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DLN: 93493300009081

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

| A Fo | r the | 2010 ca | lendar year, or tax year beginning 01-01-2010 and ending 12-31-201 | LO | 1 p. F | | | |
|-----------------------------|-----------|--------------------------|--|----------------------|--------------------|-------------------------------------|--|--|
| | | pplicable | C Name of organization KAUAI ISLAND UTILITY COOPERATIVE | | D Employ | er identification number | | |
| | dress ch | _ | Doing Business As | | 99-034 | 46113 | | |
| | me cha | _ | | | E Telepho | ne number | | |
| Init | ial retu | ırn | Number and street (or P O box if mail is not delivered to street address) | Room/suite | (808) 2 | 246-4300 | | |
| Tei | mınate | ed | 4463 PAHEE ST NO 1 | | | | | |
| Am | ended | return | City or town, state or country, and ZIP + 4 LIHUE KAUAI, HI 967662000 | | G Gross red | ceipts \$ 155,974,294 | | |
| Г Арі | olication | n pending | | | | | | |
| | | | F Name and address of principal officer | H(a) Is this a | group return for | affiliates? Yes Vo No | | |
| | | | DAVID BISSELL 4463 PAHEE ST NO 1 | U/h) Are ell | affiliates mali | ded? | | |
| | | | LIHUE KAUAI,HI 967662000 | H(b) Are all | | list (see instructions) | | |
| | | npt status | | | p exemption | | | |
| | | | 501(c)(3) ▼ 501(c) (12) ◀ (insert no) | - | | | | |
| J W | ebsite | e: 🕨 WW | /W KIUC COOP | | | | | |
| | | ganızatıon | ✓ Corporation Trust Association Other ► | L Year of for | mation 1999 | M State of legal domicile HI | | |
| Pa | rt I | Sum | mary | | | | | |
| Governance | | TO PRO EFFICIE | escribe the organization's mission or most significant activities VIDE RELIABLE POWER SAFELY THAT IS FAIRLY AND COMPETIT INT USE OF ENERGY RESOURCES AND INCREASE SUSTAINABLE RDSHIP WHILE IMPROVING THE QUALITY OF LIFE FOR MEMBERS | PO WER SUPPI | • | | | |
| ξ | | | | | | | | |
| | 2 | Check th | nis box 🔭 if the organization discontinued its operations or disposed | of more than 2 | 5% of its ne | et assets | | |
| жб 49 | | | of voting members of the governing body (Part VI, line 1a) | | | 9 | | |
| ME. | 1 | | of independent voting members of the governing body (Part VI, line 1b | | | 4 9 | | |
| Activities & | 1 | | mber of individuals employed in calendar year 2010 (Part V, line 2a) | | <u></u> ⊢ | 5 167 6 0 | | |
| 4 | | | mber of volunteers (estimate if necessary) related business revenue from Part VIII, column (C), line 12 | | ⊢ | a 41,617 | | |
| | | | lated business taxable income from Form 990-T, line 34 | | <u> </u> | 'b 33,415 | | |
| | | | · | Prio | r Year | Current Year | | |
| | 8 | Contri | butions and grants (Part VIII, line 1h) | | | 0 0 | | |
| E E | 9 | Progra | ım service revenue (Part VIII, line 2g) | . 1 | .29,651,13 | 2 155,249,311 | | |
| Revenue | 10 | Invest | tment income (Part VIII, column (A), lines 3, 4, and 7d) | | 825,11 | 637,917 | | |
| | 11 | | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 89,24 | 9 48,702 | | |
| | 12 | | revenue—add lines 8 through 11 (must equal Part VIII, column (A), lir | | .30,565,49 | 4 155,935,930 | | |
| | 13 | | s and similar amounts paid (Part IX, column (A), lines 1-3) | | | 0 0 | | |
| | 14 | Benefi | ts paid to or for members (Part IX, column (A), line 4) | | | 0 0 | | |
| υħ | 15 | | es, other compensation, employee benefits (Part IX, column (A), lines | 5- | 067.40 | 7 070 644 | | |
| Expenses | 160 | 10) | cional fundraigne face (Part IV, column (A.), line 1.1a.) | | 867,48 | 7 970,644 | | |
| क् | 16a | | sional fundraising fees (Part IX, column (A), line 11e) | | | 0 | | |
| ă | 17 | | ndraising expenses (Part IX, column (D), line 25) \blacktriangleright^0 expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | | .24,124,25 | 0 145,009,164 | | |
| | 18 | | expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | .24,124,25 | | | |
| | 19 | | ue less expenses Subtract line 18 from line 12 | | 5,573,75 | | | |
| Net Assets or Fund Balances | | | | | of Current ear | | | |
| ege Bafa | 20 | Total | assets (Part X, line 16) | | 284,450,73 | 4 288,143,960 | | |
| PG Bud | 21 | Totall | iabilities (Part X, line 26) | | 232,182,35 | 7 227,225,405 | | |
| | 22 | _ | sets or fund balances Subtract line 21 from line 20 | | 52,268,37 | 7 60,918,555 | | |
| Unde know | | lties of po and belie | ature Block erjury, I declare that I have examined this return, including accompanying s f, it is true, correct, and complete. Declaration of preparer (other than offic | | | | | |
| | | **** | | | 11-10-13 | | | |
| Sigr Her | | KARI | SSA JONAS FINANCIAL VP & CFO or print name and title | Da | te | | | |
| | | Print/Type | | Date | Check if self- | PTIN | | |
| Paid | | preparer's | s name WENDY CAMPOS WENDY CAMPOS | | employed 🕨 | FILIN | | |
| Prepare | arer | | me MOSS ADAMS LLP | | | Firm's EIN | | |
| Use | | Firm's add | dress • 805 SW BROADWAY 1200 | | | Phone no (503) 242- 1447 | | |
| | | | PORTLAND, OR 97205 | | | ****′ | | |

