTION

740-10 FOR UNCERTAIN TAX POSITIONS ("UTP") ON JANUARY 1, 2009. THE UTP

RULES PRESCRIBE A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE

FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN IN

AN ORGANIZATION'S TAX RETURN. THE FOUNDATION BELIEVES THAT IT HAS

APPROPRIATE SUPPORT FOR THE TAX POSITIONS TAKEN AND, AS SUCH, DOES NOT

### HAVE ANY UNCERTAIN TAX POSITIONS THAT MIGHT RESULT IN A MATERIAL IMPACT ON Schedule D (Form 990) 2021 132054 10-28-21

41

2021.04021 THE ALOHA FOUNDATION, INC 717\_\_\_\_1

Schedule D (Form 990) 2021 THE ALOHA FOUNDATION, INC. Part XIII Supplemental Information (continued)	**_****** Page 5
THE FOUNDATION'S STATEMENTS OF FINANCIAL POSITION, ACTIVITIE	S AND CHANGES
IN NET ASSETS AND CASH FLOWS. THE FOUNDATION BELIEVES IT IS	NO LONGER
SUBJECT TO EXAMINATIONS FOR YEARS PRIOR TO 2018.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SCHOLARSHIPS & DISCOUNTS	-706,386.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	-118,951.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSE	118,951.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	706 296
SCHOLARSHIPS & DISCOUNTS	706,386.
	Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury		Ū	Attach to For				Open to Public		
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo	r the latest inforn	nation.		Inspection		
Name of the organization THE ALOHA	FOUNDATI	ON, INC.					Employer identification number **_*****		
Part I General Information on Grants an	d Assistance								
<b>1</b> Does the organization maintain records to		-			-				
criteria used to award the grants or assist 2 Describe in Part IV the organization's proc	ance?	oring the use of grant	funds in the United	l Statos					
Part II Grants and Other Assistance to D recipient that received more than \$	omestic Organiz	ations and Domestic	<b>Governments.</b> (	Complete if the org	anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any		
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
<ul> <li>2 Enter total number of section 501(c)(3) an</li> <li>3 Enter total number of other organizations</li> </ul>							▶		

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

Schedule I (Form 990) 2021

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					FINANCIAL AID/SCHOLARSHIPS
INANCIAL AID/SCHOLARSHIPS	705	٥.	706,386.	FMV	AWARDED TO INDIVIDUAL CAMPERS.

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

SCHEDULE I PART I

CAMPERSHIP APPLICANTS FOR NON-EMPLOYEE RELATED CAMPERS APPLY FOR

FINANCIAL AID BY SUBMITTING AN APPLICATION AND COPIES OF THEIR MOST

RECENT TAX RETURN. THE APPLICATION AND TAX RETURN ARE REVIEWED BY A

COMMITTEE, WHICH RECOMMENDS INDIVIDUALS FOR CAMPERSHIPS. THE ALOHA

FOUNDATION KEEPS A LIST OF THE RECIPIENTS AND THEIR ASSOCIATED AWARDS,

AS WELL AS A FILE WITH THEIR APPLICATION AND TAX INFORMATION, IN THE

BUSINESS OFFICE.

### CHILDREN OF EMPLOYEES OF THE FOUNDATION ARE OFFERED TUITION REMISSION

Schedule I (Form 990) THE ALOHA FOUNDATION , INC . Part IV Supplemental Information	**_*****	Page <b>2</b>
AND ARE ALLOWED TO ATTEND THE CAMPS AND EDUCATION AT A REDUCI	ED CHARGE.	
EMPLOYEE RELATED CAMPERS' DISCOUNTS ARE NOT NEED-BASED AND TH	HEIR	
APPLICATIONS AND TAX INFORMATION ARE NOT KEPT ON FILE IN THE	BUSINESS	
OFFICE.		
132291 04-01-21	Schedule I (F	orm 990)

SC	SCHEDULE J Compensation Information				OMB No. 1545-0047		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	01		
•		Compensated Employees		20		l	
Dene	terrant of the Treasure	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic	
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction		
Nan	ne of the organizatio	n	Employer	identificatio	on nui	nber	
		THE ALOHA FOUNDATION, INC.	**_*	* * * * * *	*		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o	charter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnific	cation and gross-up payments Health or social club dues or initiation fee	S				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
_							
3		ny, of the following the organization used to establish the compensation of the organization's					
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
		ation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
		compensation consultant					
	Form 990 of o	ther organizations $X$ Approval by the board or compensation of	ommittee				
4	During the year di	A any parson listed on Form 000. Part VII. Section A line 1a, with respect to the filing					
4	organization or a re	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
а		a second s		4a		x	
h		e payment or cnange-or-control payment? ceive payment from a supplemental nonqualified retirement plan?				x	
c c	-	eive payment from an equity-based compensation arrangement?				X	
Ŭ	-	hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the r						
а	-					X	
		ation?				X	
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n				
	contingent on the r	net earnings of:					
а	The organization?	-		6a		X	
b		ation?				X	
		or 6b, describe in Part III.					
7	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					x	
	not described on lines 5 and 6? If "Yes," describe in Part III						
8	8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
		ז 53.4958-6(c)?	<u></u>	9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n <b>990</b> )	2021	

