Form	9	510	ļ

EXTENDED TO NOVEMBER 15, 2022 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.

OMB No. 1545-0047 Open to Public Inspection

Depa	artment of	f the Treasury nue Service		/Form990 for instructions and					Open to Public Inspection
		and the second se	lar year, or tax year beginning		ending	mormat			mapection
B	Check if	C Name o	of organization		onding	D Emp	loyer ide	ntificati	on number
	Addres								
-	_]change _]Name	, KAUAI	ISLAND UTILITY COOPERATIVE				00.0046		
-	change Initial		99-0346						
	return Final		r and street (or P.O. box if mail is not de PAHEE ST STE 1	elivered to street address)	Room/suite		phone nu		
L	return/ termin-	-		710 au fausium maatal aa da			8-246-4	300	160 510 420
	ated Amend		town, state or province, country, and ,HI 96766-2000	ZIP or foreign postal code			receipts \$		160,510,429.
F	return Applica tion		and address of principal officer: DAVI	D BISSELL		1	this a grou	•	Yes X No
	pendin	a	C ABOVE						
1	Tax-exe	mpt status:	501(c)(3) X 501(c) (12	(insert no.) 4947(a)(1)	or 527	1			See instructions
		e: WWW.KJ				-			umber
				ssociation Other ►	L Year	of formatic			ate of legal domicile: HI
	art I	Summary						1.11.01	ale et legal definente.
-	1	Briefly describ	be the organization's mission or mos	significant activities: PROVID	E POWER 1	TO OUR N	MEMBERS	IN	
nce		A CONSERVA	TIVE AND SUSTAINABLE MANNER	•					
erne	2	Check this bo	ox 🕨 📃 if the organization disco	ntinued its operations or dispos	sed of more	than 25%	6 of its ne	t assets	
0Ve	3		ting members of the governing body					3	9
യ യ	4	Number of ind	dependent voting members of the go	verning body (Part VI, line 1b)				4	9
Activities & Governance	5	Total number	of individuals employed in calendar	year 2021 (Part V, line 2a)				5	145
tivit	6	Total number	of volunteers (estimate if necessary)					6	0
Act	7a		d business revenue from Part VIII, co					7a	65,217.
		Net unrelated	business taxable income from Form	990-T, Part I, line 11	<u> </u>			7b	57,795.
	8	Contributions	and grants (Dart VIII line 14)	Year		Current Year			
anu	9		and grants (Part VIII, line 1h) ice revenue (Part VIII, line 2g)	1 / 5	5 1 1 6 8	0.	0.		
Revenue	10		come (Part VIII, column (A), lines 3, 4	and 7d)		145,146,816.			1,350,375.
Å	11 (e (Part VIII, column (A), lines 5, 6d, 8c			-729,774.			339,241.
			- add lines 8 through 11 (must equal			146	5,109,6		160,477,070.
			milar amounts paid (Part IX, column (80,74		86,386.
		Benefits paid	7,414,74		8,296,852.				
ŝ	40 0		r compensation, employee benefits (2,689,2		2,247,742.
Expenses	16a		undraising fees (Part IX, column (A),					0.	0.
xpe	b	Total fundrais	ing expenses (Part IX, column (D), lin	e 25) 🕨	0.	135,924,885.			
ш	" `	Other expense	es (Part IX, column (A), lines 11a-11d	, 11f-24e)					149,846,090.
		Total expense	es. Add lines 13-17 (must equal Part I	X, column (A), line 25)		146	5,109,60	05.	160,477,070.
		Revenue less	expenses. Subtract line 18 from line	12				0.	0.
Net Assets or Fund Balances					Be	ginning of			End of Year
SSe'	20		Part X, line 16)				0,739,1		395,344,357.
let /	21 22		s (Part X, line 26) fund balances. Subtract line 21 from				1,222,8		261,600,227.
Pa	art II	Signature		line 20		120	5,516,39	51.	133,744,130.
			I declare that I have examined this return	including accompanying schedules	and stateme	inte and to	the heet o	of my kno	wladge and balief it is
true,	, correct	, and complete	. Declaration of preparer (other than office	er) is based on all information of wh	ich preparer	has anv kn	n ne besi u nwledne		wieuge and beller, it is
		N Xa	USSA Jonax		non propurer			01/20	72
Sig	n	Signatur	e of officer				Date	1120	
Her		KARISS	A JONAS, FINANCIAL VP & CFC)					
		Type or p	print name and title						
		Print/Type pre		Preparer's signature	C	Date	Check	k 🗌	PTIN
Paid	-	VENDY CAMPO		WENDY CAMPOS	0 8	8/01/22	self-e	mployed	P00448102
		Firm's name	MOSS ADAMS LLP				Firm's E IN	▶ 91	L-0189318
1160		Firm's address	VAL ALL DROADHAN AMP 100						
030	Only	rinn s audress		0					
			PORTLAND, OR 97205				Phone no.	503-24	2-1447

