Form	9	9	0

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public Inspection

OMB No. 1545-0047

AF	or th	e 2022 calendar year, or tax year beginning and e	ending							
Ba	Check if opplicat	e: C Name of organization		D Employer identifi	cation number					
	Address Change KAUAI ISLAND UTILITY COOPERATIVE									
	chan	e Doing business as	99-0346113							
	Final	4463 DAHEF OF OFF 1	Room/suite	E Telephone number 808-246-4300						
	termi			G Gross receipts \$	175,674,645.					
	Amer	ded 1 THIR HT 96766 2000		H(a) Is this a group r						
	_return Appli			for subordinates						
	tion pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates i						
1 1	[av.o)	empt status: $501(c)(3)$ X 501(c) (12) (insert no.) 4947(a)(1) o	or 527		l list. See instructions					
-	Nebs			H(c) Group exemption						
-		forganization: X Corporation Trust Association Other	I Voor		VI State of legal domicile: HI					
	art I	Summary			VI State of legal dofinitine. ***					
	1	Briefly describe the organization's mission or most significant activities: PROVIDE	POWER '	TO OUR MEMBERS IN						
Activities & Governance	·	A CONSERVATIVE AND SUSTAINABLE MANNER.								
sur	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.					
ove	3			3	9					
ڻ م	4	Number of independent voting members of the governing body (Part VI, line 1b)			9					
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	153					
viti	6	Total number of volunteers (estimate if necessary)			0					
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			65,766.					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		58,289.					
				Prior Year	Current Year					
Q	8	Contributions and grants (Part VIII, line 1h)		0.	0.					
Revenue	9	Program service revenue (Part VIII, line 2g)		158,787,454.	174,807,926.					
Sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,350,375.	1,508,770.					
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		339,241.	-674,861.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		160,477,070.	175,641,835.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		86,386.	88,334.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		8,296,852.	3,172,759.					
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ $		2,247,742.	2,742,063.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ďx	b	Total fundraising expenses (Part IX, column (D), line 25)	0.							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		149,846,090.	169,638,679.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		160,477,070.	175,641,835.					
	19	Revenue less expenses. Subtract line 18 from line 12		0.	0.					
S OL			Be	ginning of Current Year	End of Year					
Net Assets or	20	Total assets (Part X, line 16)		395,344,357.	423,743,821.					
et A:	21	Total liabilities (Part X, line 26)		261,600,227.	288,966,994.					
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		133,744,130.	134,776,827.					
	art II	Signature Block								
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is					
true,	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.						

	Jain Jellamano	3 2023				
Sign 🤇	Signature of officer	Date				
Here	STACIE DELLAMANO, FINANCIAL VP & CFO					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	WENDY CAMPOS	WENDY CAMPOS	08/23/23	3 if self-ei	nployed P00448102	
Preparer	Firm's name MOSS ADAMS LLP			Firm's EIN	91-0189318	
Use Only	Firm's address 805 SW BROADWAY STE 1400					
	PORTLAND, OR 97205			Phone no. ⁵	503-242-1447	
May the I	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.			Form 990 (20	22)

41 L	90 (2022) KAUAI ISLAND U		99-034611	.3 Pag
-		nse or note to any line in this Part III		Γ
	Briefly describe the organization's mission:			L
	SEE SCHEDULE O			
-				
-				
			un an de Bada al cue de c	
		nt program services during the year which we	F	Yes X
	f "Yes," describe these new services on Sch		Ц	
		ake significant changes in how it conducts, a		Yes X
	f "Yes," describe these changes on Schedul			
		accomplishments for each of its three larges	t program services as measured by ex	nenses
		are required to report the amount of grants a		
	evenue, if any, for each program service rep			511000, und
		including grants of \$) (Revenue \$	
0	ENERATED, TRANSMITTED AND DISTRI	BUTED ELECTRICITY TO APPROXIMATE		
-	38,898 ACTIVE SERVICES AT YEAR EN			
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(Code:) (Expenses \$	including grants of \$) (Revenue \$	
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-) (Revenue \$	
-	Dther program services (Describe on Schedu	lle O.)		
	Dther program services (Describe on Schedu	ule O.)) (Revenue \$)
-	Dther program services (Describe on Schedu	lle O.)) Form 990 (2

KAUAI ISLAND UTILITY COOPERATIVE Form 990 (2022) KAUAI ISLAND UTIL: Part IV Checklist of Required Schedules

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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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			x
•	Schedule D, Part III	8		
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?	9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10		10		x
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	
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	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	<u>12a</u>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	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?	<u>14a</u>		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		х
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		х
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,"			
	complete Schedule G, Part III	19		X
20a	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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
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Form 990 (2022)			UTILITY	
Part IV	Checklist o	of Required	d Scheo	lules _{(co.}	ntinued)

