Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

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

Open to Public Inspection

<u> </u>	FOR THE	and en	aing U	UN 30, 2022	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre chang Name				
	chang	Doing business as		99-60122	57
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone number	•
	Final return	688 KINOOLE ST 20	1	808-935-	6393
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	751,047.
	Ameno	ded HILO, HI 96720		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: T • ILIHIA GIONSON		for subordinates	
	pendir	9 688 KINOOLE ST SUITE 201, HILO, HI 96720	0	<b>H(b)</b> Are all subordinates in	—
T -	Tax-ex	empt status: X 501(c)(3) 501(c) ( )	527		list. See instructions
		te: ► WWW.HIUW.ORG		H(c) Group exemptio	
		organization; X Corporation Trust Association Other	L Year		1 State of legal domicile: HI
	art I	Summary	12		. State of Togal doffinence
	1	Briefly describe the organization's mission or most significant activities: TO UNI	TE P	EOPLE, ORGAN	NIZATIONS
õ	Ι.	AND RESORUCES TO BUILD A HEALTHIER COMMUNIT			
nan	2	Check this box if the organization discontinued its operations or disposed		than 25% of its net ass	ets
Ver	3			3	9
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
∞ ∞	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5
ties	6	Total number of volunteers (estimate if necessary)			16
Activities & Governance	72	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ac	'a	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	<u> </u>	Net unrelated business taxable income norm offin 990-1, 1 art 1, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		803,766.	683,286.
ne	9	(5)		44,039.	5,035.
Ven	40			14,704.	18,696.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	8,984.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		862,509.	716,001.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		334,691.	302,164.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		198,833.	268,292.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		190,033.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	,	0.	0.
X	_ D	Total fundraising expenses (Part IX, column (D), line 25)   118,947		140,568.	125,061.
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		674,092.	695,517.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		188,417.	20,484.
	19	Revenue less expenses. Subtract line 18 from line 12			
ts o		T + 1 (D + 1 / D + 1 /	Ве	ginning of Current Year 1,491,385.	End of Year
Net Assets or	20	Total assets (Part X, line 16)			1,346,777.
et A	21	Total liabilities (Part X, line 26)		79,475. 1,411,910.	21,550. 1,325,227.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		1,411,910.	1,343,441.
					limaniladas and haliaf ikia
		Ities of perjury, I declare that I have examined this return, including accompanying schedules an			knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which  Electronically filed by Verity CPAs	preparer	nas any knowledge.	
٠.		Signature of officer		I Date	
Sig		<u>'</u>		Duto	
Hei	е	KAREN DAVIS, PRESIDENT & CPO Type or print name and title			
_			Ir	Date Check C	PTIN
		Print/Type preparer's name  Preparer's signature		4 (00 (00) if	<b></b>
Paid		ALICIA SPENCER Un CA MAN O	√  0	4/28/23 self-employ	
	parer	Firm's name VERITY CPAS		Firm's EIN 🕨	45-4462880
Use	Only	Firm's address PO BOX 2957			0 0070100
_		KAMUELA, HI 96743		Phone no. 8 0	8-8872100
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

# Form 990 (2021) HAWAII ISLAND UNITED WAY, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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	<u> </u>		
•	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,	Ť		<del> </del>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
8	, ,			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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		77	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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 constitution maintain on office constitution and the Light of the Light of Obtain	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del>  -a</del>		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4.5		X
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		<b> </b> ₩
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	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		<u> X</u>
<b>20</b> a	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 (2021) HAWAII ISLAND UNITED WAY, INC.

Part IV | Checklist of Required Schedules (continued)

	Continued)		V	
00	Did the executation report more than \$5,000 of greats or other assistance to or few democitie individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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			x
04 -	Schedule J	23		
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			x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		$\vdash$
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
ام	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		$\vdash$
		240		$\vdash$
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	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	25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
20		21		
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?	28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C		28c		x
20	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29		29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		
32	October 1 to M. Douttle	32		X
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		<u> </u>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<del></del>
<del>-</del>	Part V. line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<del></del>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	. ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
		1		
	(gambling) winnings to prize winners?	1c		
132004	\$ 12-09-21	Form	990	(2021)

Page 5 Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance 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 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 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)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х 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 Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 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 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 X Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

> 5 Form **990** (2021) 2021.05080 HAWAII ISLAND UNITED WAY, HIUW0011

If "Yes," complete Form 6069.

