

EXTENDED TO NOVEMBER 15, 2021

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2020 calendar year, or tax year beginning and ending

Form header section containing fields B through M: Name of organization (KAUAI ISLAND UTILITY COOPERATIVE), Employer identification number (99-0346113), Telephone number (808-246-4300), Gross receipts (\$146,141,817), Website (WWW.KIUC.COOP), Form of organization (Corporation), Year of formation (1999), State of legal domicile (HI).

Part I Summary

Summary table with columns for line number, description, Prior Year, and Current Year. Includes rows for Activities & Governance (mission: PROVIDE POWER TO OUR MEMBERS IN A CONSERVATIVE AND SUSTAINABLE MANNER), Revenue (Total revenue: 146,109,605), Expenses (Total expenses: 146,109,605), and Net Assets or Fund Balances (Total assets: 370,739,170).

Part II Signature Block

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

Signature block section containing fields for Sign Here (Signature of officer: Karissa Jonas, Date: 10/14/2021), Paid Preparer (Name: WENDY CAMPOS, Signature: WENDY CAMPOS, Date: 10/01/21, PTIN: P00448102), and Firm's name and address (MOSS ADAMS LLP, 805 SW BROADWAY STE 1200, PORTLAND, OR 97205).

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
GENERATED, TRANSMITTED AND DISTRIBUTED ELECTRICITY TO APPROXIMATELY
38,445 ACTIVE SERVICES AT YEAR END ON THE ISLAND OF KAUAI.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body... 1b Enter the number of voting members included on line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed HI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CORINNE CUARESMA, CONTROLLER - 808-246-8212
4463 PAHEE ST STE 1, LIHUE, HI 96766-2000

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TEOFILO TACBIAN DIRECTOR	15.00 1.00	X					14,855.	0.	0.	
(2) PETER YUKIMURA TREASURER	15.00 15.00	X		X			13,687.	0.	0.	
(3) ALLAN SMITH CHAIRMAN	15.00 14.00	X		X			13,217.	0.	0.	
(4) JANET KASS DIRECTOR	6.50 0.00	X					12,270.	0.	0.	
(5) DEE CROWELL DIRECTOR	12.00 0.00	X					12,033.	0.	0.	
(6) JIM MAYFIELD DIRECTOR	15.00 0.00	X					12,025.	0.	0.	
(7) CALVIN MURASHIGE SECRETARY	9.00 0.00	X		X			11,796.	0.	0.	
(8) DAVID IHA DIRECTOR	5.00 1.00	X					11,552.	0.	0.	
(9) JAN TENBRUGGENCATE VICE CHAIR	15.00 15.00	X		X			11,319.	0.	0.	
(10) DAVID BISSELL CEO	60.00 1.00			X			1,083,033.	0.	102,345.	
(11) KARISSA JONAS FINANCIAL VP & CFO	50.00 0.00			X			261,984.	0.	104,034.	
(12) MAILE ALFILER MEMBER SERVICES MANAGER	50.00 1.00				X		158,344.	0.	163,656.	
(13) BRAD ROCKWELL CHIEF OF OPERATIONS	55.00 0.00				X		234,293.	0.	76,082.	
(14) CAREY KOIDE T&D MANAGER (RETIRED)	40.00 0.00				X		185,001.	0.	76,623.	
(15) JOHN COX T&D MANAGER	43.00 0.00				X		163,200.	0.	61,206.	
(16) PATRICK MALAMA PRIMARY TROUBLEPERSON	40.00 5.00					X	208,695.	0.	189,157.	
(17) TOM YAMAMOTO PRIMARY TROUBLEPERSON	40.00 0.00					X	210,690.	0.	61,437.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ELIZABETH UBAY HR & SAFETY MANAGER	50.00 0.00					X		198,687.	0.	62,724.
(19) TRAVIS OTTO PRIMARY TROUBLEPERSON	50.00 0.00					X		197,620.	0.	55,224.
(20) HARLEY ECKERT, FINANCIAL PLANNING & STRATEGY MGR (RETIRED)	40.00 0.00					X		195,561.	0.	18,720.
<b>1b Subtotal</b>								3,209,862.	0.	971,208.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,209,862.	0.	971,208.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 89