LHA For Paperwork Reduction Act Notice, see the separate instructions. 132001 12-09-21

ar	990 (2021) KAUAI ISLAND UTILITY CC t III Statement of Program Service Accomp			346113 Pa
	Check if Schedule O contains a response or note to			
	Briefly describe the organization's mission:			
	SEE SCHEDULE O			
	Did the organization undertake any significant program se			Yes X
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.			
	Did the organization cease conducting, or make significar	nt changes in how it conduct	ts, any program services?	Yes X
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishm	nents for each of its three lar	aest program services, as measured	by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required			
	revenue, if any, for each program service reported.	to report the amount of gra		
	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	GENERATED, TRANSMITTED AND DISTRIBUTED ELE	CTRICITY TO APPROXIMA	ATELY	
	38,695 ACTIVE SERVICES AT YEAR END ON THE			
	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	Other program services (Describe on Schedule O.)			
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
) (Revenue \$) Form 990 (/

Form 990 (2021)

Part IV Checklist of Required Schedules

KAUAI ISLAND UTILITY COOPERATIVE

99-0346113 Page 3

			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		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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		х	
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	x	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			<u> </u>
IZa		12a		x
h	Schedule D, Parts XI and XII	120		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? 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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
	complete Schedule G, Part III	19		x
	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			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X 000	
132003	3 12-09-21	Form	390	(2021)

5

Form 990 (2					COOPERATIVE
Part IV	Checklist of R	equire	d Scheo	lules _{(cor}	ntinued)

99-0346113 Page **4**

			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	х	
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-		
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		
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	200		
20	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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
00	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		x
32	Did the organization required, terminate, or dissorte and cease operations? <i>If 'Yes, 'Complete Schedule N, Part 1</i>			
0L	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
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	х	
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		
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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		x	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
	Chaoly if Schooly a contained a reappage or pate to any line in this Bart V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 97		103	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	х	
132004	4 12-09-21	Form	990	(2021)
	6			

2021.04012 KAUAI ISLAND UTILITY COOP 611853_1

Form	990 (2021) KAUAI ISLAND UTILITY COOPERATIVE 99-034611	.3	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 145			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		
-1	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	o		
a		9a		
		9b		
10	Section 501(c)(7) organizations. Enter:	- 55		
	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			
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders 11a 158,389,037.			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
132005	12-09-21 7	Form	1 990	(2021)

07090801 14	6892	611853
-------------	------	--------

2021.04012 KAUAI ISLAND UTILITY COOP 611853_1

	990 (2021) KAUAI ISLAND UTILITY COOPERATIVE 99-0346			age b
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	r a "No" i	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		Х
Sec	tion A. Governing Body and Management			
4		9	Yes	No
а	Enter the number of voting members of the governing body at the end of the tax year 1a	<u> </u>		
	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.	9		
b	Enter the number of voting members included on line 1a, above, who are independent 1b	<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
	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?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	. 8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization			X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright^{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)	availa	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	5)3 Only)	avana	DIC
10		nd finan	oiol	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a		Ciai	
00	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	Г	000	(0004)
132006	s 12-09-21 8	Form	ז 990	(2021)
908	01 146892 611853 0021.04012 KAUAI ISLAND UTILITY	CUUL	61	185
~ ~ ~				

3_1

Form 990 (2	2021) KAUAI ISLAND UTILITY COOPERATIVE	99-0346113	Page 7						
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 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.

Name and titleAverage (do not check more than one box, unless person is both anReportable compensationReportable compensation	Estimated amount of other
hours per box, unless person is both an Compensation compensation	
	other
week officer and a director/trustee) from from related	
(list any 5 constant) (list any 5 constant)	compensation
hours for 불 organization (W-2/1099-MISC/	from the
related	organization
organizations $\begin{bmatrix} 21\\ 12\\ 12\\ 12\\ 12\\ 12\\ 12\\ 12\\ 12\\ 12\\$	and related organizations
(list any hours for related 000000000000000000000000000000000000	organizations
(1) DAVID BISSELL 60.00 60.00	
CEO 0.00 X 714,261. 0.	121,411.
(2) BRAD ROCKWELL 50.00	
CHIEF OF OPERATIONS 0.00 X 290,110. 0.	109,994.
(3) KARISSA JONAS 50.00	
FINANCIAL VP & CFO 0.00 X 270,282. 0.	122,717.
(4) MAILE ALFILER 50.00	
MEMBER SERVICES MANAGER 1.00 X 166,048. 0.	184,053.
(5) PATRICK MALAMA 40.00	
PRIMARY TROUBLEPERSON 0.00 X 200,032. 0.	126,320.
(6) TOM YAMAMOTO 40.00	
PRIMARY TROUBLEPERSON 0.00 X 215,107. 0.	69,615.
(7) ELIZABETH UBAY 50.00	
HR & SAFETY MANAGER 0.00 X 209,227. 0.	68,434.
(8) JOHN COX 45.00	
T&D MANAGER 0.00 X 184,490. 0.	83,574.
(9) TRAVIS OTTO 55.00	
PRIMARY TROUBLEPERSON 0.00 X 191,048. 0.	61,186.
(10) TIMOTHY BRANTNER 50.00	
PRIMARY TROUBLEPERSON 0.00 X 194,335. 0.	48,325.
(11) PETER YUKIMURA 20.00	
TREASURER 0.00 X X 21,092. 0.	0.
(12) TEOFILO TACBIAN 20.00	
DIRECTOR 1.00 X 19,649. 0.	0.
(13) ALLAN SMITH 12.00	•
CHAIRMAN 0.00 X X 19,175. 0.	0.
(14) DEE CROWELL 12.00	•
DIRECTOR 2.00 X 17,965. 0.	0.
(15) DAVID IHA 10.00	•
DIRECTOR 10.00 X 17,259. 0.	0.
(16) JIM MAYFIELD 12.00	0
DIRECTOR 0.00 X 17,255. 0.	0.
(17) CALVIN MURASHIGE 11.00	0
SECRETARY 0.00 X X 16,056. 0. 132007 12-09-21 0. 0. <td< td=""><td>0. Form 990 (2021)</td></td<>	0. Form 990 (2021)