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ts?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code.)				
		,			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing th	e form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	s," describe				
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by independer	nt			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	its participation	on			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	ation's				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶HI					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	l 990-T (sectio	n 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain of	on Schedule O	)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	flict of interest	policy, and	financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's book	s and records	▶			
	HAWAII ISLAND UNITED WAY - 808-969-3115					
	688 KINOOLE ST SUITE 201, HILO, HI 96720					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organizat	ted organization compensate					sate	ed any current officer, d	rector, or trustee.		
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)				nne	Reportable	Reportable compensation	Estimated
	hours per	box					an	compensation		amount of
	week	_	cer an	a a a	lirector/trustee)		tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee.			sated		organization	(W-2/1099-MISC/	from the
	organizations	rustee	trust		ee ee	n ben		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	tiona	١.	nploy	st cor	_	1033 (420)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KAREN DAVIS	50.00	<del>  -</del>	_		_	1 0				
PRESIDENT & CHIEF PROFESSI		1		Х				57,277.	0.	15,109.
(2) T. ILIHIA GIONSON	1.00									
CHAIR		Х		Х				0.	0.	0.
(3) BREEANI SUMERA-LEE	1.00	1								
VICE CHAIR		Х		Х				0.	0.	0.
(4) KIRSTIN KAHALOA	1.00	1							_	_
TREASURER		Х		Х				0.	0.	0.
(5) DWIGHT MATSUMOTO	3.00	ļ								•
SECRETARY	1 00	Х		Х				0.	0.	0.
(6) HELEN TIEN	1.00	.,		37					_	0
ASSISTANT SECRETARY (7) JAY IGNACIO	2.00	Х		Х				0.	0.	0.
CAMPAIGN CHAIR	2.00	х						0.	0.	0.
(8) PAULETTE WILSON	2.00	^						0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(9) ELMER LIM	1.00	<del></del>								
DIRECTOR		Х						0.	0.	0.
(10) DONN DELA CRUZ	1.00									
DIRECTOR		Х						0.	0.	0.
		1								
		4								
		-								
		1								
		<del>                                     </del>								
		1								
-		$\vdash$								
		1								
			_		_	_		ı	<u>I</u>	5 QQQ (0004)

99-6012257

Par	T VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghe	st C	ompensated Employee	s (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		1	stimate	
		hours per week					is bot or/trus		compensation	compensation		1	nount	of
		(list any	_			Π	Τ	T	from the	from related organization		1	other pensa	tion
		hours for	Individual trustee or director				l,		organization	(W-2/1099-MI		1	om the	
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		1	anizati	
		organizations	trust	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,		_	d relate	
		below	vidual	tution	je j	Key employee	lovee	ner				orga	anizatio	ons
		line)	ib	Insti	Officer	Key	High	Former						
			1											
						_	_	_						
			-											
						_	-	-						
			-											
						_	$\vdash$	$\vdash$						
			-											
							_	$\vdash$				-		
			1											
							$\vdash$					<del>                                     </del>		
			1											
							$\vdash$							
			1											
			1											
1b	Subtotal							▶	57,277.		0.	1	5,10	09.
	Total from continuation sheets to Part VI							<b>•</b>	0.		0.			0.
	Total (add lines 1b and 1c)							<b></b>	57,277.		0.	1	5,10	09.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	no re	eceived more than \$100,	000 of reportable	е			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	кеу є	empl	loye	e, o	r hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s											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	•				•			•	dual for services				37
Coo	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch ı	oers	on				<u></u>	5		X
	tion B. Independent Contractors							41		100,000 of acres		f		
1	Complete this table for your five highest co the organization. Report compensation for	•	•							,	pensa	tion ire	וווכ	
	(A)	irie caleridar ye	ear e	HUII	ig w	ILIT	OI WI		(B)	ear.		(0	``	
	Name and business	address	NO	ONE	3				Description of s	ervices	C	Compe		n
								_						
2	Total number of independent contractors (ii \$100,000 of compensation from the organization)		ot lir	nited	d to		se lis	sted	above) who received mo	ore than				
	+ , see e. eepeoadon nom ano organi												000	