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) VANESSA REIGLER	(i)	160,595.	0.	0.	10,688.	45,666.	216,949.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JASON KNOWLES	(i)	106,160.	0.	0.	7,232.	38,142.	151,534.	0.
DIRECTOR OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
_	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

## Part III Supplemental Information

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

Schedule J (Form 990) 2021

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Attach to Form 990.

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

	Inspection
Employer	identification number

\*\*\_\*\*\*\*\*

2

Name of the	organization
-------------	--------------

THE ALOHA FOUNDATION, INC.

Pa	TT Types of Property		-					
		(a) Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	•	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	20	168,937.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18								
	Collectibles							
19 20	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	-						
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date			•				37
	exempt purposes for the entire holding period?					30a		X
b	b If "Yes," describe the arrangement in Part II.							
31	1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? <u>31</u>							<u>X</u>
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				I
-	contributions?					32a	X	
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	blumn (c) foi	a type of property	r tor which column (a) is cheo	cked,			
	describe in Part II.				<u> </u>			
LHA	For Paperwork Reduction Act Notice, see t	ine Instruct	ions for Form 990	J.	Schedule N	/I (⊢orm	1 990)	2021

14520830 806768 717

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

### SCHEDULE M, LINE 32B:

# THE FOUNDATION USES VANGUARD ASSET MANAGEMENT SERVICES TO PROCESS AND

SELL ALL GIFTS OF STOCK UPON RECEIPT.

Schedule M (Form 990) 2021

\*\*\_\*\*\*\*\*

132142 11-17-21

14520830 806768 717

SCHEDULE O (Form 990)

Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Department of the Treasury

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

Supplemental Information to Form 990 or 990-EZ

THE ALOHA FOUNDATION, INC.

Inspection Employer identification number \*\*\_\*\*\*\*\*

OMB No. 1545-0047

Open to Public

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

THE FORM 990 IS REVIEWED BEFORE FILING BY THE AUDIT AND FINANCE COMMITTEE

OF THE BOARD OF TRUSTEES. A COPY IS ALSO PROVIDED TO ALL BOARD MEMBERS

PRIOR TO FILING

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

THE ALOHA FOUNDATION, INC. MONITORS AND ENFORCES COMPLIANCE WITH THE

CONFLICT OF INTEREST POLICY BY HAVING TRUSTEES SIGN STATEMENTS YEARLY

INDICATING ANY CONFLICTS AND USING THIS INFORMATION WHEN DECISIONS ARISE

THAT COULD PRODUCE CONFLICTS.

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

THE ALOHA FOUNDATION, INC. USES PAYSCALE HUMAN CAPITAL SURVEY INFORMATION

AS A BASIS FOR RECOMMENDATIONS TO THE BOARD OF TRUSTEES' PERSONNEL

COMMITTEE FOR THE EXECUTIVE DIRECTOR'S SALARY. FOR KEY EMPLOYEES THE SAME

SURVEY IS USED. SOMETIMES OTHER CAMPS ARE SURVEYED TO LOOK AT SALARY RANGES

FOR KEY POSITIONS.

FORM 990, PART VI, SECTION C, LINE 18:

FORMS 990 AND 990-T ARE AVAILABLE UPON REQUEST OR THROUGH GUIDESTAR

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

THE ALOHA FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CURRENTLY,

CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. THE FINANCIAL

STATEMENTS ARE AVAILABLE FOR PUBLIC VIEWING WITHIN THE ANNUAL REPORT ON THE

ALOHA FOUNDATION WEBSITE.

(Rev. January 2022)

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)				
print	THE ALOHA FOUNDATION, INC.	**_****				
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s	see instruct	tions.			
Enter th	e Return Code for the return that this application is for (fil	le a separat	te application for each return)			
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	00 or Form 990-EZ	01	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	00-PF	04	Form 5227			10
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	00-T (trust other than above)	06	Form 8870			12
Form 99	00-T (corporation) THE ORGANIZATIO	07				
• If the • If this box  • 1 In th 2 If [	the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta NOVE1 janization's , an check rease	Imption Number (GEN)          Inch a list with the names and TINs of         MBER 15, 2022       , to file         Intervention	f this is fo all memb	r the whole ers the exte	group, check this nsion is for.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	9, enter the	teritative tax, less	3a	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year over			3b	\$	0.
сB	alance due. Subtract line 3b from line 3a. Include your pa	ayment witl	h this form, if required, by			
u	sing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns.	3c	\$	0.
Caution instruct	: If you are going to make an electronic funds withdrawa ons.	l (direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 887	9-TE for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice.	. see instru	ictions.		Form	8868 (Rev. 1-2022)