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

| Par | t III | Statement of Program Service Check if Schedule O contains a respons | | | \r |
|--------|--------|---|-----------------------------------|---------------------------------|----------------|
| 1 | Brief | y describe the organization's mission | | | |
| CON | SERVA | OULE OTO PROVIDE RELIABLE POWER ATION AND EFFICIENT USE OF ENERG' ENTAL STEWARDSHIP WHILE IMPROV | Y RESOURCES AND INCREASE SU | STAINABLE POWER SUPPLY | |
| 2 | the pr | e organization undertake any significant pior Form 990 or 990-EZ? | | | es ∀ No |
| | | s," describe these new services on Sched | | | |
| 3 | servi | e organization cease conducting, or make es? | | cts, any program Ye | es 🔽 No |
| 4 | Secti | ribe the exempt purpose achievements for on 501(c)(3) and 501(c)(4) organizations tions to others, the total expenses, and re | and section 4947(a)(1) trusts are | required to report the amount o | |
| 4a | (Code | e) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | • | RATED, TRANSMITTED AND DISTRIBUTED ELECTRI | | , , | • |
| 4b | (Code | e) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| 4c | (Code | e) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4d | | er program services (Describe in Schedul enses \$ includin | · |) (Revenue \$ |) |
| 4е | | I program service expenses▶\$ | 3 3 ***** | , (т | , |

| Part IV | Checklist | of Require | d Schedules |
|---------|-----------|------------|-------------|
| | | | |

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? | 2 | | Νo |
| 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 | | Νο |
| 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? <i>If</i> "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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where 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 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, 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 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V | 10 | | Νo |
| 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, line10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| 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 | | No |
| 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 | | No |
| | 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 | Yes | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | 11e | Yes | |
| 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 | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E | 13 | | No |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV. | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV. | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II | 18 | | No |
| 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 | | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Νο |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Νο |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 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 | Yes | |
| 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-24d and complete Schedule K. If "No," go to line 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | 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 | | |
| d | 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | Νο |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | Νο |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part | | | |
| | | 28a | | Νο |
| | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV | 28b | | Νο |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νο |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νο |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | Νο |
| 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 | | Νο |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | Yes | |
| а | 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 \Box Yes \Box No | | | |
| 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? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | 38 | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response to any question in this Part V | | | |
|-----|---|-----|-----|----|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable | | | |
| | 1a 127 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Statements filed for the calendar year ending with or within the year covered by this | | | |
| | return | | | |
| D | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Yes | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the | _ | | |
| | year? | 3a | Yes | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | Yes | |
| 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 | | Νο |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| _ | | _ | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 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? | 6a | | No |
| 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). | 05 | | |
| | 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 | | |
| ь | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to | | | |
| | file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| 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 | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | | | |
| _ | required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| | 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 | | | |
| | Section 501(c)(12) organizations. Enter | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against 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 | | |
| b | 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? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| | | | | |
| 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 Enter the amount of reserves on hand | | | |
| | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Νo |
| ь | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

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

| Check if Schedule O contains a response to any question in this Part VI | | | | | | | | | | . F | 7 |
|---|--|--|--|--|--|--|--|--|--|-----|---|
|---|--|--|--|--|--|--|--|--|--|-----|---|

| <u>Se</u> | ection A. Governing Body and Management | | | | |
|-----------|--|---------------------------|-----|-----|----------|
| | | _ | | Yes | No |
| | | | | | |
| | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 9 | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 9 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business other officer, director, trustee, or key employee? | relationship with any | 2 | | Νο |
| 3 | Did the organization delegate control over management duties customarily performed by o | | 3 | | No |
| 4 | supervision of officers, directors or trustees, or key employees to a management company Did the organization make any significant changes to its governing documents since the p | · · | | | |
| 5 | filed? Did the organization become aware during the year of a significant diversion of the organiz | ation's assets? . | 5 | | No No |
| 6 | Does the organization have members or stockholders? | | 6 | Yes | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one o governing body? | | 7a | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or | | 7b | | N o |
| 8 | Did the organization contemporaneously document the meetings held or written actions ur year by the following | • | | | |
| а | The governing body? | | 8a | Yes | |
| ь | Each committee with authority to act on behalf of the governing body? | | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who corganization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 9 | | Νο |
| Se | ection B. Policies (This Section B requests information about policies not requi | b | | | |
| Re | evenue Code.) | • | | | |
| | | r | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | | 10a | | Νο |
| b | If "Yes," does the organization have written policies and procedures governing the activity affiliates, and branches to ensure their operations are consistent with those of the organiz | • • | 10Ь | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing bod | y before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 9 | 90 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually intere | sts that could give rise | 12b | Yes | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this is done | policy? If "Yes," | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review an independent persons, comparability data, and contemporaneous substantiation of the delii | | | 103 | |
| а | The organization's CEO, Executive Director, or top management official | Seration and decision? | 15a | Yes | |
| | Other officers or key employees of the organization | | 15b | Yes | |
| _ | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | | | | |
| | , | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or sim taxable entity during the year? | lar arrangement with a | 16a | | Νo |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and taken ste organization's exempt status with respect to such arrangements? | | 16b | | |
| Se | ection C. Disclosure | | | | |
| | List the States with which a copy of this Form 990 is required to be filed▶HI | | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990 |) and 990-T (501(c) | | | |

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply of Own website. Another's website. Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization KARISSA JONAS FINANCIAL VP & CFO 4463 PAHEE STREET STE 1