Form 990 (2021) HAWAII
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
			· · · · · · · · · · · · · · · · · · ·	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
<b>ω</b> ω	1.	Federated campaigns 1a	550,865.				
Contributions, Gifts, Grants and Other Similar Amounts		. •	330,003.				
<u>2</u>							
fs, Ar							
ig ig			4,000.				
ns, Sim		Government grants (contributions) 1e	4,000.				
atio	Ť	All other contributions, gifts, grants, and	100 /01				
5 된			128,421.				
ont od (		Noncash contributions included in lines 1a-1f  1g   \$		602 206			
<u>0 g</u>	ŀ	Total. Add lines 1a-1f		683,286.			
			Business Code	5 005			
e S	2 8	ADMIN FEES	900099	5,035.	5,035.		
ĕ Zi	k						
Sen	C	:					
ar ev	C	i					
Program Service Revenue	6						
<u>4</u>	f	All other program service revenue					
	ç	Total. Add lines 2a-2f	<b>&gt;</b>	5,035.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		18,696.			18,696.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	<b></b>				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	( )				
		Less: cost or other basis					
ø	•	and sales expenses 7b					
her Revenue		Gain or (loss)					
eve		Mot gain or (loss)					
ᇤ		Net gain or (loss)					
	8 6	Gross income from fundraising events (not					
δ		including \$ of					
		contributions reported on line 1c). See	43,935.				
			33,040.	0 000			0 000
		Net income or (loss) from fundraising events	·····	8,889.			8,889.
	9 a	Gross income from gaming activities. See					
	_	Part IV, line 19					
		D Less: direct expenses 9b					
		Net income or (loss) from gaming activities	<b></b>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
$\longrightarrow$	(	Net income or (loss) from sales of inventory	<b>&gt;</b>				
S			Business Code				
Miscellaneous Revenue	11 a	MISC. REVENUE-EXCLUDED	900099	95.			95.
ane	k	·					
Sell Seve	C						
Ais.	c	All other revenue					
	e	Total. Add lines 11a-11d	<b>&gt;</b>	95.			
	12	Total revenue. See instructions		716,001.	5,035.	0.	27,680.

Pai	Part IX Statement of Functional Expenses										
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).							
	Check if Schedule O contains a respon	se or note to any line in									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	302,164.	302,164.								
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										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	E0 20E	05 005	04 545	05 005						
	trustees, and key employees	72,385.	25,335.	21,715.	25,335.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	110 400	41 004	25 050	41 004						
7	Other salaries and wages	119,498.	41,824.	35,850.	41,824.						
8	Pension plan accruals and contributions (include	12 520	1 725	4 050	4 72E						
	section 401(k) and 403(b) employer contributions)	13,528. 48,721.	4,735. 17,052.	4,058.	4,735. 17,052.						
9	Other employee benefits	14,160.	4,956.	4,248.	4,956.						
10	Payroll taxes	14,100.	4,930.	4,240.	4,950.						
11	Fees for services (nonemployees):										
	Management										
b	Legal				-						
d	Accounting										
	Lobbying Professional fundraising services. See Part IV, line 17				_						
f	Investment management fees	6,610.		6,610.							
g g	Other. (If line 11g amount exceeds 10% of line 25,	0,0201		0,0200							
9	column (A), amount, list line 11g expenses on Sch 0.)										
12	Advertising and promotion	3,166.	3,166.								
13	Office expenses	15,155.	5,304.	4,547.	5,304.						
14	Information technology	•			· ·						
15	Royalties										
16	Occupancy	16,519.	2,314.	6,555.	7,650.						
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates	12,828.	12,828.								
22	Depreciation, depletion, and amortization	8,311.	8,311.								
23	Insurance	4,351.	1,523.	1,305.	1,523.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)										
а	MISCELLANEOUS	30,194.	10,568.	9,058.	10,568.						
b	PROFESSIONAL FEES	27,927.		27,927.							
С											
d											
е	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	695,517.	440,080.	136,490.	118,947.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										