123841 01-12-22

Form	• 990-T Exempt Organization Business Income Tax Return							
			(and proxy tax under section 6033(e))		2021			
		For cal	endar year 2021 or other tax year beginning, and ending	·	<b>ZUZ I</b>			
	ment of the Treasury I Revenue Service		► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	-	Open to Public Inspection for 501(c)(3) Organizations Only			
A 🗌	Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)		over identification number			
B Fx	empt under section	Print	THE ALOHA FOUNDATION, INC.	**_*****				
	] 501( <b>c</b> )( <b>3</b> ) ] 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 2968 LAKE MOREY ROAD	E Group exemption number (see instructions)				
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code FAIRLEE , VT $05045$	 F	Check box if			
		С Во	ok value of all assets at end of year > 55,861,935.		an amended return.			
G	Check organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust					
	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439					
	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation					
JE	Enter the number of	attache	ed Schedules A (Form 990-T)		1			
K	During the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No			
	,		d identifying number of the parent corporation.					
				(802	)333-3400			
Pa			d Business Taxable Income		1			
1			ss taxable income computed from all unrelated trades or businesses (see	1	0.			
2	Deserves			2				
2	Add lines 1 and 2			3				
4			see instructions for limitation rules)	4	0.			
5			taxable income before net operating losses. Subtract line 4 from line 3	5				
6			ng loss. See instructions	6	0.			
7		•	ss taxable income before specific deduction and section 199A deduction.		• · ·			
•	Subtract line 6 from		•	7				
8			ally \$1,000, but see instructions for exceptions)	8	1,000.			
9			duction. See instructions	9	,			
10			nes 8 and 9	10	1,000.			
11			ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		,			
	enter zero		, , , , , , , , , , , , , , , , , , ,	11	0.			
Pa	rt II Tax Com	putati						
1	Organizations tax	able a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.			
2			ates. See instructions for tax computation. Income tax on the amount on					
	Part I, line 11 from	: [	Tax rate schedule or Schedule D (Form 1041)	2				
3	Proxy tax. See ins			3				
4	Other tax amounts	s. See ii		4				
5	Alternative minimu	ım tax (		5				
6	Tax on noncompl	iant fa	cility income. See instructions	6				
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	7	0.			
LHA	For Paperwork F	Reducti	ion Act Notice, see instructions.		Form <b>990-T</b> (2021)			

Form 9	90-7 (2021)	F	Page <b>2</b>					
Part	III Tax and Payments							
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)							
b	Other credits (see instructions) 1b							
с	General business credit. Attach Form 3800 (see instructions)							
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d							
е	e Total credits. Add lines 1a through 1d							
2	Subtract line 1e from Part II, line 7 2		0.					
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866							
	Other (attach statement) 3							
4	Total tax. Add lines 2 and 3 (see instructions).							
	section 1294. Enter tax amount here		0.					
5								
6a	Payments: A 2020 overpayment credited to 2021 6a							
b	2021 estimated tax payments. Check if section 643(g) election applies							
с	Tax deposited with Form 8868							
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d							
е	Backup withholding (see instructions)							
f	Credit for small employer health insurance premiums (attach Form 8941)							
g	Other credits, adjustments, and payments: Form 2439							
•	□ Form 4136 Other Total ► 6g							
7	Total payments. Add lines 6a through 6g 7							
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached							
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed							
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid							
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax  Refunded  11							
Part								
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority	Yes	No					
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file							
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country							
	here		X					
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	_						
_	foreign trust?		X					
	If "Yes," see instructions for other forms the organization may have to file.							
3	Enter the amount of tax-exempt interest received or accrued during the tax year							
4	Enter available pre-2018 NOL carryovers here <b>\$</b> 485,638. Do not include any post-2017 NOL carryover	_						
-	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.							
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce							
•	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.							
	Business Activity Code Available post-2017 NOL carryover							
	532000 \$ 258,311.							
	\$	-						
	Did the organization change its method of accounting? (see instructions)		x					
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"		<u> </u>					
J	explain in Part V							
Part		<u>.                                    </u>	<u> </u>					

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign	Under penalties of perjury, I declare that I have examin correct, and complete. Declaration of preparer (other the second				wledge	e and belief, it is true,		
Here	Signature of officer		JTIVE DIRE	ECTOR	the p	the IRS discuss this return with reparer shown below (see uctions)? X Yes No		
	Print/Type preparer's name JAMES N. GODFREY,	Preparer's signature JAMES N. GODFREY,	Date	Check	] if	PTIN		
Paid Preparer	CDA	CPA	08/30/22	Sell- ellipioy	eu	P00913422		
Use Only		Firm's EIN		**_*****				
eee eniy								
	Firm's address 🕨 LEBANON ,	Phone no.	60	3-653-0044				
123711 01-31-2	22					Form 990-T (2021)		
		59						