LIHUE KAUAI, HI 967662000

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

| (A) Name and Title | (B) Average hours | Posit t | (C tion (hat a | ched |) | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
|--|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| | per week (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| (1) JAN TENBRUGGENCATE DIRECTOR | 25 00 | Х | | | | | | 14,120 | 0 | 0 |
| (2) PETER YUKIMURA VICE CHAIR | 15 00 | Х | | х | | | | 17,978 | 0 | 0 |
| (3) DAVID IHA SECRETARY | 10 00 | Х | | х | | | | 18,360 | 0 | 0 |
| (4) TEOFILO TACBIAN CHAIRMAN | 30 00 | х | | х | | | | 25,706 | 0 | 0 |
| (5) CAROL BAIN DIRECTOR | 15 00 | х | | | | | | 15,267 | 0 | 0 |
| (6) ALLAN SMITH TREASURER | 14 00 | х | | х | | | | 17,008 | 0 | 0 |
| (7) STEVE RAPOZO DIRECTOR | 20 00 | х | | | | | | 19,516 | 0 | 0 |
| (8) BENJAMIN SULLIVAN DIRECTOR | 12 00 | х | | | | | | 14,688 | 0 | 0 |
| (9) STEWART BURLEY DIRECTOR | 15 00 | х | | | | | | 15,074 | 0 | 0 |
| (10) RANDALL HEE PRESIDENT & CEO | 65 00 | | | х | | | | 234,378 | 0 | 69,535 |
| (11) DAVID BISSELL FINANCIAL VP & CFO | 60 00 | | | х | | | | 209,005 | 0 | 37,077 |
| (12) JOHN LEAVITT T&D MANAGER | 50 00 | | | | х | | | 190,394 | 0 | 59,073 |
| (13) MICHAEL YAMANE ENGINEERING MANAGER | 50 00 | | | | | х | | 163,522 | 0 | 51,285 |
| (14) CAREY KOIDE SUPPORT SERVICES MANAGER | 50 00 | | | | | х | | 158,124 | 0 | 51,023 |
| (15) KARISSA JONAS CONTROLLER | 50 00 | | | | | х | | 153,409 | 0 | 31,672 |
| (16) BARBARA NAGAMINE MEMBER SERVICES MANAGER | 50 00 | | | | | х | | 147,002 | 0 | 122,386 |
| | • | | | | | | | | | Form 990 (2010) |

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

| | | _ | | | | | | | , | | | | |
|----|--|---|-----------------------------------|-----------------------|---------|--|------------------------------|----------|--|---|--------|---|----------------------|
| | (A) Name and Title | (B) Average hours | | tion that a | (che | | Ш | | (D) Reportable compensation | (E) Reportable compensation | | Estima amount o | ated fother |
| | | per week (describe hours for related organizations in Schedule O) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | | compen: from t organizat relat organiza | the ion and ed |
| | RUSS SANTIAGO ATIONS SUPERINTENDENT | 47 00 | | | | | х | | 151,176 | | 0 | | 68,257 |
| | | | | | | | | | | | | | |
| 1b | Sub-Total | | <u> </u> | <u> </u> | | <u>. </u> | <u> </u> | <u> </u> | | | 1 | | |
| С | Total from continuation sheets t | | | | | | - | | | | \top | | |
| d | Total (add lines 1b and 1c) | | | | | | ı | ► | 1,564,727 | (|) | 4 | 490,308 |
| 2 | Total number of individuals (inclu \$100,000 in reportable compens | | | | | ed a | bove) | who | received more than | 1 | | | |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any form on line 1a? <i>If</i> "Yes," complete School | | | | | | | | | ted employee | 3 | | No |
| 4 | For any individual listed on line 1 organization and related organiza | | | | | | | | | | 4 | Yes | |
| 5 | Did any person listed on line 1a r services rendered to the organiza | | | | | | | | | r individual for • | 5 | | No |
| Se | ection B. Independent Cont | ractors | | | | | | | | | | | |
| 1 | Complete this table for your five l | nighest compen | satedin | depe | nde | nt c | ontrac | tors | that received more | than | | | |

\$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|-----------------------------|----------------------------|
| MORIHARA LAU & FONG LLP 814 BISHOP ST STE 400 HONOLULU, HI 96813 | REGULATORY ATTORNEY | 1,069,381 |
| KASOWITZ BENSON TORRES & FRIEDMAN LLP 1633 BROADWAY NEW YORK, NY 10019 | ENVIRONMENTAL ATTORNEY | 771,614 |
| KAUAI ENERGY PARTNERS LLC 195 NASSAU STREET 12 PRINCETON, NJ 08542 | SPEC USED OIL SUPPLIER | 725,774 |
| BEACHSIDE ROOFING LLC 1870A LELEIONA STREET LUHUE, HI 96766 | BIPV ROOFING CONTRACTOR | 667,614 |
| EBBIN MOSER & SKAGGS LLP 550 MONTGOMERY STREET STE 900 SAN FRANCISCO, CA 94111 | ENVIRONMENTAL ATTORNEY | 243,388 |
| 2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►8 |) who received more than | |

| Form 99 | | | | | | | Pag | e 9 |
|--|-------------------|--|------------------------------------|-------------------------------|---------------------------------------|--|--|------------|
| Part | , | Statement of Revent | ie | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | |
| Contributions, gifts, grants and other similar amounts | b d e f | Federated campaigns | . 1c . 1d . 1e and 1f nes 1a-1f \$ | | | | | |
| Program Service Revenue | g | All other program service rev | | Business Code 221000 221000 | 155,095,101 154,210 155,249,311 | | | |
| | 4 5 6a b | Investment income (includin and other similar amounts) Income from investment of tax-exc Royalties | (i) Real 77,349 38,364 38,985 | (II) Personal | 637,917 | | 38,985 | 637,917 |
| Other Revenue | 7a b c d | Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin (not including \$ of contributions reported on lo | (i) Securities | (II) O ther | | | | |
| Othe | 2 9a b c 10a | Less direct expenses Net income or (loss) from funders of the second of the sec | draising events | Business Code | | | | |
| | b c | PATRONAGE ALLOCATION MISCELLANEOUS SERVICE All other revenue Total. Add lines 11a-11d . | <u> </u> | 221000 | 40,015 -30,298 9,717 | -32,930 | | |
| | 12 | Total revenue. See Instruction | ons | | 155,935,930 | 155,256,396 | 41,617 m 990 (201 | |

| | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). | | | | | | | |
|-------------------|--|------------------------------|------------------------------------|-------------------------------------|---------------------------------------|--|--|--|
| | include amounts reported on lines 6b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | |
| | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | | | | | |
| | Grants and other assistance to individuals in the USS See Part IV, line 22 | | | | | | | |
| o | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | | | | |
| 4 B | Senefits paid to or for members | | | | | | | |
| | Compensation of current officers, directors, trustees, and ey employees | 970,644 | | | | | | |
| (; | Compensation not included above, to disqualified persons as defined under section 4958(f)(1)) and persons lescribed in section 4958(c)(3)(B) | | | | | | | |
| 7 0 | ther salaries and wages | | | | | | | |
| | ension plan contributions (include section 401(k) and section 03(b) employer contributions) | | | | | | | |
| 9 0 | Other employee benefits | | | | | | | |
| 10 P | 'ayroll taxes | | | | | | | |
| | ees for services (non-employees) 1anagement | | | | | | | |
| b L | egal | | | | | | | |
| c A | accounting | | | | | | | |
| d L | obbying | 34,559 | | | | | | |
| e P | rofessional fundraising services See Part IV, line 17 | | | | | | | |
| f I | nvestment management fees | | | | | | | |
| |)ther | | | | | | | |
| _ | dvertising and promotion | | | | | | | |
| | Office expenses | | | | | | | |
| | nformation technology | | | | | | | |
| | Royalties | | | | | | | |
| | Occupancy | | | | | | | |
| | ravel | | | | | | | |
| . 8 P | ayments of travel or entertainment expenses for any federal, tate, or local public officials | | | | | | | |
| | Conferences, conventions, and meetings | | | | | | | |
| | nterest | 9,061,322 | | | | | | |
| | Payments to affiliates | 5,001,522 | | | | | | |
| | Depreciation, depletion, and amortization | 14,595,414 | | | | | | |
| | nsurance | 11,555,717 | | | | | | |
| 2 4 0 | Other expenses Itemize expenses not covered above (List niscellaneous expenses in line 24f If line 24f amount exceeds 10% of the 25, column (A) amount, list line 24f expenses on Schedule O) | | | | | | | |
| a <u>U</u> | INRELATED BUSINESS TAX | 2,214 | | | | | | |
| b P | OWER COST | 86,812,634 | | | | | | |
| c A | DMINISTRATIVE | 13,146,797 | | | | | | |
| d T | AXES | 13,045,649 | | | | | | |
| e C | CUSTOMER ACCOUNTS | 2,675,415 | | | | | | |
| f A | III other expenses | 5,635,160 | | | | | | |
| 25 T | otal functional expenses. Add lines 1 through 24f | 145,979,808 | | | | | | |
| S o | oint costs. Check here ► ☐ If following 50 P 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a ombined educational campaign and fundraising solicitation | | | | | | | |

| Pa | rt X | Balance Sheet | | | | | |
|--------------|------|---|----------|----------------|--------------------------|-----|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | | 2,857,100 | 1 | 6,034,685 |
| | 2 | Savings and temporary cash investments | 51,709 | 2 | 51,807 | | |
| | 3 | Pledges and grants receivable, net | | 3 | | | |
| | 4 | Accounts receivable, net | | | 10,371,736 | 4 | 9,269,878 |
| | 5 | Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of | s, key | employees, and | | | |
| | | Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing esponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions) | mploy | ers, and | | | |
| ets. | | Schedule L | | | | 6 | |
| ssets | 7 | Notes and loans receivable, net | | | | 7 | |
| ₫ | 8 | Inventories for sale or use | | | 13,320,441 | 8 | 14,217,397 |
| | 9 | Prepaid expenses and deferred charges | | | 1,196,222 | 9 | 954,729 |
| | 10a | Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i> | 10a | 462,665,817 | | | |
| | ь | Less accumulated depreciation | 10Ь | 221,234,481 | 241,740,509 | 10c | 241,431,336 |
| | 11 | Investments—publicly traded securities | | | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | | | 1,261,484 | 12 | 1,246,742 |
| | 13 | Investments—program-related See Part IV , line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 13,651,533 | 15 | 14,937,386 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) . | | | 284,450,734 | 16 | 288,143,960 |
| | 17 | Accounts payable and accrued expenses . | | | 14,460,882 | 17 | 16,666,830 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| eS. | 21 | Escrow or custodial account liability Complete Part IV of Schedu | le D | | | 21 | |
| bilities | 22 | Payables to current and former officers, directors, trustees, ke employees, highest compensated employees, and disqualified | | | | | |
| Lia | | persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third partie | s. | | 203,696,110 | 23 | 197,781,589 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 14,025,365 | 25 | 12,776,986 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 232,182,357 | 26 | 227,225,405 |
| <u>"</u> | | Organizations that follow SFAS 117, check here ▶ ☐ and com | plet e l | ines 27 | | | |
| <u>9</u> | | through 29, and lines 33 and 34. | | | | | |
| 5 | 27 | Unrestricted net assets | | | | 27 | |
| Fund Balance | 28 | Temporarily restricted net assets | | | | 28 | |
| Ξ | 29 | Permanently restricted net assets | | | | 29 | |
| | | Organizations that do not follow SFAS 117, check here ► ✓ a lines 30 through 34. | nd con | nplet e | | | |
| ٥ | 30 | Capital stock or trust principal, or current funds | | | 391 | 30 | 409 |
| ĘŞ. | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 0 | | 0 |
| Assets | 32 | Retained earnings, endowment, accumulated income, or other f | | | 52,267,986 | | 60,918,146 |
| | 33 | Total net assets or fund balances | anus | | 52,268,377 | 33 | 60,918,555 |
| Net | | | | | | | |
| | 34 | Total liabilities and net assets/fund balances | | | 284,450,734 | 34 | 288,143,960 |

| 14 01 | Check if Schedule O contains a response to any question in this Part XI | | | | |
|--------------|--|---------|----|------|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 1 | | | 935,93 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 979,808 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 268,37 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | 305,94 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | | 60,9 | 918,55 |
| Par | T XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII | | | ৮ | |
| 1 | | [| | Yes | No |
| • | Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| Ь | Were the organization's financial statements audited by an independent accountant? | [| 2b | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O | | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both | ssued | | | |
| | ▼ Separate basis | | | | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133? | e | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | equired | 3b | | |