Form **990** (2021)

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

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to an	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			213,983.	1	105,911.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			83,552.	3	152,885.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in sec	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B			7,744.	9	5,605.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	218,184.			
	b	Less: accumulated depreciation	10b	57,664.	162,554.	10c	160,520.
	11	Investments - publicly traded securities	760,718.	11	667,578.		
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		262,834.	15	254,278.	
	16	Total assets. Add lines 1 through 15 (must e		I	1,491,385.	16	1,346,777.
	17	Accounts payable and accrued expenses			9,372.	17	12,866.
	18	Grants payable			18		
	19	Deferred revenue	40,000.	19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
Ş	22	Loans and other payables to any current or for	ormer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial c	ontributor, or 35%			
iabi		controlled entity or family member of any of t	hese perso	ons		22	
	23	Secured mortgages and notes payable to un	related thir	d parties		23	
	24	Unsecured notes and loans payable to unrela	ated third p	oarties		24	
	25	Other liabilities (including federal income tax,	payables '	to related third			
		parties, and other liabilities not included on li	nes 17-24)	. Complete Part X			
		of Schedule D			30,103.		8,684.
	26				79,475.	26	21,550.
"		Organizations that follow FASB ASC 958, or	check here	e ▶ X			
ces		and complete lines 27, 28, 32, and 33.			4 006 500		4 450 405
ılan	27	Net assets without donor restrictions			1,236,582.	27	1,158,497.
l Ba	28	Net assets with donor restrictions			175,328.	28	166,730.
nuc		Organizations that do not follow FASB AS6	C 958, che	ck here 🕨 📖			
Ē		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fun			29		
sse	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			4 444 040	31	1 207 207
Se	32	Total net assets or fund balances			1,411,910.	32	1,325,227.
	33	Total liabilities and net assets/fund balances			1,491,385.	33	1,346,777.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,5	
3	Revenue less expenses. Subtract line 2 from line 1	3		0,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,41		
5	Net unrealized gains (losses) on investments	5	-10	5,1	52.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	_	2,0	15.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,32	5,2	27.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis 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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

132012 12-09-21

#### **SCHEDULE A**

(Form 990)

**Total** 

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization HAWAII ISLAND UNITED WAY, 99-6012257 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		•	,			
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	,	, ,	, ,	,	,
	membership fees received. (Do not						
	include any "unusual grants.")	973,136.	722,971.	843,889.	803,441.	688,320.	4031757.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	973,136.	722,971.	843,889.	803,441.	688,320.	4031757.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						4031757.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	973,136.	722,971.	843,889.	803,441.	688,320.	4031757.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	10 007	10 200	17 664	14 704	10 606	01 100
	and income from similar sources	10,827.	19,299.	17,664.	14,704.	18,696.	81,190.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	68,139.	37,498.	78,543.			184,180.
44	assets (Explain in Part VI.)  Total support. Add lines 7 through 10	00,137.	37,430.	70,545.			4297127.
	,	oto (ooo inatruotia	.no/			12	407/12/1
	Gross receipts from related activities, First 5 years. If the Form 990 is for th			ourth or fifth toy v			
13	organization, check this box and stop						ightharpoonup
Sec	ction C. Computation of Public		centage				
	Public support percentage for 2021 (li			olumn (f))		14	93.82 %
	Public support percentage from 2020					15	92.81 %
	<b>33 1/3% support test - 2021.</b> If the co						
	stop here. The organization qualifies a						
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances test	- <b>2020.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circu	mstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	· <b>&gt;</b>

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	siow, piease comp	Diete Fait II.)				
Cale	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(4) 2017	(5) 2010	(0) 2010	(4) 2020	(6) 2021	(i) rotar
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	•		•	•		. —
<u> </u>	check this box and stop here	a Cumpart Day					<b>&gt;</b>
_	ction C. Computation of Public					T I	
	Public support percentage for 2021 (li		•	column (f))		15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	%
	•			ine 13 column (f)		17	0/
	Investment income percentage for 20 Investment income percentage from 2					18	<u>%</u>
	a 33 1/3% support tests - 2021. If the						
197	more than 33 1/3%, check this box an	•		•			
ı	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, chec						▶∐
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