5	9				
		~	^	~	-

FORM 990-T	PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/05	154,700.	154,700.	0.	0.
12/31/06	153,853.	153,853.	0.	0.
12/31/07	226,418.	131,374.	95,044.	95,044.
12/31/13	66,686.	0.	66,686.	66,686.
12/31/14	98,120.	0.	98,120.	98,120.
12/31/15	91,394.	0.	91,394.	91,394.
12/31/16	93,560.	0.	93,560.	93,560.
12/31/17	40,834.	0.	40,834.	40,834.
NOL CARRYON	VER AVAILABLE THIS	YEAR	485,638.	485,638.

SCHE	DULE A
(Form	990-T)

Department of the Treasury

Internal Revenue Service

Е

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

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

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

OMB No. 1545-0047

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

1

Α	Name of the	organization		
	THE	ALOHA	FOUNDATION,	INC.

\*\*\_\*\*\*\*\*\*

D Sequence:

B Employer identification number

1

of

<u>C</u> Unrelated business activity code (see instructions) ► 532000

Describe the unrelated trade or business **PRENTAL OF FACILITIES FOR WEDDINGS, PARTIES, O** 

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net		
b	Gross receipts or sales 318,225. Less returns and allowances c Balance ►	1c	318,225.				
2 3	Cost of goods sold (Part III, line 8) Gross profit. Subtract line 2 from line 1c	2	318,225.		318,225.		
4 a		4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
с 5	Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement)	4c 5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	318,225.		318,225.		
Pa	Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income						

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	149,501.
3	Repairs and maintenance	3	20,505.
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	55,212.
7	Depreciation (attach Form 4562). See instructions 7 6 , 372	•	
8	Less depreciation claimed in Part III and elsewhere on return 8a	8b	6,372.
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	20,222.
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) SEE STATEMENT 2	14	84,558.
15	Total deductions. Add lines 1 through 14	15	336,370.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	-18,145.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-18,145.
LHA	For Paperwork Reduction Act Notice, see instructions.	Schedu	Ile A (Form 990-T) 2021

14520830 806768 717

Sched	ule A (Form 990-T) 2021				Page 2
Part		ethod of inventory valuat	ion 🕨		<u> </u>
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
<u>9</u>	Do the rules of section 263A (with respect to propert				Yes No
Part			-		
1	Description of property (property street address, city	, state, ZIP code). Check	if a dual-use. See instru	uctions.	
	B				
	D				
		Α	В	C	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
-					0.
3	Total rents received or accrued. Add line 2c columns	A through D. Enter here	and on Part I, line 6, co	blumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions Add line 4 columns A through D	Enter have and an Dart I	line G. column (D)	•	0.
Part	Total deductions. Add line 4 columns A through D.           V         Unrelated Debt-Financed Income				0.
1	Description of debt-financed property (street address		heck if a dual-use. See	instructions	
•	A	, orty, otato, 211 0000). c			
	в 🗌				
	c 🗌				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
_	property				
3	Deductions directly connected with or allocable				
•	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
v	columns A through D)				
4	Amount of average acquisition debt on or allocable				
•	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-	-			
5	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6		70	70	70
8	Total gross income (add line 7, columns A through		rt Lline 7. column (A)	►	0.
0	aud nine /, columnis A through	$\nu_{j}$ . Enter here and on Pa		····· · · · · · · · · · · · · · · · ·	0.
9	Allocable deductions. Multiply line 3c by line 6				
9 10	Total allocable deductions. Add line 9, columns A t	hrough D. Enter here an	l on Part I line 7 colur	nn (B)	0.
11	Total dividends-received deductions included in li				0.
	01-28-22				(Form 990-T) 2021
.20121		62		Concluie A	