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DLN: 93493300009081

OMB No 1545-0047

Supplemental Financial Statements

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

| ernai i | Revenue Service | orm 990. ► See separate instructions. | | Inspection |
|---------|---|--|------------|-----------------------------|
| | e of the organization I ISLAND UTILITY COOPERATIVE | | Emplo | yer identification number |
| KAUF | I SEAND OTHER COOPERATIVE | | 99-03 | 346113 |
| Pa r | Organizations Maintaining Donor A | | ınds o | r Accounts. Complete if the |
| | organization answered "Yes" to Form 99 | 90, Part IV, line 6. (a) Donor advised funds | (h |) Funds and other accounts |
| | Total number at end of year | (a) Bollot davised fallas | (5 | y runus una otner accounts |
| | Aggregate contributions to (during year) | | | |
| | Aggregate grants from (during year) | | | |
| | Aggregate value at end of year | | | |
| | Did the organization inform all donors and donor advi funds are the organization's property, subject to the | | or advise | ed Yes No |
| | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit | | | purpose Yes No |
| ar | Conservation Easements. Complete | ıf the organization answered "Yes" to | o Form | 990, Part IV, line 7. |
| | Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year | on or pleasure) Preservation of an Preservation of a c | ertified | |
| | ,,,, | [| | Held at the End of the Year |
| а | Total number of conservation easements | | 2a | |
| b | Total acreage restricted by conservation easements | | 2b | |
| С | Number of conservation easements on a certified his | storic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) a | cquired after 8/17/06 | 2d | |
| | Number of conservation easements modified, transfe | erred, released, extinguished, or terminate | d by the | organization during |
| | the taxable year 🛌 | | | |
| | Number of states where property subject to conserva | ation easement is located ► | | |
| | Does the organization have a written policy regarding enforcement of the conservation easements it holds? | | lling of v | iolations, and Yes No |
| | Staff and volunteer hours devoted to monitoring, insp | pecting and enforcing conservation easem | ents dur | ing the year 🗠 |
| | A mount of expenses incurred in monitoring, inspecti | ng, and enforcing conservation easements | during t | the year 🟲 \$ |
| | Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | 2(d) above satisfy the requirements of sec | tion | ☐ Yes ☐ No |
| | In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easer | the footnote to the organization's financial nents | stateme | ents that describes |
| art | Organizations Maintaining Collection Complete if the organization answered ' | | or Othe | er Similar Assets. |
| | If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir | for public exhibition, education or research | h ın furt | |
| _ | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items | public exhibition, education, or research ir | | • |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | | - \$ |
| | If the organization received or held works of art, histofollowing amounts required to be reported under SFA | | r financi | al gain, provide the |

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| 3 | Using the organization's accession and othe | | | | | | - | | | | (continued |
|---------|--|---------------------------------------|--------|----------|-----------|--------|---------------------------------------|---------------|------------------------------|------------------|--------------|
| _ | items (check all that apply) | | ., | _ | _ | | - | | | | |
| а | Public exhibition | | d | Г | Loan | orex | change prog | rams | i | | |
| b | Scholarly research | | e | Γ | O the | r | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | ain ho | w the | y furth | er the | organization | ı's e: | xempt purpose | ın | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than t | | | | | | | | nılar | ┌ Yes | ┌ No |
| Par | TEXT Escrow and Custodial Arrang Part IV, line 9, or reported an an | ements. Compl | ete ıf | the | organ | ızatı | | | es" to Form | 990, | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | ian or other interm | edıary | forc | ontribi | utions | orotherass | ets | not | ☐ Yes | Г No |
| b | If "Yes," explain the arrangement in Part XIV | / and complete the | follow | ving t | able | | Г | | A | mount | |
| С | Beginning balance | | | | | | | 1c | | | |
| d | Additions during the year | | | | | | - | 1d | | | |
| e | Distributions during the year | | | | | | } | 1e | | | |
| f | Ending balance | | | | | | } | 16 1f | | | |
| · - | , and the second | orm 000 Dawl V I | | i | | | L | | | ┌ Yes | No |
| 2a | Did the organization include an amount on Fo | | ie ZI? | | | | | | | Yes |) NO |
| | If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete | | n 200 | | od "Va | sc" to | Form 000 | Da | rt IV Juno 10 | | |
| Ра | Endowment Funds. Complete | (a)Current Year | |)Prior | | | wo Years Back | | Three Years Back | | r Years Back |
| 1a | Beginning of year balance | | | • | | | | ` | • | | |
| ь | Contributions | | | | | | | | | | |
| c | Investment earnings or losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| e | Other expenditures for facilities and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the yea | r end balance held | as | | | | | | | 1 | |
| а | Board designated or quasi-endowment | | | | | | | | | | |
| ь | Permanent endowment | | | | | | | | | | |
| | | | | | | | | | | | |
| с 3а | Term endowment Are there endowment funds not in the posses organization by | ssion of the organiz | ation | that | are hel | d and | admınıstere | d for | the | Ye | s No |
| | (i) unrelated organizations | | | | | | | | За | ı(i) | 1 |
| | (ii) related organizations | | | | | | | | 3a | (ii) | |
| Ь | If "Yes" to 3a(II), are the related organizatio | ns listed as require | d on S | Sched | lule R? | | | | | ВЬ | |
| 4 | Describe in Part XIV the intended uses of th | e organızatıon's en | dowm | ent fu | ınds | | | | | | |
| Par | t VI Investments—Land, Buildings | s, and Equipme | nt. S | ee F | orm 9 | 90, 1 | Part X, line | 10. | | | |
| | Description of investment | | | | Cost or o | | (b) Cost or ot basis (othe | | (c) Accumulated depreciation | ¹ (d) | Book value |
| 1a | Land | | | | | | 10,050 | ,023 | | | 10,050,02 |
| Ь | Buildings | | | | | | 35,201 | ,077 | 16,360,9 | 57 | 18,840,12 |
| c I | Leasehold improvements | | | | | | | | | | |
| d I | Equipment | | | | | | 405,625 | ,005 | 204,873,52 | 24 | 200,751,48 |
| e | Other | | | | | | 11,789 | | , , , | | 11,789,71 |
| | I. Add lines 1a-1e (Column (d) should equal Fo | | mn (B |), line | 10(c). |) . | | | ► | | 241,431,33 |
| | | · · · · · · · · · · · · · · · · · · · | . , | | | | | | Schedule | D (Forn | |