9

132007 12-09-21

Form 990 (2021)

07090801 146892 611853

2021.04012 KAUAI ISLAND UTILITY COOP 611853_1

Form 990 (2021) KAUAI ISLAND	UTILITY CO	OPE	RAT	IVE					<u>99-03</u>	4611	3	P	age 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)	I		(F)	
Name and title	Average			heck		than o		Reportable	Reportable			stimate	
	hours per week					s both pr/trust		compensation from	compensatic from related		ar	nount other	of
	(list any	tor						the	organization		com	ipensa	tion
	hours for	direc				p		organization	(W-2/1099-MIS			rom th	
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)	ľ	org	anizat	ion
	organizations	al trus	nal tr		oyee	e com p		1099-NEC)		ľ	an	d relat	ed
	below	Individual trustee or director	In stit utio nal tru stee	Officer	ƙey employee	Highest compensated employee	Former			ľ	org	anizati	ons
	line)	Ind	lus	0#i	Key	Hig e m	Ŗ						
(18) JANET KASS	6.40	v						15 225		0			0
DIRECTOR (19) JAN TENBRUGGENCATE	0.00	Х	-					15,335.		0.			0.
VICE CHAIR	15.00	x		x				14,144.		٥.			Ο.
	13.00	Δ		^				14,144.		<u> </u>			۰.
										I			
										I			
										ľ			
										I			
										I			
										I			
										I			
1b Subtotal	1							2,792,870.		٥.		995,	629.
c Total from continuation sheets to Part VI								0.		٥.			0.
d Total (add lines 1b and 1c)								2,792,870.		٥.		995,	629.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	Э			
compensation from the organization													90
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	key e	empl	loye	e, or	hig	hest compensated emp	loyee on	I			
line 1a? If "Yes," complete Schedule J for si	uch individual										3		х
4 For any individual listed on line 1a, is the su										I			
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	Ji	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	iccrue comper	nsati	on fi	rom	any	unre	late	ed organization or individ	dual for services	ľ			
rendered to the organization? If "Yes," com	plete Schedule	e J f	or si	ich j	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest con	mpensated inc	lepe	nde	nt co	ontra	actor	s tł	hat received more than \$	100,000 of comp	bensat	tion fr	om	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wit	hir	the organization's tax y	ear.				
(A)								(B)		~		C)	
Name and business								Description of s	ervices		ompe	nsatio	n
ARCHIPELAGO RESEARCH & CONSERVATION I	LLC								_				
3861 ULU ALII ST, KALAHEO, HI 96741								ECOLOGICAL SERVICE	S		2	,062,	049.
HALLUX ECOSYSTEM RESTORATION LLC												0.0 C	
1544 HALEUKANA ST UNIT 2, LIHUE, HI 9								PREDATOR CONTROL C	ONSULTANTS			986,	200.
SCHNEIDER TANAKA RADOVICH ANDREW & TA												076	C 00
MSC 61505, PO BOX 1300, HONOLULU, HI								LEGAL SERVICES				8/6,	682.
MCMILLEN LLC, 1401 SHORELINE DR, SUI	1.12								FC			614	800
100, BOISE, ID 83702								ENGINEERING SERVIC	63			ο14,	890.
HAWAIIAN ISLAND TECHNOLOGIES LLC								IT SERVICES				177	672
2530 KIPUKA ST, KOLOA, HI 96756	oludina hut -	ot lie	nita	4 + ~	the				are then			=//,	672.
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ur IIf	me	10		se lisi 7	eu	above, who received mo					