Schedule A (Form 990) 2021

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
За		
3b		
3c		
4a		
41		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
IVa		
10b		
	n 990)	2021

132024 01-04-21

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Seci	tion 6. Type it supporting organizations			Γ
	Management of the control of the disease of the dis		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh.		
	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3h below.	2b		
	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b>	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule	Δ	(Form	990)	202

4

5

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

3

4

5

6

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
<b>b</b> Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Inspection

**Employer identification number** 

Name of the organization

HAWAII ISLAND UNITED WAY, INC. 99-6012257 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, line	6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	funds
Ū	are the organization's property, subject to the organization's ex	-	
6	Did the organization inform all grantees, donors, and donor ad		
Ū	for charitable purposes and not for the benefit of the donor or		-
	• •		
Pai			
1	Purpose(s) of conservation easements held by the organization		
-	Preservation of land for public use (for example, recreation		historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	a conservation easement on the last
_	day of the tax year.	a concervation continuation in the form of	Held at the End of the Tax Year
а			
b			***
C	Number of conservation easements on a certified historic structure.		
d	Number of conservation easements included in (c) acquired aff		
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
3	year	ased, extinguished, or terminated by the or	gariization during the tax
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period		
J	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
Ü	Land voluntees riedly devoted to morntoning, inspecting, in	ariding of violations, and officing consci-	valion casements daring the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conservation	n easements during the year
•	<b>▶</b> \$	ing or violations, and orneroning conservation	reasonneme dannig the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4	4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
Ū	balance sheet, and include, if applicable, the text of the footno	•	
	organization's accounting for conservation easements.		5 mar 4550m255 m.5
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
	If the organization elected, as permitted under FASB ASC 958.	not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for publi	•	
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958.		ance sheet works of
-	art, historical treasures, or other similar assets held for public e	· · · · · · · ·	
	provide the following amounts relating to these items:	and the state of t	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treas		
~	the following amounts required to be reported under FASB AS		ani, provido
а	Revenue included on Form 990, Part VIII, line 1	-	<b>&gt;</b> \$
	Assets included in Form 990, Part X		
ט	Associa moluucu III I offii 330, Falt A		Ψ

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

Schedule D (Form 990) 2021

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land							
<b>b</b> Buildings		184,140.	33,146.	150,994.			
c Leasehold improvements							
d Equipment							
e Other		34,044.	24,518.	9,526.			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)							

Schedule D (Form 990) 2021

	ND UNITED WAY	, INC.	99-6012257 Page
Part VII Investments - Other Securities.  Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line	12
(a) Description of Security or Category (including name of security)	(b) Book value		ost or end-of-year market value
(1) Financial derivatives	(a) Doon value	(c) money or randamorn or	
2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)  Fotal. (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) CASH DESIGNATED BY DONORS			150,992
(2) DONOR RESTRICTED INVESTMEN			15,738
(3) INVESTMENTS - BOARD DESIGN	NATED		87,548
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			▶ 254,278
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the experiencing appropriate property of the experience of the complete in the experience of the experience			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	Tie or Tii. See Form 990, Part 7	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes (2) DONOR DESIGNATED PAYABLE			8,684
			0,004
(3)			
(4)			
(6)			
(7)			

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

Schedule D (Form 990) 2021

8,684.

(8)