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
WAALANI ENTERPRISES LLC PO BOX 798, LAWAI, HI 96765	GRADING AND EXCAVATING	1,190,083.
MCMILLEN, LLC, 1401 SHORELINE DRIVE, SUITE 100, BOISE, ID 83702	ENGINEERING SERVICES	804,125.
HALLUX ECOSYSTEM RESTORATION LLC 1544 HALEUKANA ST UNIT 2, LIHUE, HI 96766	PREDATOR CONTROL CONSULTANTS	616,161.
MORIHARA LAU & FONG LLP 841 BISHOP ST STE 400, HONOLULU, HI 96813	LEGAL SERVICES	546,962.
HAWAIIAN ISLAND TECHNOLOGIES LLC 2530 KIPUKA ST, KOLOA, HI 96756	IT SERVICES	461,559.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 13



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>					
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>					
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....						
Program Service Revenue	<b>2 a</b>	ELECTRICITY	Business Code 221000	135,958,087.	135,958,087.			
	<b>b</b>	SERVICE FEES & OTHER	221000	9,188,729.	9,188,729.			
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		145,146,816.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		1,692,563.			1,692,563.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	(i) Real	87,775.				
			(ii) Personal					
	<b>b</b>	Less: rental expenses ...	<b>6b</b>	32,212.				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	55,563.				
	<b>d</b>	Net rental income or (loss) .....		55,563.		55,563.		
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities					
			(ii) Other					
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>					
<b>c</b>	Gain or (loss) .....	<b>7c</b>						
<b>d</b>	Net gain or (loss) .....							
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....							
<b>b</b>	Less: direct expenses .....	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events .....							
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....							
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....							
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>	PATRONAGE ALLOCATIONS	Business Code 900099	250,861.	250,861.			
	<b>b</b>	NONOPERATING & OTHER	900099	96,608.	96,608.			
	<b>c</b>	NET LOSS FROM SUBS	900099	-1,132,806.	-1,132,806.			
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		-785,337.				
<b>12</b>	<b>Total revenue.</b> See instructions .....		146,109,605.	144,361,479.	55,563.	1,692,563.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	80,743.			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....	7,414,742.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,689,235.			
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....	130,209.			
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....				
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	6,302,276.			
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	14,739,457.			
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> UNRELATED BUSINESS TAX	10,129.			
<b>b</b> POWER COST	75,685,307.			
<b>c</b> ADMINISTRATIVE	17,507,671.			
<b>d</b> OTHER TAXES	12,214,991.			
<b>e</b> All other expenses	9,334,845.			
<b>25</b> Total functional expenses. Add lines 1 through 24e	146,109,605.			
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	15,184,928.	<b>1</b>	17,779,425.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	10,254,999.	<b>4</b>	10,450,510.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	15,175,034.	<b>8</b>	16,334,353.
	<b>9</b> Prepaid expenses and deferred charges .....	1,760,123.	<b>9</b>	2,002,488.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 575,756,950.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 316,110,457.	247,466,298.	<b>10c</b> 259,646,493.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	32,197,769.	<b>12</b>	30,301,164.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	25,002,878.	<b>15</b>	34,224,737.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	347,042,029.	<b>16</b>	370,739,170.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	18,889,084.	<b>17</b>	16,367,022.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	193,767,960.	<b>23</b>	215,073,637.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	14,115,028.	<b>25</b>	12,782,160.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	226,772,072.	<b>26</b>	244,222,819.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....		<b>27</b>	
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....	550.	<b>29</b>	565.
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....	0.	<b>30</b>	0.
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....	120,269,407.	<b>31</b>	126,515,786.
	<b>32</b> Total net assets or fund balances .....	120,269,957.	<b>32</b>	126,516,351.
<b>33</b> Total liabilities and net assets/fund balances .....	347,042,029.	<b>33</b>	370,739,170.	