132008 12-09-21

ari	t VIII									Г
		Check if Schedule O	conta	ains a respo	onse (or note to any line I	<u>in this Part VIII</u> (A)	(B)	(C)	<u>(</u> D)
							Total revenue	Related or exempt	Unrelated business revenue	Revenue exclu from tax unc sections 512 -
Ŋ	1 a	Federated campaigns		1a						
uno	b	Membership dues		1b						
Ĭ	с	Fundraising events		1c						
and Other Similar Amounts	d	Related organizations		1d						
Ē	е	Government grants (contr	ibutio	ons) 1e						
0	f	All other contributions, gifts,	grant	s, and						
E		similar amounts not included	abov	e 1 f						
פ	-	Noncash contributions included in								
0	h	Total. Add lines 1a-1f								
						Business Code				
	2 a	COMMERCIAL/INDUSTRIAL			221000	85,127,144.				
Ð	b				221000	67,665,717.	, ,			
nevenue	С	SERVICE FEES & OTHER		221000	5,133,601.	5,133,601.				
Ner N	d	STREET LIGHTING				221000	683,855.	683,855.		
	е	IRRIGATION				221000	177,137.	177,137.		
		All other program service					150 505 451			
+		Total. Add lines 2a-2f					158,787,454.			
	3	Investment income (incluc	Ŭ			· .	1 350 385			1 250 2
	_	other similar amounts)					1,350,375.			1,350,3
	4	Income from investment o								
	5	Royalties								
	_	. .	-	(i) Rea		(ii) Personal				
		Gross rents		98,5						
		Less: rental expenses	6b	33,3						
		Rental income or (loss)	6c	65,2	<u>. / 1</u>		65,217.		65,217.	
		Net rental income or (loss))	(i) Securit		(ii) Other	05,217.		05,217.	
	7 a	Gross amount from sales of	_	(I) Securit	les	(II) Other				
		assets other than inventory	7a							
	a	Less: cost or other basis	76							
	-	and sales expenses	7b 7c							
		Gain or (loss)		l						
		Net gain or (loss) Gross income from fundraisi			······					
	od		-							
		including \$ contributions reported on								
		Part IV, line 18		,	8a					
	h	Less: direct expenses			8b					
		Net income or (loss) from								
		Gross income from gamin								
	- 4	Part IV, line 19	-		9a					
	b	Less: direct expenses			9b	1				
		Net income or (loss) from								
.		Gross sales of inventory, I	-	-						
		and allowances			10a					
	b				10b					
		Less: cost of goods sold			>					
T	-				,	Business Code				
	11 a	NONOPERATING & OTHE	R			900099	1,358,254.	1,358,254.		
nue		PATRONAGE ALLOCATIO				900099	235,429.	235,429.		
eve		NET LOSS FROM SUBS				900099	-1,319,659.	-1,319,659.		
Revenue	-	All other revenue					, , , .	, , ,		
		Total. Add lines 11a-11d					274,024.			
							, .			

07090801 146892 611853

11

Page 10

KAUAI ISLAND UTILITY COOPERATIVE 99-0346113 Form 990 (2021) 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 (B) (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 86,386, and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 8,296,852. 4 5 Compensation of current officers, directors, trustees, and key employees 2,247,742. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): 11 Management а b Legal С Accounting 130,222. d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials

6,569,854,

15,458,876,

10,883.

12

20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If

Conferences, conventions, and meetings

line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) UNRELATED BUSINESS TAX POWER COST 86,635,441 ADMINISTRATIVE 17,640,617, 13,335,892 OTHER TAXES 10,064,305, All other expenses Total functional expenses. Add lines 1 through 24e

160,477,070 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

132010 12-09-21

19

а

b

С

d

е

Form 990 (2021)

07090801 146892 611853

29

30

31

32

33

Ο.

126,515,786.

126,516,351.

370,739,170.

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 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 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 565. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net 16,334,353. 19,059,947. 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 2,002,488. 9 2,670,907. **10a** Land, buildings, and equipment: cost or other 589,180,250. basis. Complete Part VI of Schedule D _____ 10a 325,718,579. 259,646,493. 263,461,671. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 30,301,164. 33,496,087. 12 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 42,509,446. 34,224,737. Other assets. See Part IV, line 11 15 15 370,739,170. 395,344,357. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 16,367,022. 19,695,126. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 22 Secured mortgages and notes payable to unrelated third parties 215,073,637. 227,105,703. 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 14,799,398. 12,782,160. 25 244,222,819. 261,600,227. 26 26 27 27 28 28

KAUAI ISLAND UTILITY COOPERATIVE Part X | Balance Sheet

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

Cash - non-interest-bearing

Savings and temporary cash investments Pledges and grants receivable, net

Accounts receivable, net

Form 990 (2021)

1

2

3

4

Assets

Liabilities

Net Assets or Fund Balances

29

30

31

32

33

(A)

Beginning of year

17,779,425.

10,450,510.

1

2

3

4

99-0346113 Page **11**

(B)

End of year

22,533,909.

11,612,390.

583.

133,743,547.

133,744,130.

395,344,357.

Form 990 (2021)

Ο.

Form	990 (2021) KAUAI ISLAND UTILITY COOPERATIVE	99-03461	13	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	160,	477,	070.
2	Total expenses (must equal Part IX, column (A), line 25)	2	160,	477,	070.
3	Revenue less expenses. Subtract line 2 from line 1	3			0.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	126,	516,	351.
5	Net unrealized gains (losses) on investments	5		163,	209.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	7,	064,	570.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	133,	744,	130.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X X
				Yes	No
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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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?		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:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•			
	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 Sch				
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 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				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	990	

Form **990** (2021)