Pa	rt XI	Reconciliation of Revenue per Audited Financial Sta	atements With Revenue	e per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Donat	ted services and use of facilities	2b		
С	Recov	veries of prior year grants	2c		
d		(Describe in Part XIII.)			
е		nes 2a through 2d		2e	
3	Subtra	act line <b>2e</b> from line <b>1</b>		3	
4		ints included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)	5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial S	•	es per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, I			
1	Total	expenses and losses per audited financial statements		1	
2		ints included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donat	ted services and use of facilities	2a		
b	Prior y	year adjustments	2b		
С	Other	losses	2c		
d		(Describe in Part XIII.)			
е		nes 2a through 2d			
3		act line <b>2e</b> from line <b>1</b>		3	
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а		ment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	4b		
	Add li	nes <b>4a</b> and <b>4b</b>			
с 5	Add li Total	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line			
с 5 <b>Ра</b>	Add li Total rt XIII	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line  Supplemental Information.	18.)	5	
5 Pa	Add li Total rt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	5	,
5 Pa	Add li Total rt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line  Supplemental Information.	18.) 4; Part IV, lines 1b and 2b; Pa	5	,
5 Pa	Add li Total rt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	5	,
5 Pa	Add li Total rt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	5	,
5 Pa	Add li Total rt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	5	,
5 Pa	Add li Total rt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	5	,
5 Pa	Add li Total rt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	5	,
5 Pa	Add li Total rt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	5	,
5 Pa	Add li Total rt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	5	,
5 Pa	Add li Total rt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	5	,
5 Pa	Add li Total rt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	5	,
5 Pa	Add li Total rt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	5	,
5 Pa	Add li Total rt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	5	,
5 Pa	Add li Total rt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	5	,
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5 Pa	Add li Total rt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	5	,
5 Pa	Add li Total rt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	5	,
5 Pa	Add li Total rt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	5	,
5 Pa	Add li Total rt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	5	,
5 Pa	Add li Total rt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	5	,
5 Pa	Add li Total rt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	5	,
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5 Pa	Add li Total rt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	5	,
5 Pa	Add li Total rt XIII ide the	nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990. Part I. line Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; Pa	5	,

#### **SCHEDULE G** (Form 990)

Department of the Treasury

(i) Name and address of individual

or entity (fundraiser)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

(iii) Did fundraiser have custody or control of contributions?

Yes No (iv) Gross receipts

from activity

OMB No. 1545-0047

Open to Public Inspection

(vi) Amount paid

to (or retained by)

organization

(v) Amount paid

to (or retained by)

fundraiser

listed in col. (i)

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number 99-6012257 HAWAII ISLAND UNITED WAY, INC Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(ii) Activity

Tota	al			<b>•</b>			
3	List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration

132081 10-21-21

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

Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 LUCK OF THE IRISH	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
40			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	43,935.			43,935.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	43,935.			43,935.
	4	Cash prizes	12,358.			12,358.
	5	Noncash prizes	2,077.			2,077.
Direct Expenses		Rent/facility costs	3,860.			3,860.
irect Ex	7	Food and beverages	15,017.			15,017.
	8	Entertainment	800.			800.
	9	Other direct expenses	934.			934.
	10		. ,			35,046. 8,889.
Pa	rt I	Net income summary. Subtract line 10 from li  Gaming. Complete if the organization a		990 Part IV line 19 or r		0,003.
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
		areas revenue				
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
			Yes %	Yes%	Yes%	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>)</b>	
_	_	And the control of th				
		ter the state(s) in which the organization condu the organization licensed to conduct gaming ac				Yes No
		No," explain:				
	_					
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·			Yes No
	_					

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021 HAWAII ISLAND UNITED WAY, INC. 99-6	01225	7 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	o An outside facility	13b	<del>/</del> 6
		100	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
_	· · · · · · · · · · · · · · · · · · ·		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	·		
a	s the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	No
	retain the state gaming license?	163	
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990)	HAWAII	ISLAND	UNITED	WAY,	INC.	99-6012257	Page 4
Part IV	G (Form 990)  Supplemental Inform	mation (con	tinued)					
		COIT	unacaj					

#### SCHEDULE I (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

HAWAII ISLAND UNITED WAY, INC.

Employer identification number 99-6012257

Part I General Information on Grants a	nd Assistance	-				,	
Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assis	tance?				-		X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	55,000. Part II can	be duplicated if additi	onal space is need	ed.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS							
55 ULULANI STREET							
HILO, HI 96720	53-0196605	501 C 3	7,000.	0.	BOOK		PROGRAM
BIG ISLAND MEDITATION (WEST HI) PO BOX 7020							
KAMUELA, HI 96743	99-0343488	501 C 3	6,920.	0.	воок		PROGRAM
BOYS & GIRLS CLUB BIG ISLAND 100 KAMAKAHONU STREET HILO, HI 96720	81-0575345	501 C 3	15,000.	0.	воок		PROGRAM
BRIDGE HOUSE, INC. PO BOX 2489							
KAILUA-KONA, HI 96745	99-0293418	501 C 3	16,500.	0.	воок		PROGRAM
CHILD & FAMILY SERVICES 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	99-0073483	501 C 3	29,560.	0.	воок		PROGRAM
HABITAT FOR HUMANITY KONA PO BOX 4619 KAILUA-KONA, HI 96745	99-0355149	501 C 3	8,300.	0.	воок		PROGRAM
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table				▶33.
3 Enter total number of other organizations	listed in the line	I table					