Page 4 99-0346113

			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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-14		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h		254		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		054		
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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			x
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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			x
	"Yes," complete Schedule L, Part IV	28a		x
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			x
00	"Yes," complete Schedule L, Part IV	28c		X
29	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			x
~	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
22	Schedule N, Part II	32		
33				x
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
9E -	Part V, line 1	34	X	
		35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254	х	
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	21	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		
07	<i>If "Yes," complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 110		103	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
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2022.04010 KAUAI ISLAND UTILITY COOP 611853_1

Form	990 (2022) 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	153						
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
3a									
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		х			
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 Ac	count	s (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		o (, _, , , ,	5a		х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
Ua				6a		х			
h				Ua					
a	If "Yes," did the organization include with every solicitation an express statement that such contribution upon a statement that such contribution		-	C L					
-	were not tax deductible?	•••••		6b					
7	Organizations that may receive deductible contributions under section 170(c).			7.					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a					
				7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•		_					
	to file Form 8282?			7c					
	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9						
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a	174,316,246.						
	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b	2,075,337.						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
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	13b							
с	Enter the amount of reserves on hand	13c							
14a				14a		х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner								
	excess parachute payment(s) during the year?			15		х			
	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	incor	ne?	16		х			
10	If "Yes," complete Form 4720, Schedule O.		ie?	10					
17		ivities.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any active would reput in the imposition of an avoing tax under pacting 4051, 4052 or 40522			47					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.			Form	900	(2022)			
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	990 (2022) KAUAI ISLAND UTILITY CO		99-0346			age o
Par	t VI Governance, Management, and Disclos			⁻ a "No" r	respon	ise
	to line 8a, 8b, or 10b below, describe the circumsta	nces, processes, or changes on Schedule C). See instructions.			
	Check if Schedule O contains a response or note to	any line in this Part VI		<u></u>		X
Sect	tion A. Governing Body and Management				1	
			1 1		Yes	No
1a	Enter the number of voting members of the governing boo		1a	9		
	If there are material differences in voting rights among members					
	body delegated broad authority to an executive committee or sim					
b	Enter the number of voting members included on line 1a,	-	1b	9		
2	Did any officer, director, trustee, or key employee have a t	amily relationship or a business relationship	p with any other			
				2		X
3	Did the organization delegate control over management d		e direct supervision			
	of officers, directors, trustees, or key employees to a man					X
4	Did the organization make any significant changes to its g					X
5	Did the organization become aware during the year of a si	gnificant diversion of the organization's ass	sets?	. 5		X
6				6	X	
7a	Did the organization have members, stockholders, or othe	er persons who had the power to elect or ap	opoint one or			
				7a	X	
b	Are any governance decisions of the organization reserve	d to (or subject to approval by) members, s	tockholders, or			
				7b		X
8	Did the organization contemporaneously document the meetings	held or written actions undertaken during the yea	ar by the following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the gov	erning body?		. 8b		X
9	Is there any officer, director, trustee, or key employee liste					
	organization's mailing address? If "Yes," provide the name	es and addresses on Schedule O		. 9		X
Sect	tion B. Policies (This Section B requests information a	bout policies not required by the Internal Re	evenue Code.)		1	
					Yes	No
10a	Did the organization have local chapters, branches, or affi	liates?		10a		X
b	If "Yes," did the organization have written policies and pro	ocedures governing the activities of such ch	napters, affiliates,			
	and branches to ensure their operations are consistent wi	th the organization's exempt purposes?		. <u>10b</u>		
	Has the organization provided a complete copy of this Fo		y before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the o					
12a	Did the organization have a written conflict of interest poli	cy? If "No," go to line 13		. <u>12a</u>	Х	
	Were officers, directors, or trustees, and key employees required			. 12b	Х	
с	Did the organization regularly and consistently monitor an	d enforce compliance with the policy? If "	Yes," describe			
	on Schedule O how this was done				X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention ar			. 14	Х	
15	Did the process for determining compensation of the follo		al by independent			
	persons, comparability data, and contemporaneous subst					
	The organization's CEO, Executive Director, or top managed				Х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schee					
16a	Did the organization invest in, contribute assets to, or par	ticipate in a joint venture or similar arranger	ment with a			
				16a		X
b	If "Yes," did the organization follow a written policy or pro					
	in joint venture arrangements under applicable federal tax					
<u></u>	exempt status with respect to such arrangements?			16b		
Seci	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is requi					
18	Section 6104 requires an organization to make its Forms		nd 990-T (section 501(c)(3)s only)	availal	ble
	for public inspection. Indicate how you made these availa					
			n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the orga	nization made its governing documents, co	onflict of interest policy, a	nd finand	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the pe		oks and records			
	CORINNE CUARESMA, CONTROLLER - 808-246-821:	4				
	4463 PAHEE ST STE 1, LIHUE, HI 96766-2000				000	(a -
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Form 990 (2022) KAUAI ISLAND	UTILITY COOPERATIVE	99-0346113 Page 7
Part VII Compensation of Officers, D	Pirectors, Trustees, Key Employees, High	est Compensated
Employees, and Independen	t Contractors	
Check if Schedule O contains a respo	onse 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.