Form **990** (2020)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	146,109,605.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	146,109,605.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	0.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	120,269,957.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	246,805.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	-3.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	5,999,592.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	126,516,351.

**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  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
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 \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2020)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: KAUAI ISLAND UTILITY COOPERATIVE; Employer identification number: 99-0346113

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land, habitat, open space, historic area, structure), a table for lines 2a-2d (Total number, acreage, historic structures, National Register), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,186,757.		10,186,757.
b Buildings		47,591,331.	24,381,431.	23,209,900.
c Leasehold improvements				
d Equipment		487,894,729.	291,729,026.	196,165,703.
e Other		30,084,133.		30,084,133.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				259,646,493.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) INVESTMENTS IN ASSOCIATED ORGS	1,798,546.	COST
(B) INVESTMENTS IN SUBSIDIARY COMPANIES	28,165,118.	COST
(C) RURAL ECONOMIC DEVELOPMENT LOANS	337,500.	COST
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	30,301,164.	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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) ACCRUED UNBILLED REVENUE	7,349,891.
(2) SPECIAL DEPOSITS	-755.
(3) DEFERRED DEBITS	26,862,217.
(4) POST-RETIREMENT BENEFIT ASSET	13,384.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	34,224,737.

**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) DEFERRED CREDITS	10,872,902.
(3) CUSTOMER DEPOSITS	1,283,952.
(4) OTHER LIABILITIES	625,306.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	12,782,160.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE COOPERATIVE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(12) OF THE INTERNAL REVENUE CODE, EXCEPT TO THE EXTENT OF UNRELATED BUSINESS INCOME, IF ANY. THE COOPERATIVE ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, RELATING TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS. AS OF DECEMBER 31, 2020 AND 2019, THE COOPERATIVE DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS. THE COOPERATIVE FILES AN EXEMPT ORGANIZATION AND UNRELATED BUSINESS INCOME TAX RETURN IN THE U.S. FEDERAL JURISDICTION AND THE CORPORATE SUBSIDIARIES FILE A CORPORATE RETURN IN THE U.S. FEDERAL AND STATE OF HAWAII JURISDICTIONS.



**Part XIII** Supplemental Information (continued)

THE COOPERATIVE IS NOT EXEMPT UNDER HAWAII REVISED STATUTES FROM STATE  
 INCOME TAXES; HOWEVER, MARGINS THAT ARE ALLOCATED WITHIN A SPECIFIC TIME  
 PERIOD ARE CONSIDERED A DEDUCTION FOR STATE INCOME TAX PURPOSES. FOR THE  
 STATE OF HAWAII, THE COOPERATIVE IS ALSO ASSESSED A 5.885% OF GROSS  
 REVENUES PUBLIC SERVICE COMPANY TAX IN LIEU OF GENERAL EXCISE TAXES AND  
 COUNTY REAL PROPERTY TAXES. ALSO, THE COOPERATIVE IS ASSESSED A 0.5% OF  
 GROSS REVENUES PUBLIC UTILITY COMMISSION FEE. FOR THE COUNTY OF KAUA'I,  
 HAWAII, THE COOPERATIVE IS ASSESSED A 2.5% FRANCHISE FEE ON GROSS  
 REVENUES.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **KAUAI ISLAND UTILITY COOPERATIVE** Employer identification number **99-0346113**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
KAUAI UNITED WAY PO BOX 1087 LIHUE, HI 96766	99-0146288	501(C)(3)	29,339.	0.	NOT APPLICABLE	NOT APPLICABLE	CHARITABLE GIVING
KIUC CHARITABLE FOUNDATION 4463 PAHEE ST STE 1 LIHUE, HI 96766-2000	51-0592268	501(C)(3)	24,403.	0.	NOT APPLICABLE	NOT APPLICABLE	RELATED EXEMPT OPERATIONS