2021.04021 THE ALOHA FOUNDATION, INC 717\_\_\_\_1

1

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)         1. Name of controlled organization       2. Employer identification number       3. Net unrelated income (loss) (see instructions)       5. Part of column 4 that is included in the controlling organization's gross income       6. Deductions directly connected with income in column 5         (1)       2.       2.       2.       2.       2.       2.       3. Net unrelated income (loss) (see instructions)       5. Part of column 4 that is included in the controlling organization's gross income       6. Deductions directly connected with income in column 5         (1)       2. <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>1</th></td<>												1
I. Name of controlled organization       2. Employer identification number       3. Net unrelated income (loss) (see instructions)       4. Total of specified payments made       5. Part of column 4 that is included in the controlling organization       6. Deductions directly connected with income in column 5         (1)       (2)       (2)       (2)       (2)       (3)       (4)       (1)       (2)       (2)       (2)       (2)       (3)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (5)       (5)       (7)       (7)       Taxable Income       (8)       Net unrelated income (loss) (see instructions)       (9)       Total of specified payments made       10. Part of column 9 that is included in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (1)       (2)       (2)       (3)       (4)       (4)       (4)       (5)       (5)         (2)       (3)       (3)       (4)       (4)       (4)       (4)       (4)       (4)       (5)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (6)       (7)	Sched	ule A (Form 990-T) 2021	uitios Br	valties and R	ante fron	n Control	lad Or	aanizationa	<b>R</b> (a)		iono)	Page 3
1. Name of controlled organization       2. Employer identification number       3. Net unrelated income (loss) (see instructions)       4. Total of specified payments made       5. Part of column 4 that is included in the controlling organiza- tion's gross income       6. Deductions directly connected with income in column 5         (1)       2 <th2< th=""> <th2< th="">       2</th2<></th2<>	Part		illes, n					•	(		,	
organization       identification number       income (loss) (see instructions)       payments made       that is included in the controlling organiza- tion's gross income       connected with income in column 5         (1)		1. Name of controlle	d	<b>2</b> . Employer	3. Net	unrelated		-	1	-		6. Deductions directly
number       (see instructions)       tion's gross income       income in column 5         (1)       (1)       (2)       (3)       (3)       (4)       (4)       (4)       (5)         Nonexempt Controlled Organizations         7. Taxable Income       8. Net unrelated income (loss) (see instructions)       9. Total of specified payments made       10. Part of column 9 that is included in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (1)       (2)       (3)       (4)       (5)       (5)       (5)       (5)       (5)       (5)       (5)       (6)       (6)       (7)			-					•	that is	s included	in the	•
(1)       Image: Controlled organization in the controlled organization is gross income       Image: Controlled organization is gross income         (3)       Image: Controlled organization is gross income       Image: Controlled organization is gross income         7. Taxable Income       8. Net unrelated income (loss) (see instructions)       9. Total of specified payments made       10. Part of column 9 that is included in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (1)       Image: Controlling organization is gross income       Image: Controlling organization is gross income       11. Deductions directly connected with income in column 10         (3)       Image: Controlling organization is gross income       Image: Controlling organization is gross income       Image: Controlling organization is gross income         (4)       Image: Controlling organization is gross income       Image: Controlling organization is gross income       Image: Controlling organization is gross income         (4)       Image: Controlling organization is gross income       Image: Controlling organization is gross income       Image: Controlling organization is gross income         (4)       Image: Controlling organization is gross income       Image: Controlling organization is gross income       Image: Controlling organization is gross income         (4)       Image: Controlling organization is gross income       Image: Controlling organization is gross income       Image: Controlling organiza		Ç.		number	(see ins	structions)						income in column 5
(2)       (3)       (4)       (4)       (5)         Nonexempt Controlled Organizations         Nonexempt Controlled Organizations         7. Taxable Income       8. Net unrelated income (loss) (see instructions)       9. Total of specified payments made       10. Part of column 9 that is included in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (1)       (2)       (2)       (2)       (2)       (2)         (3)       (3)       (3)       (3)       (4)         Add columns 5 and 10.	(1)									0		
(4)       Nonexempt Controlled Organizations         Nonexempt Controlled Organizations         7. Taxable Income       8. Net unrelated income (loss) (see instructions)       9. Total of specified payments made       10. Part of column 9 that is included in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (1)       (1)       (1)       (1)       (1)       (1)         (2)       (2)       (2)       (2)       (2)         (3)       (3)       (4)       (2)       (3)         (4)       (4)       (4)       (4)       (4)												
Nonexempt Controlled Organizations         7. Taxable Income       8. Net unrelated income (loss) (see instructions)       9. Total of specified payments made       10. Part of column 9 that is included in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (1) <th(1)< th="">       (1)       (1)       &lt;</th(1)<>	(3)											
7. Taxable Income       8. Net unrelated income (loss) (see instructions)       9. Total of specified payments made       10. Part of column 9 that is included in the controlling organization's gross income       11. Deductions directly connected with income in column 10         (1)       (	<u>(4)</u>											
income (loss) (see instructions)payments madethat is included in the controlling organization's gross incomeconnected with income in column 10(1)					1		•					<u> </u>
Income (ross)     payments made     controlling organization's gross income     connected with income in column 10       (1)     (1)     (1)     (1)     (1)       (2)     (2)     (2)     (2)       (3)     (2)     (2)     (2)       (4)     (2)     (2)     (2)       (3)     (3)     (3)     (3)       (4)     (4)     (4)     (4)	7	7. Laxable Income				•					11.	
(1)         gross income           (2)				. ,	pa	yments mau	c	controlling	organi	zation's	ind	
(2)         (3)         (4)         (5)         (7) <td>(1)</td> <td></td> <td>(</td> <td></td> <td></td> <td></td> <td></td> <td>gross</td> <td>Incon</td> <td>10</td> <td></td> <td></td>	(1)		(					gross	Incon	10		
(3)         (4)         (4)         Add columns 5 and 10.         Add columns 6 and 11.												
(4)     Add columns 5 and 10.     Add columns 6 and 11.												
Add columns 5 and 10. Add columns 6 and 11.												
Enter here and on Part L Enter here and on Part L			•		•			Add colum	nns 5 a	nd 10.	Add	d columns 6 and 11.
										,		er here and on Part I,
line 8, column (A) line 8, column (B)								line 8, c	column	I (A)		
	-				·····		<u> </u>			0.		0.
Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)	Part				1(c)(7), (	· · · ·	-			, í		<b>– –</b>
1. Description of income       2. Amount of income       3. Deductions       4. Set-asides       5. Total deduction         and set-asides       and set-asides       and set-asides       5. Total deduction		1. Desc	cription of	income								5. Total deductions
										(attach st	atemer	(add cols 3 and 4)
(1)	(1)											
(2)												
(3)												
(4)												
Add amounts in Add amounts in Add amounts in												
column 2. Enter column 5. Enter here and on Part I, here and on Part I												here and on Part I,
												line 9, column (B)
					🕨			-				0.
Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)	Part			-	, Other T	han Adve	ertising	g Income (	see in	structions)		
1 Description of exploited activity:												
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)											2	
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I,	3			•								
Iine 10, column (B)       3         4       Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete	л										3	
4 Net income (ioss) from unrelated trade of business. Subtract line 3 from line 2. If a gain, complete 4 lines 5 through 7	4	. ,										
5 Gross income from activity that is not unrelated business income 5	5											
6     Expenses attributable to income entered on line 5												
<ul> <li>7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line</li> </ul>												
4. Enter here and on Part II, line 12										<u></u>	7	