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, box 6 of 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.

		l				1001	out			(E)
(A)	(B)		(C) Position		(D)	(E)	(F)			
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per week					s both pr/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	ndividual trustee or director				p		organization	(W-2/1099-MISC/	from the
	related	ee or	Istee			insate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		oyee	ompe		1099-NEC)		and related
	below	vidual	In stit utio nal tru stee	Cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) DAVID BISSELL	60.00									
CEO	0.00			Х				850,542.	٥.	134,596.
(2) BRAD ROCKWELL	60.00									
CHIEF OF OPERATIONS	0.00				Х			286,406.	0.	122,515.
(3) KARISSA JONAS	50.00									
FINANCIAL VP & CFO	0.00			Х				202,505.	٥.	103,911.
(4) JOHN COX	40.00									
T&D MANAGER	0.00				Х			203,366.	٥.	92,458.
(5) ELIZABETH UBAY	46.00									
HR & SAFETY MANAGER	0.00					x		221,742.	0.	70,438.
(6) RICHARD VETTER	48.00									
PORT ALLEN STATION MANAGER	0.00					х		198,869.	0.	90,067.
(7) BETH AMARO	50.00									
MEMBER SERVICES & COMMUNICATIONS	0.00				Х			205,788.	Ο.	77,074.
(8) PATRICK MALAMA	40.00									
PRIMARY TROUBLEPERSON	0.00					х		189,987.	Ο.	79,418.
(9) ТОМ УАМАМОТО	40.00									
PRIMARY TROUBLEPERSON	0.00					x		195,320.	0.	73,043.
(10) CAMERON KRUSE	55.00									
ENGINEERING MANAGER	0.00				х			185,240.	Ο.	60,141.
(11) TIMOTHY BRANTNER	55.00									
PRIMARY TROUBLEPERSON	0.00					х		186,425.	Ο.	51,166.
(12) STACIE DELLAMANO	55.00									
FINANCIAL VP & CFO	0.00			х				135,568.	Ο.	28,878.
(13) PETER YUKIMURA	15.00									
TREASURER	0.00	х		х				20,079.	Ο.	0.
(14) ALLAN SMITH	15.00									
CHAIRMAN	0.00	х		х				18,867.	0.	0.
(15) TEOFILO TACBIAN	20.00									
DIRECTOR	1.00	х						18,082.	0.	0.
(16) JIM MAYFIELD	6.00									
DIRECTOR	0.00	х						16,104.	0.	0.
(17) DEE CROWELL	12.00									
DIRECTOR	12.00	х						14,865.	0.	0.
232007 12-13-22	•			-	-	-		•		Form 990 (2022)

232007 12-13-22

Form 990 (2022)