				.			OMB No. 1545-004	7
	HEDULE D	Supplementa						1
(Forr	n 990)	► Complete if the orga Part IV, line 6, 7, 8, 9, 10,						
	ment of the Treasury		Attach to Form 990).			Open to Public Inspection	C
	I Revenue Service e of the organizat	Go to www.irs.gov/Form99	o for instructions	and t	ne latest information.		ployer identification numl	hor
Nam	e of the organizat	KAUAI ISLAND UTILITY COOPERA	ATIVE				99-0346113	Dei
Pa	rt I Organiz	ations Maintaining Donor Advised	Funds or Othe	er Si	imilar Funds or A	cour	nts. Complete if the	
	organizatio	on answered "Yes" on Form 990, Part IV, line	e 6.					
		_	(a) Donor ad	dvise	d funds	(b) Fur	nds and other accounts	
1		nd of year						
2		of contributions to (during year)						
3		of grants from (during year)						
4		t end of year						
5	-	on inform all donors and donor advisors in w	-					
6		on's property, subject to the organization's e					Yes	No
6	•	on inform all grantees, donors, and donor ac poses and not for the benefit of the donor or	•	•				
	impermissible priv			-		-		No
Pa		vation Easements. Complete if the org						110
1		servation easements held by the organizatio			,	,		
	Preservation	n of land for public use (for example, recreat	ion or education)		Preservation of a hist	orically	/ important land area	
	Protection of	of natural habitat			Preservation of a cert	ified hi	storic structure	
	Preservation	n of open space						
2		through 2d if the organization held a qualified	ed conservation co	ntribu	ution in the form of a co	nserva		
	day of the tax yea	r.					Held at the End of the Tax Y	'ear
а						2a		
b	-					2b		
c		vation easements on a certified historic stru				2c	<u> </u>	
d		vation easements included in (c) acquired at				2d		
3		nal Register vation easements modified, transferred, rele				<u> </u>	during the tax	
5	year	valion easements mouneu, transierreu, reie	aseu, extinguisneu	, 01 10	erminated by the organ	12411011	during the tax	
4		where property subject to conservation ease	ement is located ►					
5		ation have a written policy regarding the peri-		pecti	ion, handling of			
		forcement of the conservation easements it	h a l d a Q				Yes	No
6	Staff and voluntee	er hours devoted to monitoring, inspecting, h	nandling of violation	s, an	d enforcing conservation	on ease	ements during the year	
	▶							
7	Amount of expense	ses incurred in monitoring, inspecting, handl	ing of violations, an	d enf	forcing conservation ea	semen	its during the year	
_	▶\$							
8		vation easement reported on line 2(d) above						
•)(4)(B)(ii)?						No
9		be how the organization reports conservatio d include, if applicable, the text of the footne			-			
		counting for conservation easements.	ote to the organizat	1011 5		al uest		
Pa		ations Maintaining Collections of	Art, Historical	Trea	asures, or Other S	Simila	ır Assets.	
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.					
1 a	If the organization	elected, as permitted under FASB ASC 958	3, not to report in its	s reve	enue statement and bal	ance s	heet works	
		easures, or other similar assets held for publ						
	service, provide ir	Part XIII the text of the footnote to its finan	cial statements that	desc	cribes these items.			
b	If the organization	elected, as permitted under FASB ASC 958	3, to report in its rev	enue	statement and balanc	e sheet	t works of	
	art, historical trea	sures, or other similar assets held for public	exhibition, educatio	on, or	research in furtheranc	e of pu	blic service,	
	-	ing amounts relating to these items:						
		uded on Form 990, Part VIII, line 1					\$	
	(ii) Assets include	ed in Form 990, Part X				. 🕨	\$	

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

a Revenue included on Form 990, Part VIII, line 1

the following amounts required to be reported under FASB ASC 958 relating to these items:

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

07090801 146892 611853	07090801	146892	611853	
------------------------	----------	--------	--------	--

b

132051 10-28-21

Assets included in Form 990, Part X

15 2021.04012 KAUAI ISLAND UTILITY COOP 611853_1

\$

\$

Schedule D (Form 990) 2021

Sche		ID UTILITY COOPERAT					46113	P	age 2
Par	t III Organizations Maintaining C	ollections of Art, H	listorical Tre	asures, or	Other Si	milar Asse	ts _{(contii}	nued)	
3	Using the organization's acquisition, accession	on, and other records, ch	neck any of the f	ollowing that i	make signif	icant use of its	5		
	collection items (check all that apply):								
а	Public exhibition	d [Loan or excl	hange prograr	n				
b	Scholarly research	e							
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain ho	w they further th	e organizatior	n's exempt	purpose in Par	t XIII.		
5	During the year, did the organization solicit o		-	-	-				
	to be sold to raise funds rather than to be ma		•	-		_	Yes		No
Par	t IV Escrow and Custodial Arrang							•	
	reported an amount on Form 990, Par		5			,	, ,		
1a	Is the organization an agent, trustee, custodi	an or other intermediary	for contributions	s or other asse	ets not inclu	Jded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII					с]
~			ing table.				Amoun	t	
с	Beginning balance					1c			
b b	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fe					_ •• _	Yes		No
	If "Yes," explain the arrangement in Part XIII.					····· ·			1
	t V Endowment Funds. Complete i								
			(b) Prior year	(c) Two years		Three years back	(e) Fou	r vears	back
10	Beginning of year balance	(u) ourrone your		(0) 1110 your		Three years buch		youro	Buon
-									
b	Contributions						_		
C A	Net investment earnings, gains, and losses								
d	Grants or scholarships						_		
е	Other expenditures for facilities								
-	and programs								
t	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	,	ie 1g, column (a)) held as:					
a	Board designated or quasi-endowment								
b	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c show	•							
3a	Are there endowment funds not in the posses	ssion of the organization	that are held an	id administere	d for the o	rganization		Y.	
	by:							Yes	No
	(i) Unrelated organizations								
	(ii) Related organizations						. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza						3b		L
4	Describe in Part XIII the intended uses of the		ent funds.						
Par	t VI Land, Buildings, and Equipm			F 000	B 1 V 1	10			
	Complete if the organization answered			ee Form 990,					
	Description of property	(a) Cost or other	.,	or other	(c) Accu		(d) Boo	k valu	е
		basis (investment	,	. ,	depred	ciation			
1a	Land			,187,175.				,187,	
	Buildings		50	,072,355.	25	,310,740.	24	,761,	615.
С	Leasehold improvements								
d	Equipment			,089,775.	300	,407,839.		,681,	
e	Other		11	,830,945.				,830,	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, co	olumn (<u>B), line 1</u> ()c.)		►	263	,461,	671.
							le D (Forn	n 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.