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

**3** Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) 2020

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

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

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

PART I, LINE 2:

KAUAI UNITED WAY IS A NON-PROFIT, VOLUNTEER-DRIVEN ORGANIZATION, DEDICATED

TO SERVING THE SOCIAL NEEDS OF KAUAI SINCE 1943. PARTICIPATING AGENCIES

ARE MONITORED THROUGHOUT THE YEAR TO MAKE SURE THAT PROGRAMS CONTINUE TO BE

ADMINISTERED EFFICIENTLY AND WITHIN GUIDELINES.

THE COOPERATIVE RELIES ON THE DONEE ORGANIZATIONS TO USE THE FUNDS AS

INTENDED BY THE COOPERATIVE.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **KAUAI ISLAND UTILITY COOPERATIVE**  
 Employer identification number: **99-0346113**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

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

Schedule J (Form 990) 2020

**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) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID BISSELL CEO	(i)	525,215.	0.	557,818.	82,984.	19,361.	1,185,378.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KARISSA JONAS FINANCIAL VP & CFO	(i)	261,292.	0.	692.	81,567.	22,467.	366,018.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MAILE ALFILER MEMBER SERVICES MANAGER	(i)	134,714.	23,010.	620.	141,243.	22,413.	322,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BRAD ROCKWELL CHIEF OF OPERATIONS	(i)	202,469.	30,522.	1,302.	53,669.	22,413.	310,375.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CAREY KOIDE T&D MANAGER (RETIRED)	(i)	152,002.	31,957.	1,042.	69,038.	7,585.	261,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOHN COX T&D MANAGER	(i)	144,461.	17,291.	1,448.	38,739.	22,467.	224,406.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PATRICK MALAMA PRIMARY TROUBLEPERSON	(i)	207,800.	0.	895.	168,337.	20,820.	397,852.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TOM YAMAMOTO PRIMARY TROUBLEPERSON	(i)	209,794.	0.	896.	39,024.	22,413.	272,127.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ELIZABETH UBAY HR & SAFETY MANAGER	(i)	169,186.	28,809.	692.	54,932.	7,792.	261,411.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) TRAVIS OTTO PRIMARY TROUBLEPERSON	(i)	197,140.	0.	480.	32,257.	22,967.	252,844.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) HARLEY ECKERT, FINANCIAL PLANNING & STRATEGY MGR (RETIRED)	(i)	162,110.	31,846.	1,605.	0.	18,720.	214,281.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 4B:

DAVID BISSELL: AMOUNT PAID - \$529,633

KIUC ADOPTED A SUPPLEMENTAL EXECUTIVE BENEFIT RESTORATION ("EBR") PLAN,  
EFFECTIVE JANUARY 1, 2015. THE EBR PLAN IS A NON-QUALIFIED PLAN MAINTAINED  
BY KIUC. BENEFITS UNDER THE EBR PLAN ARE BASED ON THE DIFFERENCE BETWEEN  
AMOUNTS WITHOUT INTERNAL REVENUE SERVICE (IRS) QUALIFIED PENSION PLAN  
LIMITS ON COMPENSATION AND BENEFITS AND THOSE WITH SUCH LIMITS AS  
DETERMINED UNDER THE PROVISION OF THE NRECA RS PLAN. THERE IS A RISK OF  
FORFEITURE IF PARTICIPANTS LEAVE THE COMPANY PRIOR TO BECOMING FULLY VESTED  
IN THE EBR PLAN.