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Form 990 (2022) KAUAI ISLAND									99-034	611	3 Page 8
Part VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C		s (continued)		
(A)	(B)			(C Pos				(D)	(E)		(F)
Name and title	Average hours per		not c	heck	more	than o		Reportable	Reportable		Estimated
	week					is both pr/trus		compensation from	compensation from related		amount of other
	(list any	tor						the	organizations		compensation
	hours for	· direc				B		organization	(W-2/1099-MISC	ן /נ	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		organization
	organizations	al trus	nal tr		oyee	e mp		1099-NEC)			and related
	below	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former				organizations
	line)	lnd	lns	0#0	Key	e mig	For			$ \rightarrow$	
(18) CALVIN MURASHIGE	9.00							14 125			0
SECRETARY	0.00	X		x		-		14,135.		0.	0.
(19) JAN TENBRUGGENCATE	10.00	v		v				14 107			0
VICE CHAIR	1.00	Х		x		-		14,107.		0.	0.
(20) JANET KASS	6.60							11 070			0
DIRECTOR	0.00	X				-		11,870.		0.	0.
(21) DAVID IHA	5.00							11 140			0
DIRECTOR	5.00	Х				<u> </u>		11,149.		0.	0.
						<u> </u>				\rightarrow	
						-					
								2 001 016		_	
1b Subtotal								3,201,016.		0.	983,705.
c Total from continuation sheets to Part VI								0.		0.	0.
d Total (add lines 1b and 1c)								3,201,016.		٥.	983,705.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable		01
compensation from the organization											91
										1	Yes No
3 Did the organization list any former officer,	-		•	•	•		Ŭ		•		
line 1a? If "Yes," complete Schedule J for si											3 X
4 For any individual listed on line 1a, is the su	•		•						•		
and related organizations greater than \$150			•								4 X
5 Did any person listed on line 1a receive or a											
rendered to the organization? <i>If "Yes," com</i>	plete Schedule	e J fo	or sı	ıch ı	oers	ion .					5 X
Section B. Independent Contractors											
1 Complete this table for your five highest con	•	•							•	ensat	tion from
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.		
(A) Name and business	addross							(B) Description of s	envices	C	(C) ompensation
	audress						_	Description of s			ompensation
HAWAII DRONE PROFESSIONALS											1 222 664
PO BOX 1868, KOLOA, HI 96756							-	DRONE SERVICES			1,222,664.
SCHNEIDER TANAKA RADOVICH ANDREW & TA											
MSC 61505 PO BOX 1300, HONOLULU, HI S	96807						-	LEGAL SERVICES			567,773.
HAWAIIAN ISLAND TECHNOLOGIES LLC											470 005
2530 KIPUKA ST, KOLOA, HI 96756								IT SERVICES			472,835.
DMK & ASSOCIATES LLC	6766							MELDING GEDUITORS			007 004
3018 AUKELE ST STE A 101, LIHUE, HI 9	00/00						_	WELDING SERVICES			287,824.
SPJ CONSULTING LLC									_		100 040
PO BOX 17885, HONOLULU, HI 96817								CONSULTING SERVICE			109,948.
2 Total number of independent contractors (ir		ot lin	nited	d to			ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz	ation				(6					

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	t VIII									_
		Check if Schedule O c	onta	ins a respo	nse c	r note to any line	e in this Part VIII (A)	(B)	(C)	
							Total revenue	Related or exempt	Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
S	1 a	Federated campaigns		1a						
un		Membership dues								
	с	Fundraising events								
IL A		Related organizations								
		Government grants (contril								
0		All other contributions, gifts, g								
Ine		similar amounts not included a	above	e 1f						
D	g	Noncash contributions included in li	ines 1a	a-1f 1g 9	6					
and Uther Similar Amounts	h	Total. Add lines 1a-1f								
						Business Code				
	2 a	COMMERCIAL/INDUSTRIA	AL		[221000	98,190,497.	98,190,497.		
Ð	b	RESIDENTIAL			[221000	75,465,976.	75,465,976.		
inu	с	IRRIGATION				221000	718,357.	718,357.		
eve	d	STREET LIGHTING				221000	692,840.	692,840.		
hevenue	е	SERVICE FEES & OTHER	2			221000	-259,744.	-259,744.		
	f	All other program service r	even	ue						
	g	Total. Add lines 2a-2f					174,807,926.			
	3	Investment income (includi	ing d	lividends, iı	nteres	st, and				
							1,508,770.			1,508,7
	4	Income from investment of	f tax-	exempt bo	nd pr	oceeds				
	5	Royalties	·····;							
			╞	(i) Rea		(ii) Personal				
	6 a		6a	98,5						
	b	Less: rental expenses	6b	32,8						
	С	Rental income or (loss)	6c	65,7	66.					
		Net rental income or (loss)	·····				65,766.		65,766.	
	7 a	Gross amount from sales of		(i) Securit	ies	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
			7b							
	С	Gain or (loss)	7c							
		Net gain or (loss)			·····					
	8 a	Gross income from fundraisin	g eve	nts (not						
		including \$		of						
		contributions reported on I		,						
		Part IV, line 18			8a					
		Less: direct expenses			8b					
		Net income or (loss) from f								
	9 a	Gross income from gaming								
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from g			s 					
	10 a	Gross sales of inventory, le								
	_	and allowances			10a					
		Less: cost of goods sold			10b					
+	С	Net income or (loss) from s	sales	ot invento	ry	Business Carda				
	44 -	PATRONAGE ALLOCATION	19		ŀ	Business Code 900099	196,261.	196,261.		
an	11 a	NONOPERATING			—	900099	3,816.	3,816.		
ven	b	NET LOSS FROM SUBS			—	900099	-940,704.	-940,704.		
Hevenue	-				—	500033	-940,/04.	-940,704.		
		All other revenue					-740,627.			
_		Total. Add lines 11a-11d						174 067 200	65 766	1,508,7
	12	Total revenue. See instruction	115 .				175,641,835.	174,067,299.	65,766.	<u>, 1, 200, 1</u>

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KAUAI ISLAND UTILITY COOPERATIVE