(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	1,922,442.	COST
(B) INVESTMENTS IN SUBSIDIARY COMPANIES	25,966,145.	COST
(C) RURAL ECONOMIC DEVELOPMENT LOANS	607,500.	COST
(D) CFC TERM NOTES	5,000,000.	COST
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990 Part X. col. (B) line 12.)	33,496,087.	

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)		
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) ACCRUED UNBILLED REVENUE	8,871,471.
(2) DEFERRED DEBITS	33,423,472.
(3) POST-RETIREMENT BENEFIT ASSET	214,503.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	42,509,446.
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	11,288,619.
(3)	CUSTOMER DEPOSITS	1,367,898.
(4)	OTHER LIABILITIES	1,516,527.
(5)	ENERGY RATE ADJUSTMENTS	626,354.
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	14,799,398.

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 ... X

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 KAUAI ISLAND UTILITY COOPERATIVE		99-0346113 Page 4
_	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		
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		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	<u> </u>	2e
3	Subtract line 2e from line 1		
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	
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.		
Pa	t XIII Supplemental Information.		· ·
Prov	de 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.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		
PART	X, LINE 2:		
THE	COOPERATIVE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE	PROVISIONS	
OF S	ECTION 501(C)(12) OF THE INTERNAL REVENUE CODE, EXCEPT TO	THE EXTENT	
	,		
OF U	NRELATED BUSINESS INCOME, IF ANY. THE COOPERATIVE ADOPTED	FINANCIAL	
ACCO	UNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFIC	ATION (ASC)	

 $\underline{740\text{--}10}$, relating to accounting for uncertain tax positions. As of

DECEMBER 31, 2021 AND 2020, 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.

KAUAI ISLAND UTILITY COOPERATIVE 99-0346113 Schedule D (Form 990) 2021 Page 5 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 D (Form 990) 2021

SCHEDULE I (Form 990) Department of the Treasury	Go	irants and Oth vernments, an ete if the organizatio	nd Individual	s in the Uni on Form 990, Par	ted States		OMB No. 1545-0047
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization KAUAI ISLAND T	JTILITY COOPER	ATIVE					Employer identification number 99-0346113
Part I General Information on Grants and	nd Assistance						
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro Part II Grants and Other Assistance to I recipient that received more than \$ 	tance? cedures for monit	oring the use of grant cations and Domestic	funds in the United	States. complete if the orga	anization answered "Y		X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
KAUAI UNITED WAY PO BOX 1087 LIHUE, HI 96766	99-0146288	501(C)(3)	22,740.	0.			CHARITABLE GIVING
KIUC CHARITABLE FOUNDATION 4463 PAHEE ST STE 1 LIHUE, HI 96766-2000	51-0592268	501(C)(3)	38,646.	0.			RELATED EXEMPT OPERATIONS
2 Enter total number of section 501(c)(3) ar							▶ 2.

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

Schedule I (Form 990) 2021

KAUAI ISLAND UTILITY COOPERATIVE

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	(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.

SC	HEDULE J	Compens	ation Information	I	OMB No. 1	1545-004	47			
	rm 990)	-	rs, Trustees, Key Employees, and Highest		20	n 1				
		Comp	ensated Employees		20		l			
Depa	tment of the Treasury		nswered "Yes" on Form 990, Part IV, line 23. ach to Form 990.		Open to		ic			
	al Revenue Service) for instructions and the latest information.		Inspection					
Nam	e of the organization	1		Employer id	entificatio	on nui	nber			
		KAUAI ISLAND UTILITY COOPER	ATIVE	99-03	46113					
Pa	rt I Question	s Regarding Compensation								
						Yes	No			
1a			of the following to or for a person listed on Form	990,						
		line 1a. Complete Part III to provide any relev								
	First-class or c		Housing allowance or residence for person							
	Travel for com	•	Payments for business use of personal res							
		ation and gross-up payments	Health or social club dues or initiation fee							
	Discretionary spending account Personal services (such as maid, chauffeur, c									
-										
b	,	on line 1a are checked, did the organization	1 , 6 , 61 ,		1b					
•	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain									
2	•		or allowing expenses incurred by all directors,							
	trustees, and office	rs, including the CEO/Executive Director, reg	arding the items checked on line 1a?		2					
~	la d'acta e datata de la com									
3			establish the compensation of the organization's							
		,	boxes for methods used by a related organization	on to						
	·	ation of the CEO/Executive Director, but expl								
	X Compensation		Written employment contract							
	·	ompensation consultant	X Compensation survey or study							
		ther organizations	X Approval by the board or compensation c	ommittee						
4	During the year did	any person listed on Form 990, Part VII, Sec	ction A line 1a with respect to the filing							
	organization or a re	•••	storry, mie ra, warrospeet to the ming							
а	•	e payment or change-of-control payment?			4a		x			
b		eive payment from a supplemental nonqualif				Х				
с	•	eive payment from an equity-based compens					x			
	-	ies 4a-c, list the persons and provide the app	-							
	,									
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	s must complete lines 5-9.							
5			the organization pay or accrue any compensatio	n						
	contingent on the r		· · ·							
а	The organization?				. 5a					
					5b					
		r 5b, describe in Part III.								
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n						
	contingent on the r	et earnings of:								
а	The organization?				. 6a					
		r 6b, describe in Part III.								
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization provide any nonfixed payments							
	not described on lir	les 5 and 6? If "Yes," describe in Part III \dots			7					
8			ed pursuant to a contract that was subject to th							
	initial contract exce	ption described in Regulations section 53.49	958-4(a)(3)? If "Yes," describe in Part III		8					
9	If "Yes" on line 8, d	d the organization also follow the rebuttable	presumption procedure described in							
	Regulations section		· · · · · ·		. 9					
LHA	For Paperwork R	eduction Act Notice, see the Instructions f			ile J (Forn	n 990)	2021			