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

Schedule I (Form 990) 2021

132101 10-26-21

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	9-601225/ Pa
(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 non-cash assistance	(h) Purpose of grant or assistance
HAMAKUA YOUTH FOUNDATION							
PO BOX 381							
HONOKAA, HI 96727	80-1410125	501 C 3	7,420.	0.	воок		PROGRAM
HAWAII ISLAND ADULT CARE, INC. 561 KUPUNA PLACE							
HILO, HI 96720	99-0210974	501 C 3	16,000.	0.	воок		PROGRAM
HAWAII ISLAND HOME FOR RECOVERY 440 KAPIOLANI STREET							
HILO, HI 96720	48-1281563	501 C 3	10,100.	0.	воок		PROGRAM
HOSPICE OF HILO 1011 WAIANUENUE AVENUE	99-0218512	F01 G 2	15.000	0	DOOK		Program
HILO, HI 96720	99-0218512	201 C 3	15,000.	0.	BOOK		PROGRAM
KU'IKAHI MEDIATION CENTER 101 AUPUNI STREET, 1014B2							
HILO, HI 96720	20-3997875	501 C 3	10,500.	0.	воок		PROGRAM
MENTAL HEALTH KOKUA 1221 KAPIOLANI BLVD, SUITE 345 HONOLULU, HI 96814	99-0154505	501 C 3	6,000.	0.	воок		PROGRAM
SALVATION ARMY-KONA 75-223 KALANI STREET							
KAILUA-KONA, HI 96740	22-2406433	501 C 3	7,100.	0.	воок		PROGRAM
THE ARC OF KONA							
PO BOX 127 KEALAKEKUA, HI 96750	99-0108896	501 C 3	14,840.	n	BOOK		PROGRAM
THE FOOD BASKET, INC. 40 HOLOMUA STREET	33 0100030		14,040.	0.			A NOOM MA
HILO, HI 96720	26-0349475	501 C 3	30,000.	0	воок		PROGRAM

Schedule I (Form 990)

99-6012257	Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	( <b>b)</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 non-cash assistance	(h) Purpose of grant or assistance
YWCA OF HAWAII ISLAND 1382 KILAUEA STREET							
HILO, HI 96720	99-0079762	501 C 3	6,000.	0.	воок		PROGRAM
HCEOC 47 RAINBOW DRIVE HILO, HI 96720	99-0113845	501 C 3	9,500.	0	воок		PROGRAM
KUMUKAHI HEALTH AND WELLENSS	37 0220030		,,,,,,,,,,	<u>.</u>			
101 AUPUNI ST. PH 1014C							
HILO, HI 96720	99-0305807	501 C 3	6,500.	0.	BOOK		PROGRAM
					<u> </u>	1	Schedule I (Form 990)

Schedule I (Form 990)

Schedule	I (Form 990) 2021 HAWAII ISLAND U	NITED WAY	Y, INC.			99-6012257	Page 2
Part III		. Complete if the	e organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
Part IV	Supplemental Information. Provide the information rec	uired in Part Llir	ne 2: Part III. column	(b): and any other ac	Iditional information		
1 4	- Cappionia in Cap	, an oa m r are i, iii	10 2, 1 411 111, 0014111	. (5), and any outs. as			

# SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

HAWAII ISLAND UNITED WAY, INC.