| (a) Description of security or category | | | d of valuation |
|--|----------------|-----------------|--------------------|
| (including name of security) | (b)Book value | | year market value |
| (1)Financial derivatives | | | |
| (2)Closely-held equity interests Other | | | |
| | | | |
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| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | * | | |
| Part VIII Investments—Program Related. S | | 13. | |
| (a) Description of investment type | (b) Book value | | l of valuation |
| (a) Description of investment type | (b) Book value | Cost or end-of- | year market value |
| | | | |
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| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | F | | |
| Part IX Other Assets. See Form 990, Part X, | | | |
| (a) Descr | ription | | (b) Book value |
| (1) ACCRUED UTILITY REVENUES | | | 8,167,434 |
| (2) SPECIAL DEPOSITS (3) REGULATORY ASSETS | | | 9,710 4,499,751 |
| (4) PRELIMINARY SURVEY & INVESTIGATION CHARG | ES . | | 1,419,628 |
| (5) OTHER DEFERRED CHARGES | | | 415,912 |
| (6) ENERGY RATE ADJUSTMENT CLAUSE | | | 424,951 |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line | 15) | | 14,937,386 |
| Part X Other Liabilities. See Form 990, Part | | | ,,, ,, |
| 1 (a) Description of Liability | (b) A mount | | |
| Federal Income Taxes | | | |
| OTHER CURRENT LIABILITIES | 119,278 | | |
| CUSTOMER DEPOSITS | 1,048,833 | | |
| POST RETIREMENTS BENEFIT OBLIGATIONS | 1,980,600 | | |
| REGULATORY LIABILITIES | 5,042,768 | | |
| CUSTOMER ADVANCES ON CONSTRUCTION | 3,664,968 | | |
| ECONOMIC DEVELOPMENT | 920,539 | | |
| | | | |
| | | | |
| | + | | |
| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | 12,776,986 | | |

| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 155,935,93 |
|-----|--|--------------|------------|
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 145,979,80 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 9,956,12 |
| 4 | Net unrealized gains (losses) on investments | 4 | 150,86 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -1,456,81 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -1,305,94 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 8,650,17 |
| Par | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue | per Retu | rn |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 156,086,79 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| ь | Donated services and use of facilities | | |
| С | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) 2d | | |
| e | Add lines 2a through 2d | 2e | 150,86 |
| 3 | Subtract line 2e from line 1 | 3 | 155,935,93 |
| 4 | A mounts 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 XIV) 4b | | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 155,935,93 |
| Par | Reconciliation of Expenses per Audited Financial Statements With Expenses | s per Re | |
| 1 | Total expenses and losses per audited financial statements | 1 | 145,979,80 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| c | Other losses | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 145,979,80 |
| 4 | A mounts 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 | | |
| ь | Other (Describe in Part XIV) 4b | | |
| c | Add lines 4a and 4b | 4c | |
| | | | |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 145,979,80 |

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

| Ident if ier | Return Reference | Explanation |
|--|------------------|--|
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | PART X | THE COOPERATIVE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(12) OF THE INTERNAL REVENUE CODE, EXCEPT TO THE EXTENT OF UNRELATED BUSINESS INCOME, IF ANY EFFECTIVE JANUARY 1, 2009 THE COOPERATIVE ADOPTED FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, RELATING TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2010 AND 2009, THE COOPERATIVE DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THE COOPERATIVE FILES AN EXEMPT ORGANIZATION RETURN IN THE U S FEDERAL JURISDICTION AND IS NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES BEFORE 2007 |
| | | CHANGE IN OTHER EQUITY \$ 59,946 CHANGE IN MEMBERSHIPS 18 RETIREMENT OF CAPITAL CREDITS (1,516,774) TOTAL OTHER ADJUSTMENTS (1,456,810) |

DLN: 93493300009081

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Name of the organization

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

| KAU | ALISLAND UTILITY COOPERATIVE | | | 99-0346113 | | | |
|-----|--|----------|---|------------------------|----|-----|----|
| Pa | rt I Questions Regarding Compensation | | | J | | | |
| | | | | | | Yes | Νo |
| 1a | Check the appropriate box(es) if the organization provid 990, Part VII, Section A, line 1a Complete Part III to | | | | | | |
| | First-class or charter travel | \sqcap | Housing allowance or residence for | personal use | | | |
| | Travel for companions | Γ | Payments for business use of perso | nal residence | | | |
| | Tax idemnification and gross-up payments | \vdash | Health or social club dues or initiati | on fees | | | |
| | Discretionary spending account | Γ | Personal services (e g , maid, chauf | feur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the organiembursement orprovision of all the expenses describe | | | • | 1b | | |
| 2 | Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive Di | | | | 2 | Yes | |
| 3 | Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee Independent compensation consultant Form 990 of other organizations | appl | | | | | |
| 4 | During the year, did any person listed in Form 990, Par or a related organization | rt V I | I, Section A, line 1a with respect to t | ne filing organization | | | |
| а | Receive a severance payment or change-of-control pa | ymer | nt from the organization or a related o | rganization? | 4a | | Νo |
| ь | Participate in, or receive payment from, a supplementa | al nor | iqualified retirement plan? | | 4b | | Νo |
| c | Participate in, or receive payment from, an equity-base | ed co | mpensation arrangement? | | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and provi | ıde tl | ne applicable amounts for each item i | n Part III | | | |
| | Only 501(c)(3) and 501(c)(4) organizations only must | com | plete lines 5-9. | | | | |
| 5 | For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of | | | ny | | | |
| а | The organization? | | | | 5a | | |
| b | Any related organization? | | | | 5b | | |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | | | |
| 6 | For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of | ne 1a | , did the organization pay or accrue a | ny | | | |
| а | The organization? | | | | 6a | | |
| b | Any related organization? | | | | 6b | | |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, lir payments not described in lines 5 and 6? If "Yes," des | | | n-fixed | 7 | | |
| 8 | Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III | | | | Ω | | |