132111 11-02-21

Schedule J (Form 990) 2021

99-0346113

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 and/or 1099-NEC (compensation			(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) DAVID BISSELL	(i)	550,028.	0.	164,233.	100,850.	20,561.	835,672.	0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) BRAD ROCKWELL	(i)	224,975.	63,745.	1,390.	85,974.	24,020.	400,104.	0.	
CHIEF OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) KARISSA JONAS	(i)	268,982.	0.	1,300.	98,639.	24,078.	392,999.	0.	
FINANCIAL VP & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) MAILE ALFILER	(i)	139,419.	25,987.	642.	160,033.	24,020.	350,101.	0.	
MEMBER SERVICES MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) PATRICK MALAMA	(i)	199,103.	0.	929.	106,939.	19,381.	326,352.	0.	
PRIMARY TROUBLEPERSON	(ii)	0.	0.	0.	0.	0.	0.	0.	
(б) ТОМ УАМАМОТО	(i)	214,176.	0.	931.	45,595.	24,020.	284,722.	0.	
PRIMARY TROUBLEPERSON	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) ELIZABETH UBAY	(i)	175,390.	32,537.	1,300.	63,633.	4,801.	277,661.	0.	
HR & SAFETY MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) JOHN COX	(i)	155,188.	27,824.	1,478.	59,496.	24,078.	268,064.	0.	
T&D MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) TRAVIS OTTO	(i)	190,548.	0.	500.	36,608.	24,578.	252,234.	0.	
PRIMARY TROUBLEPERSON	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) TIMOTHY BRANTNER	(i)	194,139.	0.	196.	23,505.	24,820.	242,660.	0.	
PRIMARY TROUBLEPERSON	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(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.

PART I, LINE 4B:

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.

DAVID BISSELL: AMOUNT PAID - \$135,236

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 - \$90,990

ACTUAL EXPENSE - \$76,734

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.

Page 3

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
ACTUAL EXPENSE - \$24,640	
REPORTED CHANGE - \$28,824	
TRAVIS OTTO:	
ACTUAL EXPENSE - \$24,640	
REPORTED CHANGE - \$15,566	
TIMOTHY BRANTNER:	
ACTUAL EXPENSE - \$62,270	
REPORTED CHANGE - \$98,789	

SCHEDULE O	Supplemental Information to Form 000 or 000	67	OMB No. 1545-0047
(Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on	-62	2021
Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organization			identification number
	KAUAI ISLAND UTILITY COOPERATIVE	99-03	346113
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
TO PROVIDE RELIABL	E POWER SAFELY THAT IS FAIRLY AND COMPETITIVELY		
PRICED, PRACTICE C	DNSERVATION AND EFFICIENT USE OF ENERGY RESOURCES AND		
INCREASE SUSTAINAB	LE POWER SUPPLY AND ENVIRONMENTAL STEWARDSHIP WHILE		
IMPROVING THE QUAL	ITY OF LIFE FOR MEMBERS AND KAUA'I.		
FORM 990, PART VI,	SECTION A, LINE 6:		
KIUC HAS APPROXIMA	TELY 26,506 MEMBERS. THE MEMBERSHIP FEE IS \$.01 PER		
MEMBER.			
FORM 990, PART VI,	SECTION A, LINE 7A:		
EACH DIRECTOR IS E	LECTED TO A 3-YEAR TERM. THE 9 DIRECTOR'S TERMS ARE		
STAGGERED SUCH THA	F 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 DO	ES NOT HAVE COMMITTEES WITH BOARD AUTHORITY TO ACT ON		
BEHALF OF THE GOVE	RNING BODY.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
1) AFTER THE COMPL	ETED FORM 990 IS RECEIVED FROM THE TAX PREPARER, THE		
CONTROLLER WILL PE	RFORM A DETAILED REVIEW OF THE FORM 990, INCLUDING		
VERIFYING THE FIGU	RES TO THE BOOKS OF RECORD.		
2) THE CFO WILL PE	RFORM A MORE GENERAL REVIEW OF THE FORM 990 FOR		
REASONABLENESS.			
LHA For Paperwork Re	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schee	dule O (Form 990) 2021