Employer identification number 99-6012257

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INDIVIDUALS IN GREAT NEED.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: 'ELEU GRANT PROGRAM: HIUW CREATED THE 'ELEU GRANT WHEREBY NONPROFIT ORGANIZATIONS OR OTHER GROUPS WITH NONPROFIT FISCAL SPONSORSHIP CAN APPLY AND RECEIVE FUNDS TO ASSIST WITH THEIR FRONT LINE COMMUNITY RESPONSE TO COVID-19. TO DATE THE 'ELEU GRANT HAS FUNDED A TOTAL OF 45 HAWAI'I ISLAND NONPROFITS/INITIATIVES. THE POPULATION SERVED INCLUDES THE HOMELESS, THOSE WITH MEDICAL, PHYSICAL, AND MENTAL HEALTH CHALLENGES, AS WELL AS STUDENTS IN THE EDUCATION SYSTEM. APPROXIMATELY 38,499 INDIVIDUALS HAVE BEEN SERVED TO DATE THROUGH THE VARIOUS COVID RELATED PROGRAMS. RECIPIENTS (NONPROFITS/GROUP INITIATIVES) OF THE 'ELEU GRANT ARE REQUIRED TO SUBMIT A REPORT WITH PHOTOS AND/OR VIDEO OF THE INITIATIVE IN ACTION WITHIN 90 DAYS OF THE AWARD. HIUW HAS RAISED JUST OVER \$100,000 TO DATE FOR THIS PROGRAM WHICH WILL CONTINUE THROUGHOUT THE PANDEMIC BASED ON THE AVAILIBILITY OF FUNDS. THE #1 EXPECTED RESULT IS ELIMINATING FOOD INSECURITY BY 100%. THE #2 EXPECTED RESULT IS TO INCREASE FOOD SUSTAINABILITY ON THE ISLAND, PARTICULARLY BECAUSE MOST FOOD IS IMPORTED FROM ELSEWHERE, THERE ARE MANY RESOURCES ON ISLAND TO CREEATE A SUSTAINABLE FOOD SOURCE.

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

990 IS REVIEWED BY THE FINANCE COMMITTEE AND APPROVED TO SUBMIT TO THE

BOARD OF DIRECTORS AND OFFICERS TO REVIEW AND VOTE TO ACCEPT.

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

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2** 

Name of the organization

HAWAII ISLAND UNITED WAY, INC.

Employer identification number 99-6012257

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

POLICY: ALL VOLUNTEERS SHALL DECLARE THEIR INTEREST IN A COMPETITOR,

SUPPLIER, OR CUSTOMER, WHICH COULD CREATE A DIVIDED LOYALTY ON THE PART OF

THE VOLUNTEER OR THE APPEARANCE OF ONE. IN ADDITION, A VOLUNTEER WHO IS IN

A POSITION, BY VIRTUE OF HIS OR HER STATUS, TO GAIN ACCESS TO CONFIDENTIAL

INFORMATION WHICH WOULD BE OF ASSISTANCE TO A POTENTIAL OR ACTUAL

COMPETITOR OF HIUW MAY NOT DIVULGE THIS INFORMATION. NO VOLUNTEER SHALL

AUTHORIZE PURCHASES, LEASE, RENT OR OTHERWISE ACQUIRE FOR HIUW PRODUCT

GOODS, SERVICES, SUPPLIES, ACCOMODATIONS, OR THE LIKE, WHICH WOULD BE

PROHIBITED AFTER CONSIDERATION OF THE FACTORS SET FORTH BELOW

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

OFFICERS AND DIRECTORS EXCEPT FOR THE PRESIDENT & CPO DO NOT RECEIVE

COMPENSATION. ANY MERIT INCREASE FOR THE PRESIDENT & CPO WITH THE MERIT

BUDGET INCREASE PACKAGE IS APPROVED BY THE EXECUTIVE COMMITTEE UPON THE

RECOMMENDATION OF THE CHAIR, BOARD OF DIRECTORS (CHIEF VOLUNTEER OFFICER).

ANY INCREASE THAT EXCEEDS THE MERIT BUDGET INCREASE PACKAGE MUST BE

APPROVED BY THE BOARD OF DIRECTORS.

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

UPLOADED TO STATE OF HAWAII ATTORNEY GENERAL'S OFFICE TAX AND CHARITIES
DIVISION. WE ARE WORKING ON PUTTING A LINK ON OUR WEBSITE TO OUR 990S

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

GOVERNING DOCUMENTS DISCLOSURE - GOVERNING DOCUMENTS INCLUDING