Schedule A (Form 990-T) 2021

123731 01-28-22

		(Form 990-T) 2021				Page 4
Part		Advertising Income				
1		ne(s) of periodical(s). Check box if reportin	ng two or more periodicals on a	consolidated basis		
	BL					
	C ∟ D □					
Entor						
Entera	amoun	its for each periodical listed above in the		В	с	D
2	Gros	ss advertising income				
~		columns A through D. Enter here and or	-	1		0.
а	/ 100	columno / through D. Enter here and or				
3	Dire	ct advertising costs by periodical				
a		columns A through D. Enter here and or		1		0.
		5	, , , , ,			
4	Adve	ertising gain (loss). Subtract line 3 from li	ne			
	2. Fo	or any column in line 4 showing a gain,				
	com	plete lines 5 through 8. For any column i	n			
	line 4	4 showing a loss or zero, do not complet	e			
	lines	5 through 7, and enter zero on line 8 $\dots$				
5		dership costs				
6		ulation income				
7		ess readership costs. If line 6 is less than				
		5, subtract line 6 from line 5. If line 5 is le				
-		line 6, enter zero				
8		ess readership costs allowed as a				
		uction. For each column showing a gain				
а		4, enter the lesser of line 4 or line 7 line 8, columns A through D. Enter the g		l		
a		II, line 13	reater of the line ba, columns to		•	0.
Part		Compensation of Officers, Di	rectors, and Trustees		····· ►	
				,	3. Percentage	4. Compensation
		1. Name	<b>2.</b> Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
		r here and on Part II, line 1				0.
Part	XI	Supplemental Information (se	ee instructions)			

123732 01-28-22

1

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT

MARKETING	3,574.
FOOD LAUNDRY AND LINENS	2,031. 7,289.
OUTSIDE CONTRACTORS	13,066.
SUPPLIES AND OTHER	10,015.
COMMUNICATIONS	4,945.
OCCUPANCY	43,638.
TOTAL TO SCHEDULE A, PART II, LINE 14	84,558.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S UNRELATED	STATEMENT 3
SCHEDULE A	BUSINESS ACTIVITY	

RENTAL OF FACILITIES FOR WEDDINGS, PARTIES, OTHER EVENTS, AND RESIDENCES.

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH 2	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/19 12/31/20	69,998. 188,313.	0. 0.	69,998. 188,313.	69,998. 188,313.
NOL CARRYO	VER AVAILABLE THIS	YEAR	258,311.	258,311.

Form <b>4562</b>	
Department of the Treasury Internal Revenue Service	(99
Name(s) shown on return	

# **Depreciation and Amortization** (Including Information on Listed Property)

A PG1

Attach to your tax return.