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

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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 88,334 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 3,172,759 4 5 Compensation of current officers, directors, trustees, and key employees 2,742,063 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 11 Fees for services (nonemployees): Management а b Legal С Accounting 114,665 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 Conferences, conventions, and meetings 19 6,780,697, 20 Interest Payments to affiliates 21 15,662,092 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) POWER COST 103,918,936, а UNRELATED BUSINESS TAX 14,154 b ADMINISTRATIVE 18,778,422. С OTHER TAXES 14,704,580 d 9,665,133, All other expenses е 175,641,835 Total functional expenses. Add lines 1 through 24e 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)

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Form 990 (2022)

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	1	Cash - non-interest-bearing	22,533,909.	1	44,402,512.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
		Accounts receivable, net	11,612,390.	4	12,573,543
		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		5	
	6	Loans and other receivables from other disgualified persons (as defined		_	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	19,059,947.	8	22,484,856
	9	Prepaid expenses and deferred charges	2,670,907.	9	1,309,242
		Land, buildings, and equipment: cost or other		_	
		basis. Complete Part VI of Schedule D 10a 608,360,062.			
	b	Less: accumulated depreciation 10b 335,406,265.	263,461,671.	10c	272,953,797
	11	Investments - publicly traded securities	· · ·	11	
	12	Investments - other securities. See Part IV, line 11	33,496,087.	12	27,107,244
	13	Investments - program-related. See Part IV, line 11	· · · ·	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	42,509,446.	15	42,912,627
	16	Total assets. Add lines 1 through 15 (must equal line 33)	395,344,357.	16	423,743,821
	17	Accounts payable and accrued expenses	19,695,126.	17	19,362,392
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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		22	
	23	Secured mortgages and notes payable to unrelated third parties	227,105,703.	23	242,842,267
	24	Unsecured notes and loans payable to unrelated third parties	· · ·	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	14,799,398.	25	26,762,335
	26	Total liabilities. Add lines 17 through 25	261,600,227.	26	288,966,994
T		Organizations that follow FASB ASC 958, check here			
		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds	583.	29	598
	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0
	31	Retained earnings, endowment, accumulated income, or other funds	133,743,547.	31	134,776,229
	32	Total net assets or fund balances	133,744,130.	32	134,776,827
		Total liabilities and net assets/fund balances	395,344,357.	33	423,743,821

KAUAI ISLAND UTILITY COOPERATIVE

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

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(B) End of year

(A) Beginning of year

Form 990 (2022) Part X Balance Sheet

Form	990 (2022) KAUAI ISLAND UTILITY COOPERATIVE	99-03461	13	Pa	_{ge} 12
Pa	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	175	,641,	835.
2	Total expenses (must equal Part IX, column (A), line 25)	2	175	,641,	835.
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	133	,744,	130.
5	Net unrealized gains (losses) on investments	5	-	-211,	855.
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	1	,244,	552.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	134	,776,	827.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				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	Ο.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
_	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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	000	

Form **990** (2022)

					F 00 47
		al Financial Statements		OMB No. 154	<u>5-0047</u>
(Forr	n 990) Complete if the orga Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		202	Z
	ment of the Treasury	Attach to Form 990. 90 for instructions and the latest information.		Open to F Inspectio	
-	e of the organization		Employer	r identification	
	KAUAI ISLAND UTILITY COOPER			99-0346113	
Pa			counts.	Complete if the	
	organization answered "Yes" on Form 990, Part IV, lir				
		(a) Donor advised funds	(b) Funds an	d other account	ts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3 4	Aggregate value of grants from (during year)Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in		ds		
-	are the organization's property, subject to the organization's	-		Yes	No
6	Did the organization inform all grantees, donors, and donor a			·	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conferr	ing		
_				Yes	No
Pa			line 7.		
1	Purpose(s) of conservation easements held by the organizati				
	Preservation of land for public use (for example, recrea				
	Protection of natural habitat Preservation of open space	Preservation of a certi	tied historic	structure	
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a co	nservation e	asement on the	last
2	day of the tax year.			at the End of the	
а	Total number of conservation easements		2a		
b			2b		
с	Number of conservation easements on a certified historic str		2c		
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a			
	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the organi	zation during	g the tax	
	year				
4	Number of states where property subject to conservation early				
5	Does the organization have a written policy regarding the per			Yes	No
6	violations, and enforcement of the conservation easements i Staff and volunteer hours devoted to monitoring, inspecting,				
Ŭ					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation eas	sements dur	ing the year	
				0)	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)	(i)		
				Yes	No No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense statem	ent and		
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statements that	at describes	the	
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art Historical Treasures or Other S	imilar Ase	sote	
I UI	Complete if the organization answered "Yes" on Form			5013.	
1a	If the organization elected, as permitted under FASB ASC 95		ance sheet w	vorks	
14	of art, historical treasures, or other similar assets held for pul				
	service, provide in Part XIII the text of the footnote to its final				
b	If the organization elected, as permitted under FASB ASC 95		sheet work	s of	
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
_			\$		
2	If the organization received or held works of art, historical tree		orovide		
-	the following amounts required to be reported under FASB A	-	¢		
a b	Revenue included on Form 990, Part VIII, line 1				
	For Paperwork Reduction Act Notice, see the Instruction			dule D (Form 9	90) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
232051 09-01-22