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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 in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation | |
|-------------------------|-------------|--------------------------|--------------------|-----------------|--------------------------------|----------------|----------------------|---|--|
| | | (i) Base compensation | | | other deferred compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ | |
| (1) RANDALL HEE | (I) (II) | 230,340 0 | 0 0 | 4,038 0 | 53,733 0 | 15,802 0 | 303,913 0 | (| |
| (2) DAVID BISSELL | (I) (II) | 173,828 0 | 34,656 0 | 521 0 | 20,816 0 | 16,261 0 | 246,082 0 | | |
| (3) JOHN LEAVITT | (I) (II) | 152,733 0 | 31,999 0 | 5,662 0 | 47,867 0 | 11,206 0 | 249,467 0 | | |
| (4) MICHAEL YAMANE | (I) (II) | 134,641 0 | 28,470 0 | 411 0 | 35,754 0 | 15,531 0 | 214,807 0 | | |
| (5) CAREY KOIDE | (1) (11) | 130,315 0 | 27,424 0 | 385 0 | 44,503 0 | 6,520 0 | 209,147 0 | | |
| (6) KARISSA JONAS | (I) (II) | 126,239 0 | 26,913 0 | 257 0 | 15,193 0 | 16,479 0 | 185,081 0 | | |
| (7) BARBARA NAGAMINE | (I) (II) | 121,904 0 | 24,051 0 | 1,047 0 | 111,180 | 11,206 0 | 269,388 0 | | |
| (8) RUSS SANTIAGO | (I) (II) | 123,509 0 | 26,630 0 | 1,037 | 52,992 0 | 15,265 0 | 219,433 0 | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

Schedule J (Form 990) 2010 Page **3**

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

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As Filed Data -

DLN: 93493300009081

OMB No 1545-0047 2010

> Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

99-0346113

| ldentifier | Return Reference | Explanation |
|---|---------------------|--|
| FORM 990, PART VI, SECTION A, LINE 6 | | KIUC HAS 40,917 MEMBERS OUR MEMBERSHIP FEE IS \$ 01, SO OUR TOTAL MEMBERSHIP FEES ARE \$409 17 |

| ldentifier | Return Reference | Explanation |
|---|---------------------|--|
| FORM 990, PART VI, SECTION A, LINE 7A | | EACH DIRECTOR IS ELECTED TO A 3 YEAR TERM THE 9 DIRECTOR'S TERMS ARE STAGGERED SUCH THAT EACH YEAR 3 DIRECTOR SEATS ARE UP FOR ELECTION EACH CURRENT MEMBER IS ENTITLED TO CAST A BALLOT AND VOTE FOR 3 DIRECTORS TO FILL THE 3 VACANT SEATS, REGARDLESS OF THEIR BILLING AMOUNT |

| ldentifier | Return Reference | Explanation |
|--|---------------------|---|
| FORM 990, PART VI, SECTION B, LINE 11 | | 1) AFTER THE COMPLETED FORM 990 IS RECEIVED FROM THE TAX PREPARERS, THE CONTROLLER WILL PERFORM A DETAILED REVIEW OF THE FORM 990, INCLUDING VERIFYING THE FIGURES TO THE BOOKS OF RECORD 2) THE CFO WILL PERFORM A MORE GENERAL REVIEW OF THE FORM 990 FOR REASONABLENESS 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 |

| ldentifier | Return Reference | Explanation |
|------------|---------------------|--|
| | | 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 |

| Identifier | Return Reference | Explanation |
|------------|--|---|
| | FORM 990, PART VI, SECTION B, LINE 15 | 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 |

| Identifier | Return Reference | Explanation |
|------------|--|--|
| | FORM 990, PART VI, SECTION C, LINE 18 | THE ORGANIZATION MAKES ITS 990 AVAILABLE TO THE PUBLIC ON THEIR WEBSITE AND UPON REQUEST |

| Identifier | Return Reference | Explanation |
|------------|--|---|
| | FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION MAKES ITS BY LAWS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THEIR WEBSITE AND UPON REQUEST |

| ldentifier | Return Reference | Explanation |
|---|------------------------------|---|
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED GAINS ON INVESTMENTS 150,866 CHANGE IN OTHER EQUITY 59,946 CHANGE IN MEMBERSHIPS 18 RETIREMENT OF CAPITAL CREDITS -1,516,774 TOTAL TO FORM 990, PART XI, LINE 5 -1,305,944 |

| ldentifier | Return Reference | Explanation |
|------------|-----------------------------|--|
| | FORM 990, PART XII, LINE 2C | THERE WERE NO CHANGES IN PROCEDURE FROM THE PRIOR YEAR |