PART II, COLUMN C:

INCLUDED IN COLUMN C IS THE CHANGE IN ACTUARIAL VALUE FOR THE DEFINED  
BENEFIT PLAN RATHER THAN THE ACTUAL EXPENSE OF THE COOPERATIVE FOR THIS  
PLAN, AS FOLLOWS:

DAVID BISSELL:

REPORTED CHANGE - \$73,294

ACTUAL EXPENSE - \$72,590

**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.

KARISSA JONAS:

REPORTED CHANGE - \$71,877

ACTUAL EXPENSE - \$65,798

MAILE ALFILER:

REPORTED CHANGE - \$135,723

ACTUAL EXPENSE - \$47,880

BRAD ROCKWELL:

REPORTED CHANGE - \$45,439

ACTUAL EXPENSE - \$48,355

CAREY KOIDE:

REPORTED CHANGE - \$63,035

ACTUAL EXPENSE - \$59,396

JOHN COX:

REPORTED CHANGE - \$32,829

ACTUAL EXPENSE - \$34,857

PATRICK MALAMA:

REPORTED CHANGE - \$159,830

ACTUAL EXPENSE - \$34,695

TOM YAMAMOTO:

**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.

REPORTED CHANGE - \$30,500

ACTUAL EXPENSE - \$23,210

ELIZABETH UBAY:

REPORTED CHANGE - \$48,021

ACTUAL EXPENSE - \$43,558

TRAVIS OTTO:

REPORTED CHANGE - \$24,219

ACTUAL EXPENSE - \$23,210

HARLEY ECKERT:

REPORTED CHANGE - \$0

ACTUAL EXPENSE - \$42,071



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

KAUAI ISLAND UTILITY COOPERATIVE

Employer identification number

99-0346113

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO PROVIDE RELIABLE POWER SAFELY THAT IS FAIRLY AND COMPETITIVELY

PRICED, PRACTICE CONSERVATION AND EFFICIENT USE OF ENERGY RESOURCES AND

INCREASE SUSTAINABLE POWER SUPPLY AND ENVIRONMENTAL STEWARDSHIP WHILE

IMPROVING THE QUALITY OF LIFE FOR MEMBERS AND KAUA'I.

FORM 990, PART VI, SECTION A, LINE 6:

KIUC HAS APPROXIMATELY 26,359 MEMBERS. THE MEMBERSHIP FEE IS \$.01 PER

MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A:

EACH DIRECTOR IS ELECTED TO A 3-YEAR TERM. THE 9 DIRECTOR'S TERMS ARE

STAGGERED SUCH THAT EACH YEAR 3 DIRECTOR SEATS ARE UP FOR ELECTION. EACH

CURRENT MEMBER IS ENTITLED TO CAST A BALLOT AND VOTE FOR 3 DIRECTORS TO

FILL THE 3 VACANT SEATS, REGARDLESS OF THEIR BILLING AMOUNT.

FORM 990, PART VI, SECTION A, LINE 8B:

THE COOPERATIVE DOES NOT HAVE COMMITTEES WITH BOARD AUTHORITY TO ACT ON

BEHALF OF THE GOVERNING BODY.

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

1) AFTER THE COMPLETED FORM 990 IS RECEIVED FROM THE TAX PREPARER, THE

CONTROLLER WILL PERFORM A DETAILED REVIEW OF THE FORM 990, INCLUDING

VERIFYING THE FIGURES TO THE BOOKS OF RECORD.

2) THE CFO WILL PERFORM A MORE GENERAL REVIEW OF THE FORM 990 FOR

REASONABLENESS.

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization KAUAI ISLAND UTILITY COOPERATIVE	Employer identification number 99-0346113
--	--

3) THE FORM 990 WILL BE MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR THEIR INDIVIDUAL REVIEW. IF THE DIRECTORS HAVE ANY QUESTIONS ABOUT THE FORM 990, THE CFO WILL MEET WITH THEM TO ANSWER THEIR QUESTIONS.

4) THE FORM 990 WILL BE FILED WITH THE IRS FOLLOWING THIS PROCESS.

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

ANY DIRECTOR, OFFICER OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST IS COVERED BY THIS POLICY.

1) THE BOARD OF DIRECTORS DETERMINES WHETHER A CONFLICT EXISTS.

2) THE BOARD OF DIRECTORS REVIEWS ACTUAL CONFLICTS.