07090801 146892 611853

27 2021.04012 KAUAI ISLAND UTILITY COOP 611853_1

Name of the organization	Employer identification numbe
KAUAI ISLAND UTILITY COOPERATIVE	99-0346113
)) THE FORM 990 WILL BE MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR THEIR	
NDIVIDUAL REVIEW. IF THE DIRECTORS HAVE ANY QUESTIONS ABOUT THE FORM 990,	
THE CFO WILL MEET WITH THEM TO ANSWER THEIR QUESTIONS.	
) THE FORM 990 WILL BE FILED WITH THE IRS FOLLOWING THIS PROCESS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
NY DIRECTOR, OFFICER OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS	
THO 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.	

28

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.

132212 11-11-21

Name of the organization		Employer identification numb
KAUAI ISLAND UTILITY COOPERATIVE		99-0346113
ORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN OTHER EQUITY	64,157.	
CHANGE IN MEMBERSHIPS	18.	
PATRONAGE NET MARGIN	8,296,852.	
RETIREMENT OF CAPITAL CREDITS	-1,296,457.	
TOTAL TO FORM 990, PART XI, LINE 9	7,064,570.	
ORM 990, PART XII, LINE 2C:		
THERE WERE NO CHANGES IN PROCEDURE FROM THE PRIOR YEAR.		
32212 11-11-21		Schedule O (Form 990) 20

07090801 146892 611853

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

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 for instructions and the latest information.

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

KAUAI ISLAND UTILITY COOPERATIVE

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

			I	1	
(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
	-				

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 Part II 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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
KIUC CHARITABLE FOUNDATION - 51-0592268					KAUAI ISLAND		
4463 PAHEE ST STE 1					UTILITY		
LIHUE, HI 96766-2000	FOUNDATION	HAWAII	501(C)(3)	LINE 7	COOPERATIVE	х	
	_						
	_						

30

Schedule R (Form 990) 2021

2021 **Open to Public** Inspection

Employer identification number

99-0346113

 _		

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. Part III

	(h)	·	(4)	(a)	(4)	(*)		<u>لما</u>	(1)			(14)
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule	Gene	j) eral or aging ner?	(k) Percentage ownership
		country)		sections 512-514)		233613	Yes	No	K-1 (Form 1065)	Yes	No	
KIUC RENEWABLE SOLUTIONS TWO												
LLC - 46-1502179, 4463 PAHEE]											
ST STE 1, LIHUE, HI	SOLAR POWER											
96766-2000	GENERATION	DE	N/A	N/A				x	N/A		x	
	7											
	1											
	1											
	1											
	1											
	-											
	1											
	1											
	1											

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. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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	512(l contr ent	(i) ction (b)(13) rolled tity?
		country)						Yes	No
KIUC RENEWABLE SOLUTIONS ONE LLC -			KAUAI ISLAND						
45-3822840, 4463 PAHEE ST STE 1, LIHUE, HI	SOLAR POWER		UTILITY						
96766-2000	GENERATION	DE	COOPERATIVE	C CORP	915,534.	29,561,027.	100%	х	
KIUC RENEWABLE SOLUTIONS TWO HOLDINGS LLC -	HOLDING COMPANY FOR		KAUAI ISLAND						
46-3410355, 4463 PAHEE ST STE 1, LIHUE, HI	SOLAR POWER		UTILITY						
96766-2000	GENERATION	DE	COOPERATIVE	C CORP	1,063,869.	-1,382,601.	100%	х	
	-								
	-								

132162 11-17-21

Schedule R (Form 990) 2021 KAUAI ISLAND UTILITY COOPERATIVE

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X	
	Gift, grant, or capital contribution to related organization(s)	1b		х
с	Gift, grant, or capital contribution from related organization(s)	1c		х
	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		x
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h	X	
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		x
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		х
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		x
	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r	x	
s	Other transfer of cash or property from related organization(s)	1s	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	858,002.	CASH
(2) KIUC RENEWABLE SOLUTIONS ONE LLC	н	2,786,737.	CASH
(3) KIUC RENEWABLE SOLUTIONS ONE LLC	Q	255,168.	CASH
(4) KIUC RENEWABLE SOLUTIONS ONE LLC	R	150,000.	CASH
(5) KIUC RENEWABLE SOLUTIONS ONE LLC	S	1,013,554.	САЅН
(6) KIUC RENEWABLE SOLUTIONS TWO LLC	D	13,463,463.	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	н	2,508,545.	сазн
(8) KIUC RENEWABLE SOLUTIONS TWO LLC	Q	154,006.	CASH
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
_ (15)			
(16)			
(17)			
(18)			
_ (19)			
_ (20)			
(21)			
(22)			
(23)			
(24)			

Schedule R (Form 990) 2021 KAUAI ISLAND UTILITY COOPERATIVE

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c org: Yes	e) all 's sec. c)(3) s.? No	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior alloca	ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	(k) I or Percentag ^{ng} ownership

Schedule R (Form 990) 2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

132165 11-17-21