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DLN: 93493300009081

OMB No 1545-0047 2010

Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

KAUAI ISLAND UTILITY COOPERATIVE

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

| | | | | | | | 99-0346113 | 3 | | |
|--|------------|--------------------------------|---|--|-------|--------------------------------|--|---|---------------|---------|
| Part I Identification of Disregarded Entities (Co | omplete | ıf the organıza | tıon | answered "Y | es" o | n Form 990, Pa | rt IV, line 33.) | | Yes N | |
| (a) Name, address, and EIN of disregarded entity | | (b) Primary activity | | (c) Legal domicile (or foreign coun | | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity | | |
| | | | | | | | | | | |
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| Part II Identification of Related Tax-Exempt Organizations dur | | | e ıf | the organizat | ion a | nswered "Yes" | on Form 990, Par | t IV, line 34 becaus | se it had | one |
| (a) Name, address, and EIN of related organization | Pi | (b) rimary activity | (c) Legal domicile (state or foreign country) | | Exe | (d) mpt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | cont | trolled |
| MAN WELLO CHARTER FOLKINGATION | | | | | | | | | Yes | No |
| (1) KIUC CHARITABLE FOUNDATION 4463 PAHEE ST STE 1 | | | | | CEENI | INC E01/C)/3) | | KAUAI ISLAND UTILITY | | |
| LIHUE, HI 967662000 51-0592268 | FOUNDATION | | HI | | SEEKI | ING 501(C)(3) | PENDING | COOPERATIVE | Yes | |
| | | | | | | | | Part IV, line 34 because it had one (f) Direct controlling entity Part IV, line 34 because it had one (f) Direct controlling entity Section 512(b) controlled organization Yes No KAUAI ISLAND UTILITY | | |
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| For Privacy Act and Paperwork Reduction Act Notice, see the Inst | ruct ions | for Form 990. | | Cat No | 501 | 3 5 Y | I | Schedule R (I | Form 990) | 2010 |

| (a) ame, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | | (h Disprop allocat | ortionate | (i) Code V— amount in bo Schedule (Form 10 | x 20 of K-1 | (j Gener mana partr | al or ging | (k) Percentage ownership |
|--|--------------------------------|--|--|--|---|---------------------------------------|---|--------------------------|---------------------------|--|---|-------------------------------------|---------------------------------------|---------------------------------------|
| | | | | | | | | Yes | No | | | Yes | No | |
| | | | | | | | | | | | | | | |
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| | | | | ble as a Corpora zations treated as a | | | | | | nswered "Y | es" on | Form | 990, | Part IV, |
| (a) Name, address, and EIN of related organization | | (b) Primary activity | (c) Legal domicile (state or foreign country) | Direct cor | (d) Direct controlling entity | | (e) Type of entity (C corp, S corp, or trust) | | (f) re of total income | | (g) Share of end-of-year assets | | (h) Percentage ownership | |
| | | | | | | | | | | | | | | |
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|---|---|---------------------------------|------------------------|-----------------------------------|----------|--------|--|--|--|--|
| Part | Transactions With Related Organizations (Complete if the organization answered "Y | 'es" on Form 990, Pa | rt IV, line 34, 35, 3 | 5A, or 36.) | | | | | | |
| No | te. Complete line 1 if any entity is listed in Parts II, III or IV | | | | Ye | s No | | | | |
| 1 Duri | ig the tax year, did the orgranization engage in any of the following transactions with one or more related org | janizations listed in Part | s II-IV? | | | | | | | |
| a R | eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | | | 1 | a | No | | | | |
| b G | ft, grant, or capital contribution to other organization(s) | | | 1 | b Ye | s | | | | |
| c G | ft, grant, or capital contribution from other organization(s) | | | 1 | .c | No | | | | |
| d L | ans or loan guarantees to or for other organization(s) | | | 1 | d | No | | | | |
| e L | ans or loan guarantees by other organization(s) | | | 1 | e | No | | | | |
| | | | | | | | | | | |
| f S | le of assets to other organization(s) | | | 1 | f | No | | | | |
| g P | ırchase of assets from other organization(s) | | | 1 | g | No | | | | |
| h E | change of assets | | | 1 | h | No | | | | |
| i Le | ase of facilities, equipment, or other assets to other organization(s) | | | 1 | .i | No | | | | |
| | | | | | | | | | | |
| j Le | ase of facilities, equipment, or other assets from other organization(s) | | | 1 | .j | No | | | | |
| k P | erformance of services or membership or fundraising solicitations for other organization(s) | | | 1 | k | No | | | | |
| l Performance of services or membership or fundraising solicitations by other organization(s) | | | | | | | | | | |
| m S | aring of facilities, equipment, mailing lists, or other assets | | | 1 | m Ye | s | | | | |
| n S | naring of paid employees | | | 1 | n . | No | | | | |
| | | | | | | | | | | |
| o R | eimbursement paid to other organization for expenses | | | 1 | | No | | | | |
| p R | eimbursement paid by other organization for expenses | | | 1 | p | No | | | | |
| | | | | | | | | | | |
| q 0 | ther transfer of cash or property to other organization(s) | | | 1 | q | No | | | | |
| r O | her transfer of cash or property from other organization(s) | | | 1 | .r | No | | | | |
| | | | | _ | • | • | | | | |
| 2 If | the answer to any of the above is "Yes," see the instructions for information on who must complete this line | , including covered relat | ionships and transact | ıon thresholds | | | | | | |
| | (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of detern involv | nining a | imount | | | | |
| L) KIUC | CHARITABLE FOUNDATION | В | 71,435 | ACTUAL AMOUNT TR | ANSFE | RRED | | | | |
| 2) KIUC | CHARITABLE FOUNDATION | М | 0 | NOMINAL | | | | | | |
| | | 1 | | 1 | | | | | | |

| | P | 71,435 | ACTUAL AMOUNT TRANSFERRED |
|--------------------------------|----------|--------|----------------------------|
| (2) KIUC CHARITABLE FOUNDATION | М | 0 | NOMINAL |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| | <u> </u> | | Schedule R (Form 990) 2010 |

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 Leg (sta | | (d) Are all partners section 501(c)(3) organizations? | | (e) Share of end-of-year assets | | ortionate | (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | mana part | (h) General or managing partner? | |
|---|--------------------------------------|--|---|----|---|-----|-----------|---|--------------|---|--|
| | | | Yes | No | | Yes | No | | Yes | N | |
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier I Return Reference I | er Return Reference Explanation |
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