3) ANY PERSON COVERED BY THIS POLICY WHO IS DEEMED TO HAVE A CONFLICT OF INTEREST IS PROHIBITED FROM PARTICIPATING IN THE BOARD'S DELIBERATIONS AND DECISION IN THE TRANSACTION.

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

ALL NON-BARGAINING UNIT [NBU] EMPLOYEES' SALARIES ARE DETERMINED IN ACCORDANCE WITH NRECA'S COMPENSATE SALARY PLAN. IN ADDITION, THE BOARD CONSULTS WITH NRECA COMPENSATION CONSULTANTS REGARDING THE CEO'S COMPENSATION. THIS PROCESS IS UNDERTAKEN ANNUALLY.

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

THE ORGANIZATION MAKES ITS 990 AVAILABLE TO THE PUBLIC ON ITS WEBSITE AND UPON REQUEST.

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

THE ORGANIZATION MAKES ITS BYLAWS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THEIR WEBSITE AND UPON REQUEST.

Name of the organization KAUAI ISLAND UTILITY COOPERATIVE	Employer identification number 99-0346113
--	--

FORM 990, PART VII, SECTION A, LINE 1A:

THE COMPENSATION FOR DAVID BISSELL, CEO INCLUDES A ONE-TIME  
 SUPPLEMENTAL RETIREMENT BENEFIT REPORTED IN COLUMN (D). THIS PAYMENT IS  
 ALSO REPORTED ON SCHEDULE J, LINE 4B.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN OTHER EQUITY	96,409.
CHANGE IN MEMBERSHIPS	15.
PATRONAGE NET MARGIN	7,414,742.
RETIREMENT OF CAPITAL CREDITS	-1,511,574.
TOTAL TO FORM 990, PART XI, LINE 9	5,999,592.

FORM 990, PART XII, LINE 2C:

THERE WERE NO CHANGES IN PROCEDURE FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization **KAUAI ISLAND UTILITY COOPERATIVE** Employer identification number **99-0346113**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
KIUC CHARITABLE FOUNDATION - 51-0592268 4463 PAHEE ST STE 1 LIHUE, HI 96766-2000	FOUNDATION	HAWAII	501(C)(3)	LINE 7	KAUAI ISLAND UTILITY COOPERATIVE	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
KIUC RENEWABLE SOLUTIONS TWO LLC - 46-1502179, 4463 PAHEE ST STE 1, LIHUE, HI 96766-2000	SOLAR POWER GENERATION	DE	N/A	N/A				X	N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
KIUC RENEWABLE SOLUTIONS ONE LLC - 45-3822840, 4463 PAHEE ST STE 1, LIHUE, HI 96766-2000	SOLAR POWER GENERATION	DE	KAUAI ISLAND UTILITY COOPERATIVE	C CORP	-2,535,541.	31,457,778.	100%	X	
KIUC RENEWABLE SOLUTIONS TWO HOLDINGS LLC - 46-3410355, 4463 PAHEE ST STE 1, LIHUE, HI 96766-2000	HOLDING COMPANY FOR SOLAR POWER GENERATION	DE	KAUAI ISLAND UTILITY COOPERATIVE	C CORP	779,485.	-1,170,640.	100%	X	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....	X	
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) KIUC RENEWABLE SOLUTIONS ONE LLC	A	893,817.	CASH
(2) KIUC RENEWABLE SOLUTIONS ONE LLC	H	2,659,744.	CASH
(3) KIUC RENEWABLE SOLUTIONS ONE LLC	Q	299,259.	CASH
(4) KIUC RENEWABLE SOLUTIONS ONE LLC	S	498,453.	CASH
(5) KIUC RENEWABLE SOLUTIONS TWO LLC	D	13,951,724.	CASH
(6) KIUC RENEWABLE SOLUTIONS TWO LLC	H	2,573,024.	CASH

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) KIUC RENEWABLE SOLUTIONS TWO LLC	Q	79,132.	CASH
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			