ZUZ Attachment Sequence No. 179

OMB No. 1545-0172

Go to www.irs.gov/Form4562 for instruct	ctions and the latest information.			
	Business or activity to which this form relates			

Identifying number

C

1

THE ALOHA FOU	NDATION,	INC.				FACILIT: PARTIES		OR ER **-******
Part I Election To Exp	ense Certain Property	y Under Section 17	9 Note: If yo					
1 Maximum amount (se	e instructions)						1	1,050,000.
2 Total cost of section							0	
3 Threshold cost of sec		-						2,620,000.
4 Reduction in limitatio							Λ	
5 Dollar limitation for tax year.							5	
6	(a) Description of prop	perty		(b) Cost (busin	ess use only)	(c) Elected of	cost	
7 Listed property. Ente	r the amount from I	ine 29			7			
8 Total elected cost of	section 179 proper	ty. Add amounts i	n column (c	), lines 6 and	7		8	
9 Tentative deduction.	Enter the smaller of	of line 5 or line 8						
10 Carryover of disallow								
11 Business income limi	tation. Enter the sm	naller of business	income (not	less than zer	o) or line 5		11	
12 Section 179 expense	deduction. Add lin	es 9 and 10, but o	don't enter r	nore than line	11		12	
13 Carryover of disallow	ed deduction to 20	22. Add lines 9 ar	nd 10, less li	ne 12	🕨 13			
Note: Don't use Part II or	Part III below for li	sted property. Ins	tead, use Pa	art V.				
Part II Special Dep	preciation Allowan	ce and Other De	preciation	(Don't includ	e listed prope	ty.)		
14 Special depreciation	allowance for qualif	fied property (othe	er than listed	d property) pla	aced in service	during		
the tax year							14	
15 Property subject to s	ection 168(f)(1) elec	tion					15	
16 Other depreciation (in							16	6,372.
Part III MACRS De	preciation (Don't i	nclude listed prop	,	,				
				ection A				
17 MACRS deductions f	•		•	5			17	
18 If you are electing to group a						►		
S	ection B - Assets F	(b) Month and		r depreciation	Jsing the Gen	eral Deprecia	tion Syste	m 
(a) Classification of	of property	year placed in service	(business/ir	instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property								
<b>b</b> 5-year property								
c 7-year property								
d 10-year property								
e 15-year property f 20-year property								
05					25 yrs.		S/L	
g 25-year property		/			27.5 yrs.	MM	S/L S/L	
h Residential renta	property	/			27.5 yrs.	MM	S/L	
		/			39 yrs.	MM	S/L	
i Nonresidential re	al property	/			39 yrs.	MM	S/L S/L	
Sec	ction C - Assets Pl	aced in Service I	Durina 2021	I Tax Year Us	ing the Alteri			tem
20a Class life							S/L	
b 12-year					12 yrs.		S/L	
<b>c</b> 30-year		/			30 yrs.	MM	S/L S/L	
<b>d</b> 40-year		/			40 yrs.	MM	S/L	
	See instructions.)	, ,				1	, <u>_</u>	1
21 Listed property. Ente		28					21	
22 Total. Add amounts t			s 19 and 20	) in column (a	, and line 21			
Enter here and on the						<u>.</u>	22	6,372.
23 For assets shown ab						·	==	
portion of the basis a	-	-	-		23			