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2022.04010	KAUAI	ISLAND	UTILITY	COOP	611853_	_1

Sche		ND UTILITY COOPI						99-034			_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	[·] Othe	r Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	make si	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	ı 🗌 ı	Loan or exc	hange progra	ım					
b	Scholarly research	e	, 🗌 (Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how the	ey further th	ne organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, his	storical treas	sures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran								line 9, or		
	reported an amount on Form 990, Pa			-							
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for c	ontribution	s or other ass	ets not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						. 1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line	10.				
		(a) Current year	(b) P	rior year	(c) Two year	's back	(d) Three y	/ears back	(e) Four	' years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment	-	%								
b	Permanent endowment	_%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	nd administer	ed for th	e				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	unds.							
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	• •	ccumulate preciation		(d) Boo	k valu	e
1a	Land			10	,187,637.				10,	187,	637.
	Buildings			51	,193,726.		24,740,	554.	26,	453,	172.
	Leasehold improvements										
	Equipment			533	,733,076.	3	10,665,	711.	223	067,	365.
	Other				,245,623.					245,	
	. Add lines 1a through 1e. (Column (d) must e		X colum		· · · · ·					,953,	
		guari onn 330, ran		ו שווו גען וווכ ו	<u>vv.</u> ,						

Schedule D (Form 990) 2022

99-0346113 Page **3**

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	2,003,086.	COST
(B) INVESTMENTS IN SUBSIDIARY COMPANIES	24,136,724.	COST
(C) RURAL ECONOMIC DEVELOPMENT LOANS	967,434.	COST
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	27,107,244.	

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	9,279,755.
(2) DEFERRED DEBITS	33,522,840.
(3) POST-RETIREMENT BENEFIT ASSET	20,606.
(4) ENERGY RATE ADJ CLAUSE	89,426.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	42,912,627.
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	10,909,179.
(3) CONSUMER DEPOSITS	1,263,231.
(4) OTHER LIABILITIES	1,006,720.
(5) ROU LIABILITIES	13,583,205.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	26,762,335.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 KAUAI ISLAND UTILITY COOPERATIVE		99-0346113 Page 4
	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 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	2b	
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		
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 Sta	tements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 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.)	2d	
е	Add lines 2a through 2d		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.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18	3.)	
Pa	t XIII Supplemental Information.	,	
Provi	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,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	y additional information.	
		-	
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 ADOPTE	D FINANCIAL	
ACCO	UNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFI	CATION (ASC)	

18

740-10, relating to accounting for uncertain tax positions. As of

DECEMBER 31, 2022 AND 2021, 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.

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KAUAI ISLAND UTILITY COOPERATIVE 99-0346113 Schedule D (Form 990) 2022 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) 2022

232055 09-01-22

	GCHEDULE I Grants and Other Assistance to Organizations, Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.											
Depertment			Comple	ete if the organizatio	Attach to Form		rt IV, line 21 or 22.		Open to Public			
Internal Reve	of the Treasury nue Service			Go to www.irs	.gov/Form990 for		ation.		Inspection			
Name of t	he organizati		UTILITY COOPER	ATIVE	-				Employer identification number 99-0346113			
Part I	General In	formation on Grants a	nd Assistance									
crite	eria used to a cribe in Part	ration maintain records t ward the grants or assis IV the organization's pro	stance?	oring the use of grant	funds in the United	l States.			Yes No			
Part II		d Other Assistance to	-				anization answered "Y	es" 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. 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) Propriod												
PO BOX	NITED WAY 1087 HI 96766		99-0146288	501(C)(3)	55,538.	0.			CHARITABLE GIVING			
		er of section 501(c)(3) a	v v		l e line 1 table				<u> </u>			

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

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

Schedule I (Form 990) 2022

KAUAI ISLAND UTILITY COOPERATIVE

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

INTENDED BY THE COOPERATIVE.

(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

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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.