For	rm 4562 (2021)	THE	ALOHA I	FOUNI	DATI	ON,	INC.					**_	* * * *	* * *	Page 2
P	art V Listed Proper	ty (Include a	utomobiles, ce	rtain oth	er vehic	les, cert	tain aircr	aft, an	d property	used fo	r				
	entertainment, Note: For any	recreation, o	br amusement.)	) sina the	etandar	d mileac	no rato o	r dodu	icting leas			olete <b>on</b>	Jv 24a		
	24b, columns	(a) through (c	) of Section A,	all of Se	ection B	, and Se	ection C	if appli	icable.	e expens	e, comp		<b>ily</b> 24a,		
	Section A	- Depreciatio	on and Other I	nformat	ion (Ca	ution: S	See the i	nstruc	tions for li	mits for p	basseng	er auton	nobiles. )	)	
24a	Do you have evidence to s	support the bu	siness/investmer	nt use cla	imed?	Y	'es	No	24b If "Y	'es," is th	ie evidei	nce writt	ten?	Yes	No
	(a)	(b)	(c)		(d)		(e)		(f)		g)		(h)		(i)
	Type of property	Date placed in	Business/		Cost or		sis for depr		Recovery		thod/		eciation	Ele	ected
	(list vehicles first)	placed in service	investment use percentag	e otl	her basis	ud)	siness/inve use only		period	Conv	ention	dedu	uction		on 179 ost
5	Special depreciation all				nlaced	in servic		the to	I I vear and	4					001
.0	used more than 50% in		•		•		•				25				
	Property used more that										20				
			9												
			9												
		: :	9												
7	Droporty upod 50% or k													<u> </u>	
27	Property used 50% or le									0.1		1		1	
		: :	9							S/L ·				4	
		: :	9							S/L ·				-	
		: :	9							S/L -				-	
	Add amounts in column														
9	Add amounts in column	1 (i), line 26. E	nter here and	on line 7	, page 1	1		<u></u>				<u></u>	29		
			S	ection E	3 - Infor	mation	on Use	of Veh	nicles						
Col	mplete this section for ve	ehicles used l	by a sole propr	ietor, pa	rtner, o	r other "	more tha	an 5%	owner," o	r related	person.	If you pr	rovided v	vehicles	
oy	our employees, first ans	wer the ques	tions in Sectio	n C to s	ee if you	ı meet a	in excep	tion to	completir	ng this se	ection fo	r those v	/ehicles.		
				(a	a)	(	b)		(c)	(0	d)	(	e)	(	f)
30	Total business/investment	miles driven d	uring the	Veh	icle	Ve	hicle	١	/ehicle	Veh	icle	Veh	nicle	Veł	nicle
	year ( <b>don't</b> include commu	iting miles)	-												
31	Total commuting miles														
	Total other personal (no														
_	driven	•	<i>,</i>												
23	Total miles driven during														
50	Add lines 30 through 32	• •													
м	Was the vehicle availab			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
54		•		Tes	NO	165	NO	Tes		165		Tes		165	
05	during off-duty hours?														
30	Was the vehicle used p														
~~	than 5% owner or relate	•					-		_					┼───	
36	Is another vehicle availa	•													
	use?													<u> </u>	
			- Questions for	-	-				-						
	swer these questions to			ception	to comp	oleting S	Section E	B for ve	ehicles use	ed by em	ployees	who <b>a</b>	ren't		
	re than 5% owners or rel														
37	Do you maintain a writte													Yes	No
	employees?														
38	Do you maintain a writte	en policy stat	ement that pro	hibits p	ersonal	use of v	ehicles,	except	t commuti	ng, by yo	bur				
	employees? See the ins	structions for	vehicles used	by corpo	orate off	ficers, di	irectors,	or 1%	or more o	wners					
39	Do you treat all use of v	ehicles by en	nployees as pe	ersonal u	ise?										
10	Do you provide more th	an five vehicl	les to your emp	oloyees,	obtain i	nformati	ion from	your e	employees	about					
	the use of the vehicles,	and retain th	e information r	eceived'	?										
11	Do you meet the require	ements conce	erning qualified	l automo											
	Note: If your answer to														
P	art VI Amortization	, , ,	,	1										. <b></b>	
	(a)			(b)		(c)			(d)		(e)			(f)	
	Description o	f costs		amortization begins		Amortizat amount			Code section		Amortiza period or per		Ai fc	mortization or this year	
12	Amortization of costs th	at begins du			r.	amoun	•		00011011		period or per	centage		n uno you	
r2		iai Degilis du													
				: :											
_	Ameritication of the	at la com 1 d		<u></u>											
	Amortization of costs th											43			
4	Total. Add amounts in o	column (f). Se	ee the instruction	ons for v	vhere to	report						44			
162	252 12-21-21						,						F	orm <b>456</b>	<b>2</b> (2021)
						67									

(Rev. January 2022)

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)							
print	THE ALOHA FOUNDATION, INC.		**_****						
File by the due date t filing your	Number, street, and room or suite no. If a P.O. box, s	see instruct	ions.						
	eturn. See Instructions. Structions. FAIRLEE, VT 05045								
Enter th	ne Return Code for the return that this application is for (fil	e a separa	te application for each return)						
Applica	ation	Return	Application			Return			
ls For		Code	Is For		Code				
Form 9	90 or Form 990-EZ	01	Form 1041-A	08					
Form 4	720 (individual)	03	Form 4720 (other than individual)	09					
Form 9	90-PF	04	Form 5227	10					
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 9	90-T (trust other than above)	06	Form 8870			12			
Form 9	90-T (corporation) THE ORGANIZATIO	07							
<ul> <li>If the</li> <li>If the</li> <li>box &gt;</li> <li>1</li> <li>1</li> <li>t</li> <li>t</li> <li>2</li> <li>If</li> </ul>	phone No. ► (802)333-3400 e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► request an automatic 6-month extension of time until ne organization named above. The extension is for the org . X calendar year 2021 or . tax year beginning the tax year entered in line 1 is for less than 12 months, of Change in accounting period	Group Exe and atta NOVEN anization's , an check reaso	mption Number (GEN) I ch a list with the names and TINs of MBER 15, 2022 , to file return for: d ending on: Initial return	f this is fo all memb	r the whole ers the exte	group, check this nsion is for.			
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	3a	\$	0.					
bIf this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.3b\$						0.			
сE	alance due. Subtract line 3b from line 3a. Include your pa	ayment witl	h this form, if required, by						
using EFTPS (Electronic Federal Tax Payment System). See instructions.					\$	0.			
Cautio instruct	n: If you are going to make an electronic funds withdrawal tions.	l (direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	9-TE for payment			
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form	8868 (Rev. 1-2022)			

123841 01-12-22