232102 10-31-22

SCHEDULE J		Compensation Information	1	OMB No. 1545-0047		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2022		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				
	tment of the Treasury	Attach to Form 990.		Open to Inspe		ic
	al Revenue Service Ne of the organization	Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ide	-		mber
- tan	ie er alle ergamzation	KAUAI ISLAND UTILITY COOPERATIVE	99-034		on nai	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary spending account Personal services (such as maid, chauffeur,					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
		rovision of all of the expenses described above? If "No," complete Part III to explain		. 1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?					
~						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
		ompensation consultant X Compensation survey or study ther organizations X Approval by the board or compensation or	ommittoo			
			Johnnittee			
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 re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?		41	Х	
с	-	eive payment from an equity-based compensation arrangement?		4		х
		ies 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 of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r	evenues of:				
				5a		
b		ation?		5b		
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the n					
				<u>6a</u>		
b		ation?		6b		
-		r 6b, describe in Part III.				
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7		
9		ies 5 and 6? If "Yes," describe in Part III reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th		-		
8				8		
9		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III id the organization also follow the rebuttable presumption procedure described in		. 0		
9		53.4958-6(c)?		9		
ΙНΔ		eduction Act Notice, see the Instructions for Form 990.	Schedul		n 990)	1 2022
			Sonedui			, 2022

232111 10-18-22

Schedule J (Form 990) 2022

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.

	(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)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVID BISSELL	(i)	576,927.	100,000.	173,615.	113,235.	21,361.	985,138.	٥.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRAD ROCKWELL	(i)	237,879.	46,974.	1,553.	97,921.	24,594.	408,921.	0.
CHIEF OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KARISSA JONAS	(i)	201,545.	0.	960.	85,422.	18,489.	306,416.	0.
FINANCIAL VP & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN COX	(i)	168,890.	32,630.	1,846.	67,806.	24,652.	295,824.	0.
T&D MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELIZABETH UBAY	(i)	183,635.	36,793.	1,314.	66,153.	4,285.	292,180.	0.
HR & SAFETY MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RICHARD VETTER	(i)	171,068.	25,817.	1,984.	65,415.	24,652.	288,936.	0.
PORT ALLEN STATION MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BETH AMARO	(i)	171,294.	32,567.	1,927.	57,367.	19,707.	282,862.	0.
MEMBER SERVICES & COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PATRICK MALAMA	(i)	188,212.	0.	1,775.	68,492.	10,926.	269,405.	0.
PRIMARY TROUBLEPERSON	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ТОМ УАМАМОТО	(i)	193,942.	0.	1,378.	48,449.	24,594.	268,363.	0.
PRIMARY TROUBLEPERSON	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CAMERON KRUSE	(i)	153,696.	30,591.	953.	39,125.	21,016.	245,381.	0.
ENGINEERING MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) TIMOTHY BRANTNER	(i)	186,196.	0.	229.	25,572.	25,594.	237,591.	0.
PRIMARY TROUBLEPERSON	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) STACIE DELLAMANO	(i)	85,326.	50,000.	242.	20,661.	8,217.	164,446.	0.
FINANCIAL VP & CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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.

EBR PAYMENTS FOR DAVID BISSELL: \$143,670

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 - \$102,865

ACTUAL EXPENSE - \$81,618

Schedule J (Form 990) 2022

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.

STACIE DELLAMANO	
REPORTED CHANGE - \$17,200	
ACTUAL EXPENSE - \$16,725	
KARISSA JONAS:	
REPORTED CHANGE - \$77,615	
ACTUAL EXPENSE - \$55,005	
BRAD ROCKWELL:	
REPORTED CHANGE - \$88,261	
ACTUAL EXPENSE - \$62,792	
JOHN COX:	
REPORTED CHANGE - \$60,904	
ACTUAL EXPENSE - \$43,618	
BETH AMARO	
REPORTED CHANGE - \$50,409	
ACTUAL EXPENSE - \$43,534	
CAMERON KRUSE	
REPORTED CHANGE - \$32,852	
ACTUAL EXPENSE - \$40,631	
ELIZABETH UBAY	
	Schedule J (Form 990) 2022

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.

REPORTED CHANGE - \$58,684	
ACTUAL EXPENSE - \$48,551	
RICHARD VETTER	
REPORTED CHANGE - \$58,427	
ACTUAL EXPENSE - \$45,423	
TOM YAMAMOTO:	
REPORTED CHANGE - \$40,547	
ACTUAL EXPENSE - \$25,880	
PATRICK MALAMA:	
REPORTED CHANGE - \$60,827	
ACTUAL EXPENSE - \$52,918	
TIMOTHY BRANTNER:	
REPORTED CHANGE - \$17,939	
ACTUAL EXPENSE - \$25,880	

SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.	ZUZZ Open to Public
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	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 CO	NSERVATION AND EFFICIENT USE OF ENERGY RESOURCES AND	
INCREASE SUSTAINABL	E POWER SUPPLY AND ENVIRONMENTAL STEWARDSHIP WHILE	
IMPROVING THE QUALI	TY OF LIFE FOR MEMBERS AND KAUA'I.	
FORM 990, PART VI,	SECTION A, LINE 6:	
	ELY 26,806 MEMBERS. THE MEMBERSHIP FEE IS \$.01 PER	
MEMBER.		
FORM 990, PART VI,	SECTION A, LINE 7A:	
EACH DIRECTOR IS EI	ECTED 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 E	INTITLED TO CAST A BALLOT AND VOTE FOR 3 DIRECTORS TO	
FILL THE 3 VACANT S	EATS, REGARDLESS OF THEIR BILLING AMOUNT.	
FORM 990, PART VI,	SECTION A, LINE 8B:	
THE COOPERATIVE DOE	S NOT HAVE COMMITTEES WITH BOARD AUTHORITY TO ACT ON	
BEHALF OF THE GOVER	NING BODY.	
	SECTION B, LINE 11B:	
·		
	TED FORM 990 IS RECEIVED FROM THE TAX PREPARER, THE	
CONTROLLER WILL PER	FORM A DETAILED REVIEW OF THE FORM 990, INCLUDING	
VERIFYING THE FIGUE	ES TO THE BOOKS OF RECORD.	
2) THE CFO WILL PER	FORM A MORE GENERAL REVIEW OF THE FORM 990 FOR	
REASONABLENESS. LHA For Paperwork Re 232211 10-28-22	duction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022	Page 2
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.	

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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.

232212 10-28-22

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	91,084.	
CHANGE IN MEMBERSHIPS	15.	
PATRONAGE NET MARGIN	3,172,759.	
RETIREMENT OF CAPITAL CREDITS	-2,019,306.	
TOTAL TO FORM 990, PART XI, LINE 9	1,244,552.	
FORM 990, PART XII, LINE 2C:		
THERE WERE NO CHANGES IN PROCEDURE FROM THE PRIOR YEAR.		
		Schedule O (Form 990) 20

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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.

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

Name of the organization

KAUAI ISLAND UTILITY COOPERATIVE

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

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)	(b)	(c)	(d)	(e)	(f)	(g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		512(b)(13) rolled
of related organization		foreign country)	section	status (if section	entity	ent	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	x	

Employer identification number 99-0346113

OMB No. 1545-0047



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.

(2)	(h)	()	(4)	(a)	(4)	(*)		<u>لما</u>	(1)		j)	(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	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule	Gene	ral or Perc	(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											

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	(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 conti	(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	1,367,639.	30,500,989.	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	1,286,844.	-1,484,311.	100%	Х	
	-								
	-								
	-								
	-								

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.		Yes	N
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to related organization(s)			Х
c Gift, grant, or capital contribution from related organization(s)	1c		Х
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)			X
f Dividends from related organization(s)	1f		х
g Sale of assets to related organization(s)	1g		2
h Purchase of assets from related organization(s)	1h	X	
i Exchange of assets with related organization(s)	1i		2
j Lease of facilities, equipment, or other assets to related organization(s)			2
k Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		2
Performance of services or membership or fundraising solicitations for related organization(s)			2
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
o Sharing of paid employees with related organization(s)			
p Reimbursement paid to related organization(s) for expenses			
q Reimbursement paid by related organization(s) for expenses		X	+
r Other transfer of cash or property to related organization(s)	1r		
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	871,248.	сазн
(2) KIUC RENEWABLE SOLUTIONS ONE LLC	н	2,948,501.	CASH
(3) KIUC RENEWABLE SOLUTIONS ONE LLC	Q	259,816.	САЅН
(4) KIUC RENEWABLE SOLUTIONS ONE LLC	s	778,078.	САЅН
(5) KIUC RENEWABLE SOLUTIONS TWO LLC	D	12,952,099.	CASH
(6) KIUC RENEWABLE SOLUTIONS TWO LLC	н	2,612,567.	CASH

Schedule R (Form 990) KAUAI ISLAND UTILITY COOPERATIVE

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	149,420.	САЅН
(8)			
(9)			
(10)			
_ (11)			
_ (12)			
_ (13)			
_ (14)			
_ (15)			
_ (16)			
_ (17)			
_ (18)			
_ (19)			
_ (20)			
_ (21)			
_ (22)			
(23)			
(24)			

Schedule R (Form 990) 2022 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)	Are Partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 KAUAI ISLAND UTILITY COOPERATIVE 99-0346113 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions. 232165 09-14-22 Schedule R (Form 990) 2022 35

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